M-51 Unit Status Compliance Report

Reporting Period: _____ through _____

Property Name: _____
Property Address: _____
City/State/Zip: _____
County: _____
Participant Name: _____
Participant Number: _____
Total # of units in Project: _____

Total # of HA units: _____
# of Low HOME Rent Units: _____
# of High HOME Rent Units: _____
Are units : ☐ Fixed ☐ Floating
Are units project based? ☐ Yes ☐ No
Management Company: _____
Contact Person: _____

Is Management Company on site?
☐ Yes ☐ No
Phone:
Address:
_____
_____

NOTE: This form should only include HOME Assisted units. This form is required to be submitted to the Authority annually along with a copy of the most recent financial statements.

Building #	Unit #	Tenant Name	Size of Household	# of Bedrooms	Unit Designation Low or High	Effective Date of Lease	Monthly Rent	Utility Allowance	Tenant's Annual Gross Income	Date of Last Income Cert.	Project Meets Compliance

All information listed above is correct to my knowledge. _____

Signed (Owner or Property Manager) Date

Unit Status Compliance Report (continued)

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Unit Status Compliance Report (continued)

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Unit Status Compliance Report (continued)

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