M-27 Tenant Based Rental Assistance Activity Form (page 1 of 3)

Month and Year Funds are Being Requested for: _____

Print Form

SECTION A: General Information

Name of Participant: _____ Name of Person Completing Form: _____

Participant Number: _____ Telephone Number: _____

HUD Activity Number: _____ County Assistance Is Located In: _____

(Authority Use Only)

County Code:_____

Section B: Household Characteristics

(Refer to codes below where applicable) Make additional copies as needed. Complete separate forms for each month and submit with draw request.

Unit #	Last Name	# of Bdrms	Security Deposit	Tenant Payment	TBRA Amount	Total Rent	% of Med Income	Hispanic Y/N	Race	Size	Type	Paid to Tenant or Owner	New Y/N	Length of Assistance

Total Requested for HAP (TBRA) _____ **Total Requested for Administrative Fees)** _____

# of Bedrooms
- **0 - SRO/Efficiency**
- **1 - 1 Bedroom**
- **2 - 2 Bedrooms**
- **3 - 3 Bedrooms**
- **4 - 4 Bedrooms**
- **5 - 5 or more Bedrooms**

% of Median Income
- **1 - 0 to 30%**
- **2 - 30 to 50%**

Household Race
- **11 - White**
- **12 - Black or African American**
- **13 - Asian**
- **14 - American Indian or Alaska Native**
- **15 - Native Hawaiian or other Pacific Islander**
- **16 - American Indian or Alaska Native and White**
- **17 - Asian and White**
- **18 - Black or African American and White**
- **19 - American Indian or Alaska Native & Black or African American**
- **20 - Other multi-racial**

Household Size
- **1 - 1 Person**
- **2 - 2 Persons**
- **3 - 3 Persons**
- **4 - 4 Persons**
- **5 - 5 Persons**
- **6 - 6 Persons**
- **7 - 7 Persons**
- **8 - 8 or more Persons**

Household Type
- **1 - Single, non-elderly**
- **2 - Elderly**
- **3 - Single Parent**
- **4 - Two Parents**
- **5 - Other**

Section B: Household Characteristics (continued)

Unit #	Last Name	# of Bdrms	Security Deposit	Tenant Payment	TBRA Amount	Total Rent	% of Med Income	Hispanic Y/N	Race	Size	Type	Paid to Tenant or Owner	New Y/N	Length of Assistance

Section B: Household Characteristics (continued)

Unit #	Last Name	# of Bdrms	Security Deposit	Tenant Payment	TBRA Amount	Total Rent	% of Med Income	Hispanic Y/N	Race	Size	Type	Paid to Tenant or Owner	New Y/N	Length of Assistance