

HOME MONITORING REPORT:

Project: _____
 Address: _____
 County: _____

Date: _____
 Reporting Period: _____
 Person Completing Report: _____

Number of Units in Project: _____
 Number of HOME Units: _____
 Number of HOME Like Units: _____

Fixed **Floating (check applicable)

***Date of last Utility Allowance Review: _____

Number of Low HOME Units: 1 bdrm _____ 2 bdrm _____ 3 bdrm _____ 4 bdrm _____
 Number of High HOME Units: 1 bdrm _____ 2 bdrm _____ 3 bdrm _____ 4 bdrm _____

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Unit #	# of Bdrm	Low/High HOME Unit	HOME Like "	Tenant Name	Current HH Size	Current HH Income (Gross)	Move-in Date	Move-in HH Income (Gross)	Date of Last Income Recert.	Current Low/High HOME Rent	Gross Unit Rent	Tenant Paid Rent	Current UA	Subsidy Pmt.	Date of Last Unit Inspection
*101	2	L	X	Doe	3	\$9,600	01/01/10	\$14,000	01/01/11	569	485	405	80	N/A	01/15/11

*First Row is an Example
 **All units (including non-home units) should be listed on this report if the project has floating HOME units
 ***Documentation of last utility allowance review should be attached

