



**Oregon Housing & Community Services
Asset & Property Management Section
Project Vacancy Report**



1. For Month: _____ Date Completed: _____ Project Name: _____
Prepared By: _____ Phone Number: _____ Fax Number: _____
2. Funding Type (please check): RISK SHARE ELDERLY
3. How many **rentable** units are in the Project? _____
NOTE: "rentable units" means the total number of units in a project, less non-rentable units (i.e. managers unit, maintenance unit, ect.).
A unit unavailable for occupancy due to repairs is considered a RENTABLE unit.
4. How many **rentable** units are **vacant**? _____
5. Is there a Waiting list for prospective tenants? Yes No. Number currently on waiting list _____

FOR ELDERLY PROJECTS ONLY:

MOVE-IN	Unit #	MOVE-OUT	Unit #	TRANSFER	From Unit #	To Unit #	Pending Move-ins

**** Please complete this form and send it in each month with your current Resident Roster in numeric order.**
 Contact Persons: Tina Esther Phone number: 503-986-0982 Fax Number: 503-986-0959 tina.esther@hcs.state.or.us