**HUD 811 PRA Program**

Monthly Update

*Please use this form to report monthly activity at your property. This information will be included in DCA’s Quarterly Report to HUD.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Property Name:** |  | **Property Contact:** |  |
| **Phone:** |  | **Email:** |  |
| **County:** |  | **Report Month/Year:** |  |
| ***Property Vacancies*** |
| **Unit #** | **Bedrms** | **Baths** | **Date to Show** | **Date for Occ** | **Accessible?Type?** | **Jotform Submitted?** | **Notes** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***HUD 811 Applicants*** |
| **Full Name** | **Provider Agency** | **Unit #** | **Credit Ck?** | **Criminal Ck?** | **Accept/ Deny** | **Reasonable Accomm.** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***HUD 811 Property Move In*** |
| **Last Name** | **Unit #** | **Bed/Bath** | **Move In Date** | **Rent/Utility** | **Client Amt** | **Subsidy** |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***HUD 811 Recertification*** |
| **Last Name** | **Unit #** | **Bed/Bath** | **Move In Date** | **Rent** | **Client Amt** | **Date(s) Letter Sent** |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| ***HUD 811 Property Move Out*** |
| **Last Name** | **Unit #** | **Bed/Bath** |  | **Move Out Date** | **Who Initiated?** | **Reason** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**HUD 811 PRA Program**

Monthly Update

*Tenant Report*

|  |
| --- |
| ***HUD 811 Tenant Update/Challenge Report/Lease Violations*** |
| **Last Name** | **Unit #** | **Move In Date** | **Provider Agency** | **Update/Challenges/Lease Violations** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Additional HUD 811 Successes/Issues/Challenges/Needs:**

**Training Requests:**