SECTION 8 MODERATE REHABILITATION PROGRAM MONTHLY REPORT OF RECEIPTS AND EXPENDITURES

| Contractor: | | | | Reporting Month: | | | |
|--|---------------------------|---------|--------------------------|--|-----------------|-------------------------|------------|
| Total Amount Received From State for Prior Month: | | | | Date Received: | | | |
| HOUSING ASSISTANCE PAYMENTS/UTILITY ALLOWANCE PAYMENTS FOR REPORT MONTH: | | | | | | | |
| PROJECT | REPORTING PERIOD | | VACANCY AND/OR DAMAGE | OTHER EXPENDITURES AND/OR REIMBURSEMENTS | | TOTAL BY PROJECT NUMBER | |
| NUMBER | Units Leased | HAP/UAP | CLAIM | AND/OR KEII | VIDOROLIVIEW 10 | INOSE | HAP/UAP |
| 110111211 | As of the 1 st | Amount | Amount | Units (+ or -) | Amount (+ or -) | Units | Amount |
| | | | | , , | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | TOTAL: | (Units) | \$(Amount) |
| Earned Administrative Fees: \$ X = Rate Total Units Total Fee Amount | | | | | | | |
| Signature: | | | Date: | | | | |

REPORT IS DUE BY THE 7TH OF EACH MONTH