|  |  |
| --- | --- |
|  | New Tenant |
|  | Existing Tenant Data Update |
|  | Rent Change |
|  | Occupancy Change |

**

**TENANT DATA**

# TENANT DATE: Select Date

1 Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First: | Click here to enter text. | Middle: |  | Last: | Click here to enter text. |

# PROPERTY

|  |  |  |  |
| --- | --- | --- | --- |
| 2 Property Address: | Click to select | 3 BP Entity: | Click to select |
| 4 Unit Number: |  | 5 Unit Size | Click to select |

HOUSEHOLD [Changes to this section do not require review or approval by Finance]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6 Title: | Click to select | | | | | | 7 Suffix: | | Click to select | | 8 Gender: | | | Click to select |
| 9 Other Names Used: | | | |  | | | | |  | | 10 Marital Status: | | | Click to select |
| 11 Date of Birth: | | | Select Date | | 12 Social Security #: | | | | |  | 13 Occupation: | |  | |
| 14 Ethnicity: | | Click to select | | | | 15 Race #1: | | Click to select | | | 16 Race #2: | Click to select | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 17 Race Determination: | Click to select | 18 Handicapped Status: | Click to select |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 19 Handicap Detail: | Check all that apply | Mobility Impaired | Vision Impaired | Hearing Impaired |

|  |  |  |  |
| --- | --- | --- | --- |
| 20A Email Address #1: |  | 20B Email Address #2: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 21A Phone Number #1: |  | | Select Type | 21B Phone Number #2: |  | | Select Type |
| 22A Identification Type #1: | | Click to select | | 22B Identification Number #1: | |  | |
| 23A Identification Type #2: | | Click to select | | 23B Identification Number #2: | |  | |

24 Are there additional household members? Yes  No  If yes, please complete below.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First Name: | Middle Name: | Last Name: | Gender: | Social Security #: | Date of Birth (MM/DD/YYYY): | Age: | Relationship: | Student: |
| 24A |  |  |  | Click to select |  |  |  | Click to select | Y/N |
| 24B |  |  |  | Click to select |  |  |  | Click to select | Y/N |
| 24C |  |  |  | Click to select |  |  |  | Click to select | Y/N |
| 24D |  |  |  | Click to select |  |  |  | Click to select | Y/N |
| 24E |  |  |  | Click to select |  |  |  | Click to select | Y/N |

# OCCUPANCY TRANSACTIONS [Changes to this section must be reported to Finance]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 25A Transaction Type: | | Click to Select | | 25B Effective Date: | | Select Date | |
| 25C Unit Move-In Date:\* | Select Date | | 25D Lease Start Date: | Select Date | 25E Lease End Date: | | Select Date |
| \*For Existing Tenants, use Original Unit Move-In Date. | | | | | | | |

26A For Internal Transfer:

|  |  |  |  |
| --- | --- | --- | --- |
| Property Moving From: | Click to select | Unit Number: |  |
| Property Moving To: | Click to select | Unit Number: |  |

26B For Move Out:

|  |  |  |  |
| --- | --- | --- | --- |
| Move Out Date: | Select Date | Move Out Reason: | Click to select |

|  |  |  |  |
| --- | --- | --- | --- |
| 27A Certification Type: | Click to select | 27B Certification Effective Date\*\*: | Select Date |
|  | \*\*For all tenants in Tax Credit units, Certification Date is 12/01 of every year. | | |

# FUNDING PROGRAMS, SUBSIDIES, OCCUPANCY QUALIFIERS

# [Changes to this section must be reported to Finance]

28 Please check all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| 28A | MRKT – Market Rate Unit | 28G | PBV – HPD Section 8 Project Based Voucher Unit |
| 28B | COML – Commercial Unit | 28H | S+C – Shelter + Care Unit |
| 28C | MGMT – Management Unit (No Rent) | 28I | PREF – Preferential Rent (Original Tenant) |
| 28D | TC – Federal Low-Income Housing Tax Credit Unit | 28J | IPS – Internal Project Subsidy |
| 28E | HOME – Federal HOME Program Unit | 28K | PWA – Person with AIDS |
| 28F | SRO-MOD – HPD Section 8 SRO-Mod Unit | 28L | IHP – Inclusionary Housing Program |

|  |  |
| --- | --- |
| 28M | Select only one on this line:  HMLS – Homeless (DHS)  NYMI – NYNY Mentally Ill (DMH)  COMM – Community |

|  |  |  |
| --- | --- | --- |
| 29 | Initial Income Level: | Click to select |

# VOUCHERS [Changes to this section must be reported to Finance]

30 Please check all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| 30A | HASA – HIV/AIDS Services Administration | Last Renewal Date: | Select Date |
| 30B | SCRIE – Senior Citizen Rent Increase Exemption | Last Renewal Date: | Select Date |
| 30C | DRIE – Disability Rent Increase Exemption | Last Renewal Date: | Select Date |
| 30D | RELO – Relocation Rent Differential | Last Renewal Date: | Select Date |
| 30E | HCV – HPD Section 8 Housing Choice Voucher | Last Renewal Date: | Select Date |
| 30F | SRO-MOD – HPD Section 8 SRO-Mod Subsidy Voucher | Last Renewal Date: | Select Date |
| 30G | IPS – Internal Project Subsidy Voucher | Last Renewal Date: | Select Date |
| 30H | PBV – HPD Section 8 Project Based Voucher | Last Renewal Date: | Select Date |
| 30I | OTHER – Describe here | Last Renewal Date: | Select Date |

INCOME and ASSETS [Changes to this section must be reported to Finance]

Income

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 31A Income Source #1 | Click to select | Amount: |  | Frequency: | Click to select |
| 31B Income Source #2 | Click to select | Amount: |  | Frequency: | Click to select |
| 31C Income Source #3 | Click to select | Amount: |  | Frequency: | Click to select |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assets | Owner  (Household Member) | Asset Type | Asset Value | Financial Institution/Location | Account Number |
| 32A Asset #1 |  | Click to select |  |  |  |
| 32B Asset #2 |  | Click to select |  |  |  |
| 32C Asset #3 |  | Click to select |  |  |  |
| 32D Asset #4 |  | Click to select |  |  |  |
| 32E Asset #5 |  | Click to select |  |  |  |

# RENT/CERTIFICATION [Changes to this section must be reported to Finance]

|  |  |  |  |
| --- | --- | --- | --- |
| 33A Effective Date: | Select Date | 33B Adjustment Reason: | Click to select |
| 33B Rent – Tenant Portion | |  | |
| 33C Rent – Voucher or Subsidy Portion | |  | |
| 33D Rent - Total | |  | |
| 33E Rent Adjustment Detail: Use the space below to provide explicit detail of any change to Rent or Subsidy. (Why is there an adjustment or update? What is the expected result? What is the effective date of the change? To what period does the adjustment pertain?) | | | |
| Click here to enter text. | | | |
| 34 Utility Allowance | | Not Applicable | |
| 35 Lease Term | | Click to select | |
| 36 Next Household Certification Date | | Select Date | |

# SECURITY DEPOSIT [Changes to this section must be reported to Finance]

|  |  |
| --- | --- |
| 37A Security Deposit - Initial |  |
| 37B Security Deposit - Additional |  |
| 37C Security Deposit - Total |  |
| 37D Security Deposit Voucher | Y/N |

# VERIFICATION OF COMPLETION

|  |  |  |  |
| --- | --- | --- | --- |
| 38 Reviewed/Approved by Building Manager:  (Required for all submissions) |  | Date Completed: | Select Date |
| 39 Reviewed/Approved by Operations Director:  (Required for all submissions) |  | Date Completed: | Select Date |
| 40 Reviewed/Approved by Finance Director:  (Not required for changes to Household section) |  | Date Completed: | Select Date |
| 41 Boston Post Input Processed by: |  | Date Completed: | Select Date |