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U.S. Department of Housing and Urban Development U~ã&^Á, ÁÚˇ à |ã&Áæ} åÁQ åãæ) Á₽[ˇ•∄*

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Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f) and by the Housing and Community Development Act of 1987 (42 U.S.C. 3534(a)). Collection of this information, including SSN and annual income, is mandatory. The information is used to standardize the information submitted to the receiving Public Housing Agency (PHA) by the initial PHA. In addition, the information is used for monthly billing by the receiving PHA. The SSN is used as a unique identifier. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of a family port.

required by law. Failure to provide	any of the information may resu	in in delay of rejection of a	a ramiry port.	
Part I Initial PHA Information		mitial DUA [ÁmÁnd 2º Án	endaritra attivationa	initial DUA's K 12 520-1) Ř 1 50 lávo Á [] mà 422 Á [] 00 52 lo-
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FFEÄÜ^&^ãçāj*ÁÚPŒÁţÁ, @B&@Áæţ	ã Á@e Áa^^} Á^-^!!^åká ′′′′′			······È
Attachments:				
a.ÁA copy of the voucher is	sued by the initial PHA.			
latest form HUD-50058		admission, an annua	l reexamination, o	ne current form HUD-50058. (Note: This is the or an interim redetermination. It is not the form
Certification Statement:				
jurisdiction (see line 8 above PHA voucher that does not appropriate bedroom size (lattached documents provide family within 30 calendar decoupled to the second se	e), and the voucher was in expire before the expirate based on the receiving Plant by my agency is true at any of receipt of Part II of the working day of each means.	ssued in accordance ion date indicated in HA's policies). I cert nd correct. My agen f this form and therea onth. Failure to comp	with the program Item 6 (the expirify that the information cy will promptly offer ensure that su	out is income-eligible in the receiving PHA's regulations. Please issue the family a receiving ation date on the initial PHA's voucher) for the mation contained on Part I of this form and the reimburse amounts paid on behalf of the above absequent billing payments are received by your ment due dates may result in the transfer of the
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Part II-A Receiving PHA Instructions: V@ receiving PH				
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HÈX[ˇ&@\ÁÓ^å\[[{ ÁJā^ÁÇ^\Á^&^āçā	* ÁÚPOæ†Áj[8881•D	ÎPOEÚÁÔ[}dæ&oÁp*{à^¦ÁÇãÁæ}] a&a	à ^D	
Certification Statement:				
I certify that the information my agency will promptly rem			the attached form H	UD-50058 is true and correct and that
Þæ(^Á(-ÁÔ^¦œ; ã)*ÁÚPŒÚ~ã&ãæ;			V^]^Á~i∥Ápæ(^Áse)åÁŒ	åå¦^••Á;ÆÜ^&^ãçã;*ÁÚPŒÁs^∥[,
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Ü^&^ãçã;*ÁÚPŒÓ[}œ&oÁ>æ;^				
Ú@;}^Áp~{ à^¦				
Ø[¦{ÁÛ à{ã•ã[}ÁÖæe^ÁÇ[{BàåÐ	^^^DÁ	,		
Instructions: Úæló4ŒCÁ(ˇ•oÁs^Ás æ(ã^É[¦Á¦[{ Ás@Á~~^&cãç^Ásæ°	k[{] ^♂åÁsa)åÁ;æãt^åÁsà^Á ·Á;~Ás@Á&@a)*^Ás}Ás@Áæ({ãîÁncæeč∙Á[¦Áàã∥ā]*Áæ4[[ˇ}dÈÁThe	∖ā)*Ásaê•Á∜[{Ás@Ásae∕ ereceiving PHA does	P Contract Execution ^Áண்PCEÚÁS(}dæðásÁr¢^& & oåÁ;}Ás^@oáÁ;~c@ s not submit the billing form each month more frequent billing submittal.
Check each statement below	that applies:			
therefore reissue yo	ur voucher to another t			hin the allotted time period. You may accrning local preference usage and
		behalf of the family and ar reissue your voucher to anoth	•	mily into our own program effective omplete remainder of form.
A copy of the new required to compl- receiving PHA ma	form HUD-50058 is ete and submit a for y elect to conduct a s	s attached to this form. No rm HUD-50058 for families special recertification of the	other documentati s moving into their family to conform	e family and are billing your agency. ion is required. (Receiving PHAs are r jurisdiction under portability. The n the dates of the unit inspection and D-50058 for a portability move-in.)
A current copy of below. annual recerti interim/specia change in pay	fication al recertification rment standard oved to another unit in		orm. No other doo	because of: (Check all applicable items. cumentation is required.) Go to line 9
Comments continued	I on separate page Y	Yes No		

5.	The HAP payments: (Check one)
	have been abated effective (mm/dd/yyyy). Please suspend the HAP to owner portion from your payment effective (mm/dd/yyyy) until further notice.
	that were abated beginning (mm/dd/yyyy) have been resumed effective (mm/dd/yyyy).
6.	We will no longer be billing your agency because we are terminating the family's participation in the program or the family is voluntarily leaving the program.
	Billing arangement termination effective date: (mm/dd/yyyy) Reason for termination:(specify)
7.	We are absorbing the family into our program and terminating the billing arrangement effective:
	(mm/dd/yyyy)
8.	The HAP contract has been terminated effective (mm/dd/yyyy) and no new HAP contract has yet been executed on behalf of the family. The family:
	will not be remaining in our jurisdiction and has been referred to your agency. intends to remain in our jurisdiction. The family's voucher expires (mm/dd/yyyy).
9.	Billing Information
 R	egular Billing Amount
	a. Monthly HAP amount due (line 12s or 12af of form HUD-50058)
	b. Ongoing admin fee (80% of initial PHA fee or amount otherwise agreed upon) (line 10 of Part I of this form)
	c. Total regular monthly billing amount (sum of lines a and b)
A	dditional Amount Due, If Applicable
	d. Prorated HAP to owner fromto
	e. Hard-to-house fee
	f. Other (explain)
,,,	g. Total additional amount (sum of lines d, e and f)
Bi	illing Amount
	h. Payment Due This Billing Submission (sum of lines c and g.) (After this submission, billing amount is amount recorded on line c, unless otherwise notified by the receiving PHA.)

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