GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
Office of Program Monitoring

VACANCY TABLE
ATTACHMENT TO ANNUAL CERTIFICATE OF COMPLIANCE
Compliance Year: _____
Date Prepared, (MM/DD/YYYY): __ __ / __ __ / __ __ __ __

Project:_____ L.P.
BIN: DC - __ __ __ __ - __ __ __ __ __
Building Address: _____
Reporting Period:

					Next Available Unit # Data			
Vacant Unit Number	**Number of Bedrooms {Stu-Eff} {1-2-3-4}**	**Date Vacated {MM/DD/YYYY}**	**Unit Square Footage**	**Vacating HH Last Name**	Next Available **Unit #** Occupied	**Date** Next Available Unit # Rented **{DD/MM/YYYY}**	Head of HH **Last Name**	**Gross Qualifying Income** for Household