



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

BUILDING STATUS TABLE

ATTACHMENT TO ANNUAL CERTIFICATE OF COMPLIANCE

Compliance Year: 2008

Project: _____
 BIN#: DC _____
 Building Address: _____
 Telephone #: _____

Date Prepared: _____
 Total Square Footage for BIN: _____
 Total # of Units in BIN: _____
 Applicable Fraction: _____
 Placed In Service Date: _____

Please provide information on each household in the property as of the last day of the reporting year. The information on this attachment is to correspond with the information collected on the Certification/Recertification of Tenant Eligibility Form or other approved form. On-site inspections may be conducted to confirm the accuracy of the information submitted below. Use the codes listed in the instructions for completing the race and marital status columns.

*** Unit Type: 1 Tax Credit, 2 HCVP (Housing Choice Voucher Program), 3 HOME**

Unit #	Square Footage	No. of Bedrooms	Unit Type*	Head of HH Last Name	Current No. in HH	Date LIHTC Qualified			No. in HH when Qualified	Qualifying Income	Maximum Income Percent	Tenant Rent	Subsidy Rent	Utility Allowance	Gross Rent	Current Annual Income	Recertification Date			Head of Household Information					
						Month	Day	Year									Month	Day	Year	Age	Race	Sex	Marital Status	Handicap Y/N	

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					No. in HH	Month	Day	Year	when Qualified	Income	Income Percent	Rent	Rent	Allowance	Rent	Annual Income	Month	Day	Year	Age	Race	Sex	Marital Status	Handicap Y/N

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* **Unit Type:** **1** Tax Credit, **2** HCVP (Hosing Choice Voucher Program), **3** HOME

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