**HUD 811 PRA Program**

Monthly Update

*Please use this form to report monthly activity at your property. This information will be included in DCA’s Quarterly Report to HUD.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Name:** | | | |  | | | | | | | | **Property Contact:** | | | | | | |  | | |
| **Phone:** | | | |  | | | | | | | | **Email:** | | | | | | |  | | |
| **County:** | | | |  | | | | | | | | **Report Month/Year:** | | | | | | |  | | |
| ***Property Vacancies*** | | | | | | | | | | | | | | | | | | | | | |
| **Unit #** | **Bedrms** | | | | **Baths** | | **Date to Show** | | **Date for Occ** | | **Accessible? Type?** | | | **Jotform Submitted?** | | | **Notes** | | | | |
|  |  | | | |  | |  | |  | |  | | |  | | |  | | | | |
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| ***HUD 811 Applicants*** | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | | **Provider Agency** | | | | | **Unit #** | | **Credit Ck?** | | | **Criminal Ck?** | | **Accept/ Deny** | | | **Reasonable Accomm.** | | | |
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| ***HUD 811 Property Move In*** | | | | | | | | | | | | | | | | | | | | | |
| **Last Name** | | **Unit #** | | | | **Bed/Bath** | | **Move In Date** | | | | **Rent/Utility** | | | | **Client Amt** | | | | **Subsidy** |  |
|  | |  | | | |  | |  | | | |  | | | |  | | | |  |  |
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| ***HUD 811 Recertification*** | | | | | | | | | | | | | | | | | | | | | |
| **Last Name** | | **Unit #** | | | | **Bed/Bath** | | **Move In Date** | | | | **Rent** | | | | **Client Amt** | | | | **Date(s) Letter Sent** |  |
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| ***HUD 811 Property Move Out*** | | | | | | | | | | | | | | | | | | | | | |
| **Last Name** | | **Unit #** | | | | **Bed/Bath** | |  | | | | **Move Out Date** | | | | **Who Initiated?** | | | | **Reason** | |
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**HUD 811 PRA Program**

Monthly Update

*Tenant Report*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***HUD 811 Tenant Update/Challenge Report/Lease Violations*** | | | | |
| **Last Name** | **Unit #** | **Move In Date** | **Provider Agency** | **Update/Challenges/Lease Violations** |
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**Additional HUD 811 Successes/Issues/Challenges/Needs:**

**Training Requests:**