SCHEDULE II (A) - LOW INCOME UNIT DETERMINATION COMPLIANCE REPORT
UNIT STATUS REPORT
THE REPORT REFLECTS THE PROPERTY'S OCCUPANCY ON: ___________________________
(Date)

PROJECT NAME: ________________________________

Project TC#: ________________________________

BIN #: LA - ____ ____ - ____ ____ ____ ____ ____

Project HOME #: ________________________________

Unit Qualification Key		
LIHTC	HOME	Special Needs
X50=TC Unit @ 50% AMI X60=TC Unit @ 60'% AMI O=OI at recert. Otherwise leave blank	A=<50% B=<60% C=<80% D=<OI at recert. Otherwise leave blank	E=Elderly F=Family Size H=Handicapped S=Single Parent O=Other

NOTE: START A SEPARATE PAGE FOR EACH BUILDING

A	B	C	D	E	F	G	H	I	J	K	L	M		N
												Unit Qualification		
Unit #	Date of Move-in	Last Name	Annual Income	Tenant Paid Rent	Utility Allowance	Housing Assist. Payment	# of BRs	Floor Space (Sq. Ft.)	Current TIC Date	Recert (Y=Yes)	HH Size	LIHTC	HOME	Unit meets Special Needs Req.