



## 811 PRA Compliance Monitoring Report

Project Name: \_\_\_\_\_ Management Agent: \_\_\_\_\_ Owner: \_\_\_\_\_

Report Date: \_\_\_\_\_ Reporting Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Total # of Units in Project: \_\_\_\_\_ Total # of 811 PRA Units in Project: \_\_\_\_\_ Total # of Occupied 811 PRA Units in Project: \_\_\_\_\_

Breakdown: 0BR: \_\_\_\_\_ 1BR: \_\_\_\_\_ 2BR: \_\_\_\_\_ 3BR: \_\_\_\_\_ 4BR: \_\_\_\_\_

Report prepared by: \_\_\_\_\_ Phone #: \_\_\_\_\_ Page # \_\_\_\_\_ of \_\_\_\_\_

### INFORMATION ABOUT OCCUPIED 811 PRA UNITS DURING REPORTING PERIOD

Unit #	# of BRs	Resident Last Name	# in HH	Move In Date

### INFORMATION ABOUT MOVE INS DURING REPORTING PERIOD FOR NON-811 PRA UNITS **(NOTE: This only gets completed if total # of 811 units doesn't match the total # of occupied 811 units)**

Unit #	# of BRs	Resident Last Name	# in HH	Move In Date



If any of the currently occupied 811 PRA units have had their subsidy terminated, please list the Unit Number, Effective Date of 811 subsidy termination, and Reason below (e.g. TTP equals/exceeds gross rent or Did not re-certify on time).

Unit Number	Effective Date	Reason

If rental assistance has not been terminated for any of the currently occupied 811 units, please check this box.                    **N/A**

**CERTIFICATION OF COMPLIANCE**

\_\_\_\_\_ hereby certifies to the New Hampshire Housing Finance Authority that all applicable vacant units will be submitted for 811 PRA occupancy until all committed units have been occupied and vacancies will be reported as required to continue meeting our obligations.

\_\_\_\_\_  
(Owner's Signature or Duly Authorized Agent)