



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

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

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 and Reason below (e.g. TTP equals/exceeds gross rent or Did not recertify on time).

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

Unit Number	Effective Date	Reason

CERTIFICATION OF COMPLIANCE

_____ hereby certifies to the New Hampshire Housing Finance Authority that all applicable
(Owner’s Name) 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)