AHTC EXTENDED USE PERIOD Form 203
CORRECTION OR AMENDMENT TO PRIOR PERIOD REPORT

Project and Building Information

Project No.:	Name:	City:	Report Year:
Building No.:	Address:	Building Identification Number (BIN): WI	
Submitted By:	Title:	Phone No.:	Date:

Unit Events – list only the unit events that were missed on a prior report or that need correction

Missed on Prior Report	Amend Prior Report	Unit No.	Unit Type	Event Type	Event Date	Household Name	Hshld. Type	No. Hshld. Members	Gross Annual Income	Tenant Paid Rent	Utility Allowance	Type Rental Assist.(RA)	RA Amount	Student Status

Program Type	TC___ 30%___ 40%___ 50%___	HOME___ 50%___ 60%___ 80%___ OI___	Tax Exempt___ 50%___ 60%___ 80%___ OI___	AHDP___ 50%___ 80%___ OI___

Household Member No.	Last Name	First Name	Middle Initial	Relationship to Head of Household	Date of Birth	Full-time Student	Last 4 digits SSN	Race	Ethnicity	Disability
1										
2										
3										
4										
5										

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See AHTC Form 201 for instructions

AHTC Form 203, Correction or Amendment to Prior Report (continued)	Project No.:	Bld. No.:	BIN: WI

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