AHTC EXTENDED USE PERIOD Form 201
UNIT STATUS REPORT INSTRUCTIONS

Steps for completing and submitting Unit Information (AHTC Extended Use Period Form 202), Unit Status Report (AHTC Extended Use Period Form 200) in both paper and electronic formats, and Correction or Amendment to Prior Period Report (AHTC Extended Use Period Form 203) are included below. Sample reports are included at the end of these instructions.

Paper reports should be mailed to: WHEDA, AHTC Monitoring, PO Box 1728, Madison WI 53701-1728. Electronic reports should be submitted using eWHEDA Services, a secure area of WHEDA's website. Electronic reports may be submitted via file upload to the Rental Compliance Reporting System (RCRS) or may be typed directly into the RCRS system online.

Electronic Unit Status Reports must be in WHEDA's prescribed XML format. WHEDA uses the national XML format developed by the National Affordable Housing Management Association (NAHMA) working group of vendors and state agencies. The NAHMA XML Standard is a flexible format which allows for variation in state reporting requirements. Several companies offer tax credit software with the ability to create XML reports that meet this requirement. If you or your software provider requires further information on electronic reporting, please contact WHEDA tax credit monitoring staff.

A. Unit Status Report

There are three ways to submit Unit Status Report information.

1) Unit events entered online into the Rental Compliance Reporting System (RCRS) via eWHEDA Services

   a. This method qualifies for the electronic reporting Compliance Monitoring Fee rate

   b. Detailed instructions are available in the RCRS User's Guide

2) XML file uploaded through RCRS, via eWHEDA Services

   a. This method qualifies for the electronic reporting Compliance Monitoring Fee rate.

   b. Files must be in WHEDA's prescribed XML format. If you or your software provider requires information on electronic reporting, refer to "State HFA_LIHTC Data Transfer Standard" on www.mitsproject.org or contact WHEDA.

   c. One file is used to report on each project.

   d. Files are uploaded via eWHEDA Services using the RCRS application.

   e. Detailed instructions for uploading the file are available in the RCRS User's Guide.

3) Report submitted on paper using AHTC Extended Use Period Form 200, Unit Status Report

   a. The Compliance Monitoring Fee rate for paper reports applies.

   b. See "**B. AHTC Extended Use Period Form 200, paper report**" for detailed instructions

   c. Paper reports may be sent by fax or mail. Since the forms contain protected tenant information (date of birth and partial Social Security Number), please do not use e-mail.

B. **AHTC Extended Use Period Form 200, paper report**

Please use a separate form for each building in the project and include only events that occurred in the applicable year. If you are unsure of the correct project, building, or BIN number, please contact WHEDA.

1) Project and Building Information: Fill in the information as listed below.

   a. **Project Number**: the four-digit WHEDA assigned Tax Credit Project Number

   b. **Name**: the property name (i.e. Mulberry Lane Apartments)

   c. **City**: city or town where the building is located

   d. **Report Year**: the year for which the events are being reported. Complete a separate Form 200 for each year reported.

   e. **Building Number**: the building number assigned by WHEDA

   f. **Address**: the complete address for the building

   g. **Building Identification Number (BIN)**: the BIN assigned on Form 8609 (i.e. WI01-605-01)

   h. **Submitted by**: the name of the person submitting the form

   i. **Title**: the title of the person submitting the form

   j. **Phone Number**: the phone number of the person submitting the form

   k. **Date**: the date form was completed

2) Unit Events: list only the units that had reportable events for the report year

   a. Units must be listed on a per building basis, preferably in numerical order.

   b. Where multiple events occur for a single unit within a period, list the events on separate lines in chronological order.

   c. Use AHTC Form 203 to report corrections or amendments to prior period reports.

   d. The following information is for the household as a whole.

      - **Unit No.**: Unit numbers should match the numbers previously reported (i.e. do not use "01" in one period and then use "1" on the next period report). If you make a permanent change to your unit designations, please contact your program representative.

      - **Unit Type**: Indicate whether the unit/event is low-income or market

        → L – a low-income unit

        → M – a market-rate unit

- **Event Type**: Indicate whether the event is a move-out, move-in, recertification, adjustment, or transfer
  - → MO – Vacancy (Tenant Move-Out)
  - → MI – Tenant Move-In (Leased)
  - → R – Recertified Tenant
  - → A – Adjustment of rent, utility allowance, or rent subsidy
  - → TI – Transfer In (note transfer out unit number)
  - → S – Self-recertification (only for use by projects in extended use period)
- **Event Date**: the effective date of the Unit Event.
  - → Each unit with activity during the report period must have an event type and date entered.
  - → Only one event may be reported per date for the unit.
- **Household Name**: Occupied units must have the Head of Household's last name listed. For market rate units, you may list the last name or "Market".
- **Household Type (Hshld. Type)**: Use the following codes to indicate household type
  - → E – Elderly
  - → F – Family (may include single occupant households)
  - → D – Persons with physical, mental, or developmental disabilities
  - → H – Homeless individuals or homeless families
- **Number of Household Members (No. of Hshld. Members)**: the total number of people residing in the unit. Do not include live-in attendants or foster children.
- **Gross Annual Income**: the total combined household income, rounded up to the nearest whole dollar
- **Monthly Tenant Rent Payment**: the dollar amount the tenant pays for monthly rent, rounded up to the nearest whole dollar
- **Utility Allowance**: the dollar amount of the utility allowance being used for the unit
- **Type of Rental Assistance (Type Rental Assist. (RA))**: the type of rental assistance (if applicable) using the following codes:
  - → S – Section 8 Certificate
  - → P – Section 8 Project Based Assistance
  - → V – Section 8 Voucher
  - → R – RECD/FmHA Rental Assistance/Rural Housing Service
  - → H – Department of Housing
  - → O – Other Assistance

- **Rental Assistance Amount (RA Amount)**: the dollar amount of the monthly rental assistance subsidy for the household

- **Student Status**: indicate whether or not all residents in the household are students by writing the applicable code in this column.
  - → N – Not a household comprised of all students
  - → P – Single Parent with dependent child
  - → A – Receiving AFDC payments (Title IV benefits under the Social Security Act)
  - → T – Temporary Assistance for Needy Families
  - → J – Participates in a job training program with assistance
  - → M – Married and eligible to file a joint federal income tax return
  - → F – Former Recipient of Foster Care
  - → S – Student household with none of the above exemptions: the unit will be treated as a market rate unit.

e. The following information is for the household as a whole. Not required for market-rate units

- **Program Type**: Indicate if the household (unit) is included in one or more of the listed programs. For each program marked, indicate the household's income status.
  - → **TC** – Tax Credit Unit Reserved for Households with incomes below the Project Minimum Set-Aside: if the unit the household occupies will count toward set asides under the Land Use Restriction Agreement (LURA), mark the appropriate box indicating the household's designation
    - ➢ 30% – Income Status at or below 30% of County Median Income
    - ➢ 40% – Income Status at or below 40% of County Median Income
    - ➢ 50% – Income Status at or below 50% of County Median Income
  - → **HOME** – If the property participates in the HOME program and the unit the household occupies will count toward the HOME program set asides, mark the appropriate box indicating the household's designation
    - ➢ 50% – Income Status at or below 50% of County Median Income
    - ➢ 60% – Income Status at or below 60% of County Median Income
    - ➢ 80% – Income Status at or below 80% of County Median Income
    - ➢ OI – Over-Income according to eligibility requirements of the HOME program
  - → **Tax Exempt** – If the property participates in the Tax Exempt Bond program and the unit the household occupies will count toward the program set asides, mark the appropriate box indicating the household's designation
    - ➢ 50% – Income Status at or below 50% of County Median Income
    - ➢ 60% – Income Status at or below 60% of County Median Income
    - ➢ 80% – Income Status at or below 80% of County Median Income
    - ➢ OI – Over-Income according to eligibility requirements of the Tax Exempt Bond program

- → **AHDP** – If the property participates in the Affordable Housing Disposition Program (AHDP) and the unit the household occupies will be counted toward the program set asides, mark the appropriate box indicating the household's designation
  - ➢ 50% – Income Status at or below 50% of County Median Income
  - ➢ 80% – Income Status at or below 80% of County Median Income
  - ➢ OI – Over-Income according to eligibility requirements of the AHDP program

f. The following information is required for each household member of a low-income unit. Not required for market-rate units

- **Household Member No.**: Each household member should be listed. If there are more than five household members, list additional household members on an attachment.
- **Last Name**: The last name of each household member is required.
- **First Name**: The first name of each household member is required.
- **Middle Initial**: The middle initial is optional.
- **Relationship to Head of Household**: Indicate each household member's relationship to the head of household by using one of the following coded definitions.
  - → H – Head of Household
  - → S – Spouse
  - → A – Adult Co-Tenant
  - → O – Other Family Member
  - → C – Child
  - → F – Foster Child or Foster Adult
  - → L – Live-in Caretaker
  - → N – None of the Above
- **Date of Birth**: household member's date of birth
- **Full-time Student**:
  - → Y – Yes, household member is a full-time student
  - → N – No, household member is not a full-time student
- **Last 4 digits of SSN**: last four digits of household member's social security number, for household members 18 years of age or older

- **Race**: household member may choose not to respond
  - → 1 – White
  - → 2 – Black/African American
  - → 3 – American Indian/Alaska Native
  - → 4 – Asian
  - → 5 – Native Hawaiian/Other Pacific Islander
  - → 6 – Other
  - → 9 – Did Not Respond
- **Ethnicity**: household member may choose not to respond
  - → 1 – Hispanic or Latino
  - → 2 – not Hispanic or Latino
  - → 3 – Did Not Respond
- **Disability**: disabled according to Fair Housing Act Definition for handicap (disability). Household member may choose not to respond
  - → 1 – Yes
  - → 2 – No
  - → 3 – Did Not Respond

C. AHTC Extended Use Period Form 203, Correction or Amendment to Prior Period Report

AHTC Extended Use Period Form 203 must be used when it is necessary to amend an event reported on a prior Unit Status Report or to report an event that was missed on a prior report. Submit the corrected or amended information as soon as you realize there was an error or omission.

Please use a separate form for each building in the project and include only events that occurred in the applicable year and period. If you are unsure of the correct project, building, or BIN number, please contact WHEDA.

1) Project and Building Information: Fill in the information as listed below

   a. **Project Number**: the four-digit WHEDA assigned Tax Credit Project Number

   b. **Name**: the property name (i.e. Mulberry Lane Apartments)

   c. **City**: city or town where the property is located

   d. **Building Number**: the building number assigned by WHEDA

   e. **Address**: the complete address for the building

   f. **Building Identification Number (BIN)**: the BIN assigned on Form 8609 (i.e. WI01-605-01)

   g. **Submitted by**: the name of the person submitting the form

   h. **Title**: the title of the person submitting the form

   i. **Phone Number**: the phone number of the person submitting the form

   j. **Date**: the date form was completed

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

   a. The following information is for the household as a whole.

      - **Missed on Prior Report**: check this column if you are reporting an event that was missed on a prior Unit Status Report

      - **Amend Prior Report**: check this column if you are amending (correcting) an event that was previously reported

      - **Unit No.**: Units must be listed on a per building basis in numerical order. Where multiple events occur for a single unit within a period, the events should be listed on separate lines in chronological order. Unit numbers should match the numbers previously reported (i.e. do not use “01” in one period and then use “1” on the next period report). If you make a permanent change to your unit designations, please contact your program representative.

- **Unit Type**: Indicate whether the unit/event is low-income or market
  - → L – a low-income unit
  - → M – a market-rate unit
- **Event Type**: Indicate whether the event is a move-out, move-in, recertification, adjustment, or transfer
  - → MO - Vacancy (Tenant Move-Out)
  - → MI - Tenant Move-In (Leased)
  - → R - Recertified Tenant
  - → A - Adjustment of rent, utility allowance, or rent subsidy
  - → TI - Transfer In (note transfer out unit number)
  - → S - Self-recertification (only for use by projects in extended use period)
- **Event Date**: the effective date of the Unit Event.
  - → Only one event may be reported per date for the unit.
- **Household Name**: Occupied units must have the Head of Household's last name listed. For market rate units, you may list the last name or “Market”.
- **Household Type (Hshld. Type)**: Use the following codes to indicate household type
  - → E – Elderly
  - → F – Family (may include single occupant households)
  - → D – Persons with physical, mental, or developmental disabilities
  - → H – Homeless individuals or homeless families
- **Number of Household Members (No. of Hshld. Members)**: the total number of people residing in the unit. Do not include live-in attendants or foster children.
- **Gross Annual Income**: the total combined household income, rounded up to the nearest whole dollar.
- **Monthly Tenant Rent Payment**: the dollar amount the tenant pays for monthly rent, rounded up to the nearest whole dollar
- **Utility Allowance**: the dollar amount of the utility allowance being used for the unit

- **Type of Rental Assistance (Type Rental Assist. (RA))**: the type of rental assistance (if applicable) using the following codes:
  - → S – Section 8 Certificate
  - → P – Section 8 Project Based Assistance
  - → V – Section 8 Voucher
  - → R – RECD/FmHA Rental Assistance/Rural Housing Service
  - → H – Department of Housing
  - → O – Other Assistance
- **Rental Assistance Amount (RA Amount)**: the dollar amount of the monthly rental assistance subsidy for the household
- **Student Status**: indicate whether or not all residents in the household are students by writing the applicable code in this column.
  - → N – Not a household comprised of all students
  - → P – Single Parent with dependent child
  - → A – Receiving AFDC payments (Title IV benefits under the Social Security Act)
  - → T – Temporary Assistance for Needy Families
  - → J – Participates in a job training program with assistance
  - → M – Married and eligible to file a joint federal income tax return
  - → F – Former Recipient of Foster Care
  - → S – Student household with none of the above exemptions: the unit will be treated as a market rate unit.

b. The following information is not required for market-rate households. The information is for the household as a whole.

- **Program Type**: Indicate if the household (unit) is included in one or more of the listed programs. For each program marked, indicate the household's income status.
  - → **TC** – Tax Credit Unit Reserved for Households with incomes below the Project Minimum Set-Aside: if the unit the household occupies will count toward set asides under the Land Use Restriction Agreement (LURA), mark the appropriate box indicating the household's designation
    - ➢ 30% – Income Status at or below 30% of County Median Income
    - ➢ 40% – Income Status at or below 40% of County Median Income
    - ➢ 50% – Income Status at or below 50% of County Median Income

→ **HOME** – If the property participates in the HOME program and the unit the household occupies will count toward the HOME program set aside, mark the appropriate box indicating the household's designation

- 50% – Income Status at or below 50% of County Median Income
- 60% – Income Status at or below 60% of County Median Income
- 80% – Income Status at or below 80% of County Median Income
- OI – Over-Income according to eligibility requirements of the HOME program

→ **Tax Exempt** – If the property participates in the Tax Exempt Bond program and the unit the household occupies will count toward the program set aside, mark the appropriate box indicating the household's designation

- 50% – Income Status at or below 50% of County Median Income
- 60% – Income Status at or below 60% of County Median Income
- 80% – Income Status at or below 80% of County Median Income
- OI – Over-Income according to eligibility requirements of the Tax Exempt Bond program

→ **AHDP** – If the property participates in the Affordable Housing Disposition Program (AHDP) and the unit the household occupies will be counted toward the program set aside, mark the appropriate box indicating the household's designation

- 50% – Income Status at or below 50% of County Median Income
- 80% – Income Status at or below 80% of County Median Income
- OI – Over-Income according to eligibility requirements of the AHDP program

c. The following information is required for each member of a low-income unit. The information is not required for market-rate units.

- **Household Member No.**: Each household member should be listed. If there are more than five household members, list additional members on an attachment.
- **Last Name**: The last name of each household member is required.
- **First Name**: The first name of each household member is required.
- **Middle Initial**: The middle initial is optional.

- **Relationship to Head of Household**: Indicate each household member's relationship to the head of household by using one of the following coded definitions.
  - → H – Head of Household
  - → S – Spouse
  - → A – Adult Co-Tenant
  - → O – Other Family Member
  - → C – Child
  - → F – Foster Child or Foster Adult
  - → L – Live-in Caretaker
  - → N – None of the Above
- **Date of Birth**: household member's date of birth
- **Full-time Student**:
  - → Y – Yes, household member is a full-time student
  - → N – No, household member is not a full-time student
- **Last 4 digits of SSN**: last four digits of household member's social security number, for household members 18 years of age or older
- **Race**: household member may choose not to respond
  - → 1 – White
  - → 2 – Black/African American
  - → 3 – American Indian/Alaska Native
  - → 4 – Asian
  - → 5 – Native Hawaiian/Other Pacific Islander
  - → 6 – Other
  - → 9 – Did Not Respond
- **Ethnicity**: household member may choose not to respond
  - → 1 – Hispanic or Latino
  - → 2 – not Hispanic or Latino
  - → 3 – Did Not Respond
- **Disability**: disabled according to Fair Housing Act Definition for handicap (disability). Household member may choose not to respond
  - → 1 – Yes
  - → 2 – No
  - → 3 – Did Not Respond

AHTC EXTENDED USE PERIOD Form 200
UNIT STATUS REPORT

Project and Building Information

Project No.: 0605	Name: Mulberry Lane Apartments	City: Madison	Report Year: 2010
Building No.: 1	Address: 6201 Mulberry Lane	Building Identification Number (BIN): WI01-0605-01	
Submitted By: Clara Edwards	Title: Compliance Specialist	Phone No.: 608-266-7940	Date: 01/25/2011

Unit Events – list only the units that had reportable events for the report year

Unit No.	Unit Type	Event Type	Event Date	Household Name	Hshld. Type	No. of Hshld. Members	Gross Annual Income	Monthly Tenant Rent Payment	Utility Allowance	Type Rental Assist.(RA)	RA Amount	Student Status
101	L	R	03/01/10	Howell	F	2	25686	680	28			N

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	Howell	Bob	J	H	06/01/1952	N	1234	9	2	3
2	Howell	Martha		S	12/01/1953	N	5678	9	3	3
3										
4										
5										

Unit No.	Unit Type	Event Type	Event Date	Household Name	Hshld. Type	No. of Hshld. Members	Gross Annual Income	Monthly Tenant Rent Payment	Utility Allowance	Type Rental Assist.(RA)	RA Amount	Student Status
108	LI	MO	12/31/10	Jones								

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										

Unit No.	Unit Type	Event Type	Event Date	Household Name	Hshld. Type	No. of Hshld. Members	Gross Annual Income	Monthly Tenant Rent Payment	Utility Allowance	Type Rental Assist.(RA)	RA Amount	Student Status
305	M	MI	05/01/10	Smith	F	3						

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										

SAMPLE

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

Project and Building Information

Project No.: 0605	Name: Mulberry Lane Apartments	City: Madison	Report Year: 2010
Building No.: 1	Address: 6201 Mulberry Lane	Building Identification Number (BIN): WI01-0605-01	
Submitted By: Clara Edwards	Title: Compliance Specialist	Phone No.: 608-266-7940	Date: 07/15/2011

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
	X	201	L	R	05/01/10	Fern	F	3	12,055	280.00	32.00	V	210.00	P

Program Type: TC___ 30%___ 40%___ 50%___ HOME___ 50%___ 60%___ 80%___ OI___ Tax Exempt_X_ 50%_X_ 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	Fern	Rita		H	05/18/1980	Y	1234	1	1	3
2	Fern	Joseph		C	02/01/2005	Y		1	2	1
3	Fern	Mary		C	10/28/2007	N		1	2	2
4										
5										

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
X		108	M	MO	07/30/10	market								

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										

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
X		108	L	MI	08/01/10	Tree	F	1	29,580	450	28			N

Program Type: TC___ 30%___ 40%___ 50%___ HOME___ 50%___ 60%___ 80%___ OI___ Tax Exempt_X_ 50%___ 60%_X_ 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	Tree	Mike	J	H	02/22/1975	N	1234	2	2	2
2	Smith	Steven		L	08/28/1970	N	5678	9	3	3
3										
4										
5										

SAMPLE