

**HTC EXTENDED USE PERIOD Form 203
CORRECTION OR AMENDMENT TO PRIOR PERIOD REPORT**

Project and Building Information

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| 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 |
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| 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 | | | | |
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| 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 |
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| 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 | | | | |
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| 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 |
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| 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 | | | | |
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See HTC Form 201 for instructions

| 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 |
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| 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 | | | | |
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| 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 | | | | |
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