

**HTC 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				
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3														
4														
5														
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See HTC Form 201 for instructions

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