

**INSTRUCTIONS FOR FY 1998 MOD REHAB HOUSING AUTHORITY
DETERMINATION RENEWAL/REPLACEMENT NEEDS**

NOTE: This is a suggested HAP information gathering format for the Housing Authority. It is not mandatory to submit, but will assist in determining Mod Rehab renewal and replacement needs.

Field Office Name: Full name of the HUD Field Office

Housing Authority (HA) Name and Number: Name of the HA and 11 digit project number

Rental Property with 5 or more units: Enter Yes or No

Date of Last Physical Inspection: Enter the date that the HA conducted its latest HQS review of the MR property. If no physical inspection of the MR property was ever conducted, enter NA.

HQS Violations Yes or No: Enter Yes or No

Date Property Owner Contacted: Enter the date that HA sent written notice, explaining PL 104-204 and its extension in FFY 1998, to the owner of a multifamily housing property covered by an expiring HAP contract.

Date Property Owner Responded: Date the HA received a written response from the owner of a multifamily housing property covered by an expiring HAP contract. If the owner fails to respond in accordance with the HA's written instructions, the HA must issue rental certificates to the affected Section 8 eligible family and the Mod Rehab contract terminates.

Units to be Renewed: Enter the number of units to be renewed by extending the MR HAP contract in the column entitled, 'Number of MR units to be renewed in Place'.

Units to be Replaced: Enter the number of units to be replaced with rental certificates in the column entitled, 'Number of Replacement Certs to be issued to Previous MR Tenants'.

Total Expiring Units: Enter the sum of the columns 'Number to be Renewed' and 'Number to be Replaced' into the column entitled 'Total Expiring Units'.

Total: Sum up all the units in the column entitled 'Total Expiring Units' and enter that sum on the line provided at the bottom of that column. The total number of units expiring, as reported by the HA, should agree with the total on HUDCAPS report Expiring Contracts - Funding Increment Based, # A75QPA04.

Date: Enter the date that the HA Certifying Officer signed the form.

Signature of HA Certifying Officer: Signature of representative having authorization to commit the HA contractually.