Adjustments to Schedule of **Tenant Assistance Payments Due**

U.S. Department of Housing and Urban Development

Office of Housing

Federal Housing Commissioner

(Exp. 06/30/2016)

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide. See the statements on the form HUD-52670 information on public burden. 1. Asst. Pymts Due For (mm/yyyy): 2. Project Name: 3. FHA / EH / Non-Insured Proj. No: 4. Section 8 / PAC / PRAC Contract No: 5. Type of Subsidy: 8. Adjusting Certification 9. Adjustment Period 10. Calculation Detail 11b. Beginning Partial **Ending Partial** Full Months 7. Approved Prior or 11a. Month Month Head of Household Name New Cert Effective Asst. Beginning Ending **Unit Number** (HUD/CA Requested New Amount Last. First. Initial Cert? Type Date Pmt. Date Date Daily No. of No. of Monthly No. of Daily Billing? use only) Days Rate Months Rate Rate Days

OMB Approval No. 2502-0182

12. Totals for this page