

Adjustments to Schedule of
Tenant Assistance Payments Due

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0182
(exp. mm/dd/yyyy)

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide. See the statements on form HUD-52670 Housing Owner's Certification and Application for Tenant Assistance Payments for information on public burden. **Warning:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §§ 3729, 3802).

1. Asst. Pymts Due for (mm/yyyy):		2. Project Name:					3. Project Number:			4. Contract Number:				5. Type of Subsidy:				
6. Head of Household Name Last, First, Initial	7. Unit Number	8.Adjusting Certification					9.Adjustment Period		10.Calculation Detail								11a. Requested	11b. Approved (HUD/CA use only)
		Prior or New Billing?	New Cert?	Cert Type	Effective Date	Asst. Pmt.	Beginning Date	Ending Date	Beginning Partial Month		Full Months		Ending Partial Month		Amount			
									No. of Days	Daily Rate	No. of Months	Monthly Rate	No. of Days	Daily Rate				
12. Totals for this page																		