

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