Special Claims Schedule

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).

Project Name	Project Number	Contract Number

Head of Household Name Last, First, Initial	Unit Number	Type and Amount of Claim ($)				
		Unpaid Rent from HUD 52671-A	Tenant Damages from HUD 52671-A	Rent-Up Vacancies from HUD 52671-B	Regular Vacancies from HUD 52671-C	Debt Service from HUD 52671-D
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Totals					

I/WE, the undersigned, certify under penalty of perjury that: (a) the information provided above is true and correct: (b) the above amounts have been computed in accordance with all instructions and requirements prescribed by HUD and the applicable Section 8/PAC/PRAC/SPRAC/811 PRA Contract; (c) all prerequisites to and conditions for the assistance claimed have been met; and (d) all required documentation will be retained in the project's files for six (6) years.
Owner's printed name, signature and date

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HUD Contract Administrator Review
- ☐ Claim approved
- ☐ Claim adjusted. Reason:
- ☐ Claim denied. Reason:

Official's name, signature and date

Claim ID:

[Pending OMB Approval v 06/05/2023]