

Form HUD-50058 Technical Reference Guide

NAME: *SSN of Head of Household*
DESCRIPTION: Social Security Number of the Head of the household. Copy from 3n where 3h = 'H'.
TYPE: Alphanumeric
SIZE: 9
COMMENTS: If tenant is eligible for assistance but does not have an SSN, obtain alternate identifier from PIC.
EDITS:
Fatal: • Must be nine digits or a valid alternate identifier (AID) issued by HUD
Fatal: • Cannot equal '999999999'
FIELD NUMBER: 34
POSITION: 345-353
LINE REFERENCE NO: 3n.

NAME: *Reserved*
DESCRIPTION: Reserved for future use if instructed by HUD
TYPE: Alphanumeric
SIZE: 5
COMMENTS: Submit blanks unless instructed by HUD.
EDITS:
Fatal: • Must be blank
FIELD NUMBER: 35
POSITION: 354-358
LINE REFERENCE NO: 3r.

NAME: *Effective Date of Family Subsidy Status*

DESCRIPTION: Original date family qualified for continuation of assistance, or date temporary deferral of termination was granted

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format. If 2a equals '5', '6', '8', '10', '11', '13' or '15' and 3u equals 'E', 'F', 'P', leave blank.

EDITS:

- Fatal: • If 2a equals '1', '2', '3', '4', '7', '9', '12' or '14' and 3u equals 'C', must be valued
- Fatal: • If valued, must be in 'MMDDYYYY' format

FIELD NUMBER: 38

POSITION: 362-369

LINE REFERENCE NO: 3v.

NAME: *Former HoH SSN*

DESCRIPTION: If new Head of Household, this is the SSN of the former Head of Household

TYPE: Alphanumeric

SIZE: 9

COMMENTS: When not applicable, send a blank

EDITS:

- Fatal: • If valued, must be nine digit numeric or a valid alternate identifier (AID) issued by HUD and must equal the SSN of the current head of household associated with that building unit
- Fatal: • If valued, cannot be the same SSN value as the Head of Household (3n where 3h equals H)

FIELD NUMBER: 39

POSITION: 370-378

LINE REFERENCE NO: 3w.

NAME:	<i>Earnings in 7d. Made Possible by Disability Assistance Expense</i>
DESCRIPTION:	Of a family's dollars per year, the amount of earned income received by a family member (which can include the working disabled family member) who is 18 or older and who is enabled to work as a result of attendant care or apparatus for a family member with disabilities.
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	<ul style="list-style-type: none">Fatal: • Must be less than or equal to the sum of 7d minus sum of 7e in all the Income Records (total income after earned income exclusion) where 7b is not 'P', 'SS', 'S', 'T', 'G', 'C', 'U', 'N' or 'E'Fatal: • If no family member is disabled (3h equals 'H', 'S', 'K', 'Y', 'E', or 'A' and 3j equals 'N' for all family members), must equal zero
FIELD NUMBER:	77
POSITION:	771-775
LINE REFERENCE NO:	8i.

NAME:	Member SSN
DESCRIPTION:	Social Security Number of the member of the household
TYPE:	Alphanumeric
SIZE:	9
COMMENTS:	If tenant is eligible for assistance but does not have an SSN, obtain alternate identifier from PIC.
EDITS:	Fatal: • If 3h equals 'H', 'S', 'K', 'Y', 'E' or 'A', must be valued Fatal: • If 3h equals 'H', must equal 3n in Basic Record and must be nine digits numeric or a valid alternate identifier (AID) issued by HUD Fatal: • If valued, must be nine digits numeric or a valid alternate identifier (AID) issued by HUD for the Head of Household Fatal: • If valued, cannot equal '999999999' if 3h equals H
FIELD NUMBER:	18
POSITION:	90-98
LINE REFERENCE NO:	3n.
