Department of Housing and Urban Development

Form HUD-50058 Family Report
Technical Reference Guide

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Office of Public and Indian Housing
Office of Information Technology

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Chapter 1. Introduction

1.1   Purpose

The *Form HUD-50058 Family Report Technical Reference Guide* provides information needed to develop software to capture and edit Form HUD-50058 data and prepare it for submission to the US Department of Housing and Urban Development (HUD).

PIH Information Center (PIC) is a HUD system that captures and stores tenant information contained in the Form HUD-50058 and submitted to HUD. PIC also generates various reports from the data stored in its database.

The *Guide* contains all the data descriptions and data edit requirements necessary to design software that will follow the Form HUD-50058 (06/2001) to transmit data to PIC.

1.2   Intended Audience

HUD developed the *Form HUD-50058 Technical Reference Guide* for PHAs and software vendors who develop software to capture and store Form HUD-50058 data and to view transmission error reports.
The PIC development team at HUD Headquarters also uses the *Guide* to develop the edit and validation process for PIC data.

1.3   Summary

The *Guide* contains the following information:

- Summary of the Form HUD-50058
- Transmission file layout description
- Descriptions of each field in the transmission file layout and edits
- Cross reference between the data lines in Form HUD-50058 and the data field positions in the transmission file

1.4   Questions

Users of this Guide should post their questions to the Form HUD-50058 Technical Reference Guide Forum on the PIC Website. The address for this forum is http://www.hud.gov/offices/pih/systems/pic/50058/forums.cfm. HUD monitors and responds to questions posted to this forum on a regular basis. HUD will answer questions on this guide as responses to the forum questions. Additionally, HUD will post notice of changes to this guide in Quick Update! on the PIC Website. HUD will post the actual changes to the PIC Documentation web page in the same location as this original Guide. Users of the Guide should check the PIC Documentation web page periodically for updates. The address for the PIC Documentation page is http://www.hud.gov/offices/pih/systems/pic/50058/pubs/.

1.5   Form HUD-50058 Family Report

The Form HUD-50058 captures information about residents who live in Public housing and about residents who receive Section 8 rental subsidies. The form contains:

- Demographic information for all members of the household
- Citizenship information
- Income information
- Rent calculations

PHAs who administer PIH's rental subsidy programs collect this tenant data and send it to HUD electronically. HUD uses the information for the following purposes:

- Support the analysis of policy, legislative, budget, and program management initiatives and evaluations
- Determine the accuracy of subsidy payments
- Detect fraud
- Monitor the efforts of project administrators, including Public Housing Agencies
- Provide demographic information on program participants to support HUD management, HUD Field Office, and Public Housing Agency (PHA) program objectives
- Monitor compliance with income reporting requirements and related eligibility factors
- Produce demographic information that describes the present occupancy of resident communities to Congress, sister Federal agencies, and special housing-related interest groups
- Perform income matching with the Social Security Administration and the Internal Revenue Service
- Monitor the accuracy of subsidy payments

Use the Form HUD-50058, the Form HUD-50058 Instruction Booklet along with this *Guide* to understand the flow of the information and to develop or modify software.

1.6   Transmission File Layout Description

Form HUD-50058 transmission file is an ASCII flat file that contains information of one or more families. HUD receives the file submitted by PHAs and vendors through PIC Form 50058 Submission Module. This module extracts information from the file, and performs edits and validations before the information is stored into the database.

1.6.1 Transmission File Granularity

A transmission file contains information of one or more *families*; each family contains multiple *records*; and each record contains multiple *data fields*.

1.6.1.1 Family

The first level of transmission file breakdown is at the family level shown in Figure 1.1.

Header	Family 1	Family 2	Family 3	Family 4	Footer
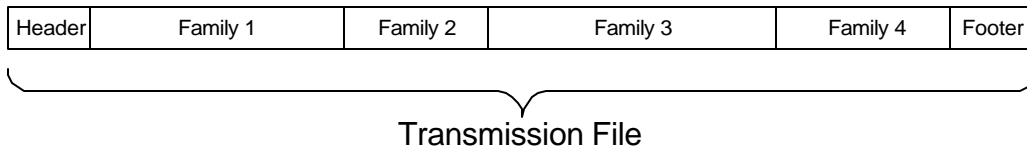
Transmission File

Figure 1.1   An Example of Family Layout in a Transmission File

A transmission file must have a Header record and a Footer record. In between the Header and the Footer are families. Families may take spaces of different sizes in the file because some families may have more information than others.

1.6.1.2 Record

The next level of transmission file breakdown is the record. For each family, there are many records each of which contains specific information of the family. Figure 1.2 shows an example of all the records in a family. At the end of each record, there is a new line character.

Basic Record	Family Record	Family Record	Income Record	Section 8 Voucher Record	FSS/WtW Record
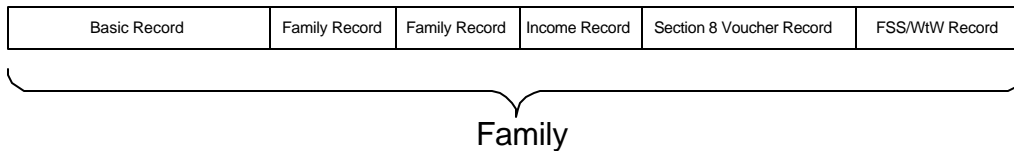
Family

Figure 1.2   An Example of Record layout in a Family

A record contains information from certain section(s) of Form HUD-50058. Table 1.1 lists all the possible records and their respective form sections.

Record Name	Record Identifier	Relevant 50058 Section(s)	Record Type
Transmission Header	MHR58	None	Mandatory
Basic Record	B	Sections 1, 2, 3, 4, 5, 6, 7, 8, 9	Mandatory
Family Record	T	Section 3	Mandatory
Income Record	I	Section 7	Optional
Public Housing Record	P	Section 10	Selective
Section 8 Certificate, Project Based Voucher Record	C	Section 11	Selective
Section 8 Voucher Record	V	Section 12	Selective
Mod Rehab Record	R	Section 13	Selective
Homeownership Record	H	Section 15	Selective
FSS/WtW Record	F	Section 17	Selective
Transmission Footer	MND58	None	Mandatory

Table 1.1   All Possible Records in a Family

Depending on the PIH program and action type of the submission, a family may have different record compositions. Section 1.6.2 describes the general rules about which records constitute a family in different circumstances.

1.6.1.3   Data Fields

Data fields are the atomic units in a transmission file. In most cases, each data field corresponds to one line item on the paper Form HUD-50058. The Edits and Validation section gives a detailed description of all the data fields in all the records, their sizes and positions in the respective records, their cross references between line numbers on the paper Form HUD-50058, along with their edits. Figure 1.3 shows the data field layout in the Basic Record.

		1b	1c	1d	1e	1f	2a	2b	....	5a	5b	....	8e	8f	8g	....	9j	9k	9m
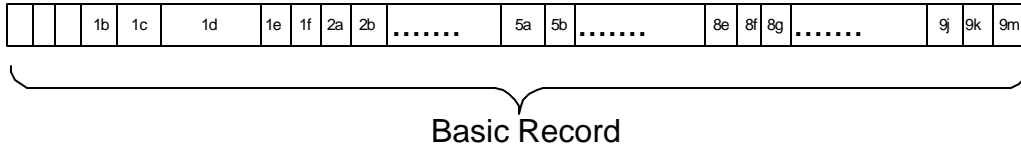
Basic Record

Figure 1.3   Data Field Layout in Basic Record

As illustrated in the Edits and Validation section, every record starts with a record identifier field and a record number data field. In the Basic Record, the third data field is Date Modified with no line number in the Form HUD-50058. All other fields are sequentially laid out in the record and identified by corresponding field line numbers in the Form HUD-50058.

1.6.2   General Rules on Transmitting Records

As indicated in Table 1.1, there are three types of records: mandatory records, selective records and optional.

- **Mandatory records** identify the family and must be transmitted.
- **Selective records** for each family are determined by:
    - $\Rightarrow$ Program Code (line 1c in the HUD-50058)
    - $\Rightarrow$ Action Type (line 2a in the HUD-50058)

    For example, if 1c is valued 'P' (for Public Housing) and 2a is valued 1 (for New Admission), a Public Housing Record (Record Identifier 'P'), and for each family member, a Family Record (Record Identifier 'T') must be included in the transmission file.
- **Optional records** include only income records. They are needed only if the information in the records exist. If the family does not have income of any type, there is no need to include an Income Record in the transmission file.

When a PHA or a vendor transmits an entire Form HUD-50058, a data transmission must contain these records for a family:

- Transmission Header Record (mandatory, Record identifier equals 'MHR58')
- 50058 Basic Record (mandatory, Record Identifier equals 'B')
- 50058 Family Record (mandatory, Record Identifier equals 'T') for each member of the family
- If the family has any income, a 50058 Income Record (optional, Record Identifier equals 'I'), for each member of the family and the source of income.
- One of the selective program records:
    - · 50058 Public Housing Record (Record Identifier equals 'P')
    - · 50058 Certificate Record (Record Identifier equals 'C')
    - · 50058 Voucher Record (Record Identifier equals 'V')
    - · 50058 Mod Rehab Record (Record Identifier equals 'R')
    - · 50058 Homeownership Record (Record Identifier equals 'H')

- If any family member participates in the FSS program or if the family receives a Welfare to Work (WtW) Voucher, 50058 FSS/WtW Addendum Record (selective, Record Identifier equals 'F'). The FSS/WtW Addendum Record can come with or without any selective program record.
  - Transmission Footer Record (mandatory, Record identifier equals 'MND58')

1.6.3 Special Instructions for Some Action Types

The Transmission File Layout section gives a complete list of data fields and their edits for all the records in the transmission file. Although the Basic and Family Records are mandatory for all families, for some action types (2a values), HUD requires submission of fewer fields to identify the family and requires PHAs or vendors to submit data values only for certain fields.

Table 1.2 below lists these special action types, the corresponding required and optional data fields (referred by their line numbers).

Action Code	Action Type	Basic Record		Family Record	Program Type Record	Other Records
		Required	Optional	Required	Required	Required
2a = 5	Portability Move-out	1b, 1c, 2a, 2b, 2c, [2d], 3n for 3a='1'		3a through 3n for 3h='H' only	None	None
2a = 6	End of Partici-pation	1b, 1c, *1d, 1e, 1f, 1g*, 2a, 2b, 2c, [2d], 3n for 3a='1'		3a through 3n for 3h='H' only	None	None
2a = 8	FSS/ WtW Only	1b, 1c, *1d, 1e, 1f, 1g*, 2a, 2b, 2c, [2d], 2k, 3n for 3a='1'		3a through 3n for 3h='H' only	None	FSS/ WtW Record
2a = 9	Annual Reexami-nation Searching	1b, 1c, 2a, 2b, 2c, [2d], 2i, 3n for 3a='1', 3t, 3u, 3v, 6f, 6g, 6h, 6i, 6j, 7i, 8f thru 8y, 9a through 9k	2k, 2m, 2n, 3w, 4a	3a through 3n for 3h='H' only	None	Add all Income Records
2a = 10	Issuance of Voucher	1b, 1c, 2a, 2b, 2c, [2d], 3n for 3a='1', 3t, 4b, 4c, 7i	2k, 2m, 2n	3a through 3n for 3h='H' and ('S' or 'K')	12a only in Voucher Record	None
2a = 11	Expiration of Voucher	1b, 1c, 2a, 2b, 2c, [2d], 3n for 3a='1'		3a through 3n for 3h='H' only	None	None
2a = 12	Flat Rent Annual Update	1b, 1c, *1d, 1e, 1f, 1g*, 2a, 2b, 2c, [2d], 2i, *2j*, 3n for 3a='1', 3t, 3u, 3v, 5a, 5b, [5c], 5d, *5e, 5f, [5g]*	2k, 2m, 2n, 3w, 4a	3a through 3n for 3h='H' only	None	None
2a = 13	Annual HQS Inspection Only	1b, 1c, 2a, 2b, 2c, [2d], 3n for 3a='1', 5a, 5h, 5i		3a through 3n for 3h='H' only	Yes	None

Action Code	Action Type	Basic Record		Family Record	Program Type Record	Other Records
		Required	Optional	Required	Required	Required
2a = 15	Void	1b, 1c, *1d*, *1e*, *1f*, *1g*, 2a, 2b, 3n for 3a='1'		3a through 3n for 3h='H' only	None	None

Notes: The fields in *italics* identify those for Public Housing only. The fields enclosed by [ ] identify those required depending on the values of preceding fields.

For data fields not listed in Table 1.2 with corresponding action types, PIC will ignore any value provided to them and will use the value from a previous record where the field's value is not zero or blank (except for action type 15). For action type 15 (Void), the most recent historical record for the tenant becomes the current record for that tenant. For action types 8 and 13, field (2a) "Type of Action" is not updated and instead uses the value from the field "Type of Action" of the most recently submitted 50058 for that tenant. Additionally, for action type 13, field 5h is no longer updated.

1.6.4 Graphical Representation

To summarize the transmission file layout in a graphical representation of a transmission file from a PHA, envision a strip of film.
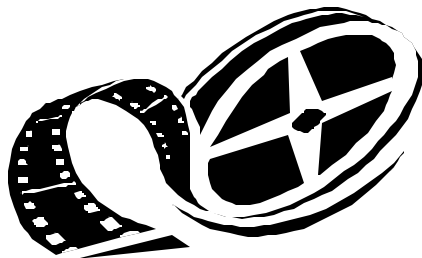
Consider each frame in the film as a family and the entire film reel as the transmission file submitted from the PHA to HUD. The film reel might appear as follows:

FRAME 1:
- Transmission Header

FRAME 2: (Family 1)
- 50058 Basic Record
- 50058 Family Record
- 50058 Income Record
- 50058 Public Housing Record
- 50058 FSS/WtW Addendum Record

FRAME 3: (Family 2)
- 50058 Basic Record
- 50058 Family Record
- 50058 Voucher Record
- 50058 FSS/WtW Addendum Record

FRAME 4: (Family 3)
- 50058 Basic Record
- 50058 Family Record
- 50058 Income Record
- 50058 Income Record
- 50058 Certificate Record

FRAME 5: (Family 4)
- 50058 Basic Record
- 50058 Family Record
- 50058 FSS/WtW Addendum Record

FRAME 6:
- Transmission Footer

1.7 Data Format Standards

The data format standards apply to the appropriate items in the transmission file layout and detailed layout information, unless otherwise specified in the Transmission File Layout section. These standards are:

- Transmitted data values shorter than the allocated data field length in the transmission file layout must be:
  - Left justified for alphanumeric fields, space fill as needed
  - Right justified for numeric fields, zero fill as needed
- Format all dates as MMDDYYYY, blank fill if no date is transmitted
- PIC does not accept nulls in lieu of spaces or zeros
  - Alphanumeric edits accept:
    - 0 (zero) through 9
    - a through z
    - A through Z
    - Special characters: * + - / , . : ; ( ) = & % # $ " ' < > @ _ \ ! ^ | { } [ ] ~

Chapter 2. File Layout for Data Transmission to PIC

This chapter outlines the file layout for data transmission. It provides the record identifier, record number, and other information pertaining to the file layout.

Most of the error messages have been changed to FATAL in order to enhance the integrity of the data.

Processing Order: PIC processes records within the transmission file in the order in which the files are received. PHA's must insure that they have created the transmission file in a logical sequence so that PIC can process that file without error. For example, if a transmission file contains a 50058 record with action type equal to 15 (Void) as well as an updated 50058 record for the same household, then the Void must precede the updated 50058 in the transmission file.

Transmission Header

NAME: **Record Identifier**

DESCRIPTION: A number to identify the file as PIC data

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Set to 'MHR58'.

EDITS:

                Fatal: • Must equal 'MHR58'

FIELD NUMBER: 1

POSITION: 1-5

LINE REFERENCE NO: n/a

NAME: **Record Number**

DESCRIPTION: A number to identify the record in the file

TYPE: Numeric

SIZE: 6

COMMENTS: Set to '000001'. This is a sequential number incremented by 1 for each record in the transmission. The record number for this record will always be '000001' because it will always be the first record in each transmission.

EDITS:

                Fatal: • Must equal '000001'

FIELD NUMBER   2

POSITION: 6-11

LINE REFERENCE NO: n/a

NAME:	**Owner/PHA Mailbox ID**
DESCRIPTION:	ID number issued by HUD that uniquely identifies a Public Housing Authority
TYPE:	Alphanumeric (left justified)
SIZE:	10
COMMENTS:	None
EDITS:	
Fatal:	• Must be a valid PHA code or vendor ID
FIELD NUMBER:	3
POSITION:	12-21
LINE REFERENCE NO:	n/a

NAME:	**Service/Return Mailbox ID**
DESCRIPTION:	An ID number issued by HUD to identify organization sending Form HUD-50058 data
TYPE:	Alphanumeric (left justified)
SIZE:	10
COMMENTS:	If a PHA is sending its own data, the Service/Return ID will be the same as the PHA ID. Used to identify where to return error files and acknowledgments from PIC.
EDITS:	
Fatal:	• Must be a valid ID issued by HUD
FIELD NUMBER:	4
POSITION:	22-31
LINE REFERENCE NO:	n/a

NAME:	**Transmission Date**
DESCRIPTION:	The date the file was created
TYPE:	Date
SIZE:	8
COMMENTS:	Must be properly formatted; no dashes, slashes, or spaces should be used.
EDIT:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	5
POSITION:	32-39
LINE REFERENCE NO:	n/a

NAME:	**Transmission Time**
DESCRIPTION:	The time the file was created
TYPE:	Time
SIZE:	6
COMMENTS:	Must be properly formatted; no colons should be used.
EDITS:	
Fatal:	• Must be in 'HHMMSS' format
FIELD NUMBER:	6
POSITION:	40-45
LINE REFERENCE NO:	n/a

NAME:	**Vendor Software ID**
DESCRIPTION:	A number to identify the vendor of the software
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Number each software vendor may use to identify its product.
EDITS:	None
FIELD NUMBER:	7
POSITION:	46-50
LINE REFERENCE NO:	n/a

NAME:	**Vendor Software/Version Number**
DESCRIPTION:	The identifier of the software release and version information
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	Used when providing customer support to identify which version of software users have used to record tenant characteristic data.
EDITS:	None
FIELD NUMBER:	8
POSITION:	51-60
LINE REFERENCE NO:	n/a

NAME:	**HUD-50058 Form Version Date**
DESCRIPTION:	The date of the approved Form HUD-50058
TYPE:	Date
SIZE:	8
COMMENTS:	Must be properly formatted; no dashes or spaces.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	9
POSITION:	61-68
LINE REFERENCE NO:	n/a

NAME:	**Vendor Defined Data**
DESCRIPTION:	For vendor use; will not be edited
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	None
EDITS:	None
FIELD NUMBER:	10
POSITION:	69-78
LINE REFERENCE NO:	n/a

50058 Basic Record Format

NAME: **Record Identifier**

DESCRIPTION: Indicates the beginning of a new record.

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'B' for the Record Identifier for the basic record.

EDITS:

          Fatal: •   Must equal 'B'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

NAME: **Record Number**

DESCRIPTION: A sequential number that indicates the record number of the transmission

TYPE: Numeric

SIZE: 6

COMMENTS: The number is incremented by 1 for each subsequent record in the transmission. For example, the record number for the first basic record in the transmission will be '000002', which is one increment from the header record number.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-7

LINE REFERENCE NO: n/a

NAME: **Date Last Modified**

DESCRIPTION: System generated for family's information modification

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format; May be different from the effective date of action.

EDITS:

     Fatal: • Must be valued in 'MMDDYYYY' format

     Fatal: • Cannot be 120 days earlier or 2 days later than Transmission Date in the Header Record

FIELD NUMBER: 3

POSITION: 8-15

LINE REFERENCE NO: n/a

NAME: **PHA Code**

DESCRIPTION: Unique code assigned to the PHA by HUD

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Use postal state codes (exception for Islands) and Number HUD uses to recognize the PHA in that state. For Section 8, this PHA number must have active units.

EDITS:

     Fatal: • Must be a valid 5 character PHA code that exists in PIC

     Fatal: • Must equal Owner/PHA Mailbox ID in the Header Record, or must equal a valid PHA code for which the PHA or vendor specified by Owner/PHA Mailbox in the Header Record is authorized by HUD to submit data

     Fatal: • Must equal a valid PHA code in PIC

     Fatal: • If 1c equals 'CE' or 'VO', must be the PHA code for a PHA that has active units

FIELD NUMBER: 4

POSITION: 16-20

LINE REFERENCE NO: 1b.

NAME: **Program**

DESCRIPTION: The type of housing program

TYPE: Alpha (left justified)

SIZE: 2

COMMENTS: May use either one letter or two letter codes, where

                          applicable. Use codes P' for Public Housing, 'CE' for

                          Section 8 Certificates, 'VO' for Section 8 Vouchers, Project

                          Based Vouchers, or 'MR' for Sec. 8 Mod Rehab

EDITS:

                   Fatal: Must equal 'P', 'CE', 'VO', or 'MR'

FIELD NUMBER: 5

POSITION: 21-22

LINE REFERENCE NO: 1c.

NAME: **Project Number**

DESCRIPTION: Official number for the Public Housing Project

TYPE: Alphanumeric

SIZE: 8

COMMENTS: Applies to Public Housing Projects only.

EDITS:

                   Fatal: • If 1c equals 'P', must be valued

                   Fatal: • If valued, the concatenation of 1d(1) and 1d(2) must be a

                              valid Project Number plus Project Number Suffix

                   Fatal: • If 1c equals 'VO', 'CE', or 'MR', must be blank

FIELD NUMBER: 6

POSITION: 23-30

LINE REFERENCE NO: 1d(1).

NAME:	**Project Number Suffix**
DESCRIPTION:	Official number for the Public Housing Project
TYPE:	Alphanumeric
SIZE:	3
COMMENTS:	Applies to Public Housing Projects only.
EDITS:	

    Fatal: • If valued, the concatenation of 1d(1) and 1d(2) must be a valid Project Number plus Project Number Suffix

    Fatal: • If 1c equals 'VO', 'CE', 'or 'MR', must be blank

FIELD NUMBER:	7
POSITION:	31-33
LINE REFERENCE NO:	1d(2).

NAME:	**Building Number**
DESCRIPTION:	Official number for the Public Housing building
TYPE:	Alphanumeric
SIZE:	6
COMMENTS:	Applies to Public Housing projects only.
EDITS:	

    Fatal: • If 1c equals 'P', must be valued

    Fatal: • If 1c equal 'VO', 'CE' or 'MR', must be blank

    Fatal: • If valued, must be valid building number in PIC for the project

FIELD NUMBER:	8
POSITION:	34-39
LINE REFERENCE NO:	1e.

NAME:	**Building Entrance Number**
DESCRIPTION:	Number of each postal address of a single building that may have multiple entrances with different postal addresses.
TYPE:	Alphanumeric
SIZE:	3
COMMENTS:	Applies only when a building has multiple entrances with different postal addresses. Applies to Public Housing projects only. If there is a single building entrance, default to `1'.
EDITS:	

	Fatal:	•	If 1c equals 'P', must be valued
	Fatal:	•	If 1c equal 'VO', 'CE' or 'MR', must be blank
	Fatal:	•	If valued, must be valid building entrance number in PIC for the project

FIELD NUMBER:	9
POSITION:	40-42
LINE REFERENCE NO:	1f.

NAME:	**Unit Number**
DESCRIPTION:	Official number for the Public Housing unit
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	Applies to Public Housing projects only.
EDITS:	

	Fatal:	•	If 1c equals 'P', must be valued
	Fatal:	•	If 1c equals 'VO', 'CE' or 'MR', must be blank
	Fatal:	•	If valued, must be valid unit number for the project

FIELD NUMBER:	10
POSITION:	43-52
LINE REFERENCE NO:	1g.

NAME:	**Type of Action**
DESCRIPTION:	Indicates the reason for submitting a 50058 record for the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use '1' for New Admission, '2' for Annual Reexamination, '3' for Interim Reexamination, '4' for Portability Move-in, '5' for Portability Move-out, '6' for End Participation, '7' for Other Change of Unit, '8' for FSS/WtW Addendum Only, '9' for Annual Reexamination Searching, '10' for Issuance of Voucher; '11' for Expiration of Voucher; '12' for Flat Rent Annual Update; '13' for Annual HQS Inspection Only, '14' for Historical Adjustment, '15' for Void
EDITS:	

       Fatal: • Must equal '1', '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13', '14' or '15'

       Fatal: • If 1c equals 'P' , cannot equal '4', '5', '9', '10', '11' or '13'

       Fatal: • If 1c equals 'VO', 'CE' or 'MR', cannot equal '12'

       Fatal: • If 1c equals 'CE' or 'MR', cannot equal '10' or '11'

       Fatal: • If 2a equals 4, 5, or 9, 1c must equal 'VO' (Section 12 Vouchers ONLY)

FIELD NUMBER:	11
POSITION:	53-54
LINE REFERENCE NO:	2a.

NAME: **Effective Date of Action**

DESCRIPTION: This is the effective date of the action occurring in line 2a

TYPE: Date

SIZE: 8

COMMENTS: Must be in MMDDYYYY format.

EDITS:

    Fatal: • Must be in 'MMDDYYYY' format

    Fatal: • Cannot be earlier than the 2h (Date of Admission to Program), if provided

    Fatal: • Cannot be later than 4 months from the Transmission date in the Header record

    Fatal: • Cannot be 12 months earlier than the Date Last Modified, except for 2a equals 14

    Warning: • Cannot be later than 3 months from Date Last Modified

    Warning: • Cannot be 6 months earlier than the Transmission date in the Header record

FIELD NUMBER: 12

POSITION: 55-62

LINE REFERENCE NO: 2b.

NAME: **Correction**

DESCRIPTION: Indicate if this 50058 submission is for correction of the last submitted 50058

TYPE: Alpha

SIZE: 1

COMMENTS: None

EDITS:

    Fatal: • Must equal 'Y' or 'N'

    Fatal: • If 2a equals '15', must equal 'N'

FIELD NUMBER: 13

POSITION: 63

LINE REFERENCE NO: 2c.

NAME: **Correction Code**

DESCRIPTION: Indicates primary reason for the correction occurring in line 2c

TYPE: Numeric

SIZE: 1

COMMENTS: Use '1' for family income correction, '2' for family correction (non-income), '3' for PHA income correction, '4' for PHA correction (non-income). If 2c equals 'N', put zero.

EDITS:

        Fatal: • If 2c equals 'Y', must equal '1', '2', '3' or' 4'

FIELD NUMBER: 14

POSITION: 64

LINE REFERENCE NO: 2d.

NAME:	**Date of Admission to Program**
DESCRIPTION:	Date the family was initially admitted to the program in line 1c
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 2a equals '5', '6', '8', '9', '10', '11', '12', '13' or '15', leave blank
EDITS:	

        Fatal: •   If 2a equals '1', '2', '3', '4', '7' or '14', must be valued

        Fatal: •   If valued, must be in 'MMDDYYYY' format

        Fatal: •   If 2a equals '1', must equal 2b (Effective date of action)

        Fatal: •   If 2a equals '2', '3', '4', '7' or '14', must be earlier than 2b (Effective date of action)

FIELD NUMBER:	18
POSITION:	78-85
LINE REFERENCE NO:	2h.

NAME: **Projected Effective Date of Next Re-Exam**

DESCRIPTION: Projected effective date of next re-exam

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

    Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '12', must be valued

    Fatal: • If valued, must be in 'MMDDYYYY' format

    Fatal: • If valued, must be later than 2b (Effective date of action)

    Fatal: • If valued, cannot be more than 13 months later than 2b unless 10u equals 'F' or 2a equals 12

    Fatal: • If 10u equals 'F', can not be greater than 37 months later than 2b

    Fatal: • If 2a equals 12, can not be greater than 25 months later than 2b

FIELD NUMBER: 19

POSITION: 86-93

LINE REFERENCE NO: 2i.

NAME:	**Projected Date of Next Flat Rent Annual Update (Public Housing only)**
DESCRIPTION:	The projected date of the next flat rent annual update (Public Housing only)
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 2a equals '4', '5', '6', '8', '9', '10', '11', '13' or '15' or 1c equals 'CE', 'VO', or MR' , leave blank.
EDITS:	

Fatal: • If 2a equals '1', '2', '3' or '7', and 10u equals 'F', and 2i is greater than 13 months from the effective date, must be valued

Fatal: • If 2a equals '12' and 2i is greater than 13 months from the effective date, must be valued

Fatal: • If valued, must be in 'MMDDYYYY' format

Fatal: • If valued, cannot be more than 13 months later than 2b

FIELD NUMBER:	20
POSITION:	94-101
LINE REFERENCE NO:	2j.

NAME:	**FSS Participant now or in the last year Indicator**
DESCRIPTION:	Indicates whether or not the family participated in the FSS program in the last 12 months
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 1c equals 'MR' or 2a equals '5', '6', '11', '13' or '15', leave blank.
EDITS:	

Fatal: • If valued, must be 'Y' or 'N'

Fatal: • If valued 'Y', 1c must equal 'CE', 'P' or 'VO' and 2a must equal '1', '2', '3', '4', '7', '8', '9', '10', '12' or '14'

FIELD NUMBER:	21
POSITION:	102
LINE REFERENCE NO:	2k.

NAME: **Special Program**

DESCRIPTION: Indicates special program the family participates.

TYPE: Alpha

SIZE: 2

COMMENTS: Use 'EV' for Enhanced Voucher and 'WT' for Welfare to
                             Work Voucher. If there is no special program, leave blank. If
                             1c equals 'P', 'CE', or 'MR' or 2a equals '5', '6', '8', '11', '13'
                             or '15, leave blank.

EDITS:

    Fatal: • If valued, must equal 'EV' or 'WT'

    Fatal: • If valued, 1c must be 'VO' and 2a must equal '1', '2', '3',
                             '4', '7', '9', '10' or '14'

FIELD NUMBER: 22

POSITION: 103-104

LINE REFERENCE NO: 2m.

NAME: **Other Special Program Indicator (1)**

DESCRIPTION: Indicates if the family participates in another special
                             program

TYPE: Alpha

SIZE: 30

COMMENTS: If no other special program, leave blank. If 2a equals '5', '6',
                             '8', '11', '13' or '15', leave blank.

EDITS:

    Fatal: • If valued, must be equal to code in the instruction booklet

FIELD NUMBER: 23

POSITION: 105-134

LINE REFERENCE NO: 2n(1).

NAME:	**Other Special Program Indicator (2)**
DESCRIPTION:	Indicates if the family participates in another special program
TYPE:	Alpha
SIZE:	30
COMMENTS:	If no other special program, leave blank. If 2a equals '5', '6', '8', '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If valued, must be equal to code in the instruction booklet
FIELD NUMBER:	24
POSITION:	135-164
LINE REFERENCE NO:	2n(2).

NAME:	**PHA Use Only (1)**
DESCRIPTION:	Reserved for future use
TYPE:	Alphanumeric
SIZE:	15
COMMENTS:	PHA may retrieve this information from PIC.
EDITS:	None
FIELD NUMBER:	29
POSITION:	260-274
LINE REFERENCE NO:	2q.

NAME:	**PHA Use Only (2)**
DESCRIPTION:	Reserved for future use
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	PHA may retrieve this information from PIC.
EDITS:	None
FIELD NUMBER:	30
POSITION:	275-284
LINE REFERENCE NO:	2r.

NAME: **PHA Use Only (3)**

DESCRIPTION: Reserved for future use

TYPE: Alphanumeric

SIZE: 10

COMMENTS: PHA may retrieve this information from PIC.

EDITS: None

FIELD NUMBER: 31

POSITION: 285-294

LINE REFERENCE NO: 2s.

NAME: **PHA Use Only (4)**

DESCRIPTION: Reserved for future use

TYPE: Alphanumeric

SIZE: 20

COMMENTS: PHA may retrieve this information from PIC.

EDITS: None

FIELD NUMBER: 32

POSITION: 295-314

LINE REFERENCE NO: 2t.

NAME: **PHA Use Only (5)**

DESCRIPTION: Reserved for future use

TYPE: Alphanumeric

SIZE: 30

COMMENTS: PHA may retrieve this information from PIC.

EDITS: None

FIELD NUMBER: 33

POSITION: 315-344

LINE REFERENCE NO: 2u.

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', '111111111', '222222222', '333333333', '444444444', '555555555', '666666666', '777777777', '888888888', '123456789', '987654321', '090909090', '009009009'

FIELD NUMBER:	34
POSITION:	345-353
LINE REFERENCE NO:	3n.

NAME:	**Total Number in Household**
DESCRIPTION:	The total number of members in the household
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use whole numbers. If 2a equals '5', '6', '8', '11', '13' or '15', leave blank

EDITS:

    Fatal: • If 2a equals '1', '2', '3', '4', '7', '9', '10', '12' or '14', must be valued

    Fatal: • If valued, must be greater than zero and less than or equal to 99

    Fatal: • If valued, must equal the total count of Family Records (number in the household)

FIELD NUMBER:	36
POSITION:	359-360
LINE REFERENCE NO:	3t.

NAME: **Family Subsidy Status Under Noncitizen Rule**

DESCRIPTION: Codes to determine the subsidy status of a family based on the noncitizen rule

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'C' for Qualified for continuation of full assistance, 'E' for Eligible for full assistance, 'F' for Eligible for full assistance pending verification of status or 'P' for Prorated assistance. If 2a equals '5', '6', '8', '10', '11', '13' or '15', leave blank.

EDITS: Fatal: • If 2a equals '1', '2', '3', '4', '7', '9', '12' or '14', must equal 'C', 'E', 'F', or 'P'.

                Fatal: • If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'IN' or 'PV' for any Family Record (any family member is an ineligible noncitizen or pending verification)], cannot equal 'E'

                Fatal: • If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'IN' for any Family Record (any family member is an ineligible noncitizen)], must equal 'C' or 'P'

                Fatal: • If valued 'P', 3h must equal 'H', 'S', 'Y', 'E', 'K', or 'A' and 3i must equal 'EN' ,'EC' or 'PV" for at least one Family Record (at least one family member must be eligible citizens, eligible noncitizens or pending verification)

                Fatal: • If valued and [3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals 'EC', 'EN' or 'PV' for all the Family Records (all family members are eligible citizens, eligible noncitizens or pending verification)], cannot equal 'P'

FIELD NUMBER: 37

POSITION: 361

LINE REFERENCE NO: 3u.

NAME:	**Effective Date of Family Subsidy Status**
DESCRIPTION:	Original date family qualified for continuation of assistance.
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 2a equals '5', '6', '8', '10', '11', '13' or '15' or 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:	**Date Entered Waiting List**
DESCRIPTION:	The date the family was placed on the waiting list
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format. If 2a equals '2', '3', '4', '5', '6', '7', '8', '10', '11', '13' or '15', leave blank

EDITS:

     Fatal: • If 2a equals '1' or '14', must be valued

     Fatal: • If valued, must be in 'MMDDYYYY' format

     Fatal: • If valued, must not be later than 2b (effective date of action)

FIELD NUMBER:	40
POSITION:	379-386
LINE REFERENCE NO:	4a.

NAME:	**Zip Code Before Admission**
DESCRIPTION:	Family's 5 digit zip code before being admitted to the program
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '11', '12', '13' or '15', leave blank.

EDITS:

     Fatal: • If 2a equals '1', '10' or '14', must be five digit numeric

FIELD NUMBER:	41
POSITION:	387-391
LINE REFERENCE NO:	4b.

NAME:	**Zip Code +4 Before Admission**
DESCRIPTION:	Family's zip +4 before being admitted to the program
TYPE:	Alphanumeric
SIZE:	4
COMMENTS:	None
EDITS:	
Fatal:	• If valued, must be four digit numeric
FIELD NUMBER:	42
POSITION:	392-395
LINE REFERENCE NO:	4b.

NAME:	**Homeless at Admission Indicator**
DESCRIPTION:	Indicates whether or not the family was homeless at admission to the program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '11', '12', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 2a equals '1', '10' or '14', must be valued 'Y' or 'N'
FIELD NUMBER:	43
POSITION:	396
LINE REFERENCE NO:	4c.

NAME:	**Very Low Income Limit Indicator**
DESCRIPTION:	Indicates whether or not the family qualified for program admission even though their income exceeded the very low income limit
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes or 'N' for no. If 1c equals 'P' or 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 1c equals 'CE', 'VO' or 'MR' and 2a equals '1' or '14', must equal 'Y' or 'N'
FIELD NUMBER:	44
POSITION:	397
LINE REFERENCE NO:	4d.

NAME:	**Continuously Assisted Indicator**
DESCRIPTION:	Indicates if the family is continuously assisted
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 2a equals '1' or '14', must be 'Y' or 'N'
FIELD NUMBER:	45
POSITION:	398
LINE REFERENCE NO:	4e.

NAME:	**Is There a HUD Approved Income Target Waiver Disregard**
DESCRIPTION:	Indicates if there is a HUD approved income target disregard.
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' or yes and 'N' for no. If 2a equals '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '12', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 2a equals '1' or '14', must be 'Y' or 'N'
FIELD NUMBER:	46
POSITION:	399
LINE REFERENCE NO:	4f.

NAME:	**Unit Address (Number and Street)**
DESCRIPTION:	Address of the unit
TYPE:	Alphanumeric
SIZE:	100
COMMENTS:	Unit number and street; Do not use Post Office Boxes. If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank
EDITS: Fatal:	• If 2a equals '1', '2', '3', '4', '7', '12', '13' or '14', must be valued
FIELD NUMBER:	47
POSITION:	400-499
LINE REFERENCE NO:	5a.

NAME:	**Unit Apartment Number**
DESCRIPTION:	Apartment number of the unit
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.
EDITS:	None
FIELD NUMBER:	48
POSITION:	500-509
LINE REFERENCE NO:	5a.

NAME: **Unit City**

DESCRIPTION: City of the unit

TYPE: Alphanumeric

SIZE: 30

COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.

EDITS:

          Fatal: • If 2a equals '1', '2', '3', '4', '7', '12', '13' or '14', must be valued

FIELD NUMBER: 49

POSITION: 510-539

LINE REFERENCE NO: 5a.

NAME: **Unit State**

DESCRIPTION: State code of the unit

TYPE: Alpha

SIZE: 2

COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.

EDITS:

          Fatal: • If 2a equals '1', '2', '3', '4', '7', '12', '13' or '14', must equal a valid state code

FIELD NUMBER: 50

POSITION: 540-541

LINE REFERENCE NO: 5a.

NAME: **Unit Zip Code**

DESCRIPTION: Five digit Zip Code of the unit

TYPE: Alphanumeric

SIZE: 5

COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.

EDITS:

          Fatal: • If 2a equals '1', '2', '3', '4', '7', '12', '13' or '14', must be valued

FIELD NUMBER: 51

POSITION: 542-546

LINE REFERENCE NO: 5a.

NAME:	**Unit Zip Code +4**
DESCRIPTION:	Zip +4 of the unit
TYPE:	Alphanumeric
SIZE:	4
COMMENTS:	If 2a equals '5', '6', '8', '9', '10', '11' or '15', leave blank.
EDITS:	
Fatal:	• If valued, must be numeric
FIELD NUMBER:	52
POSITION:	547-550
LINE REFERENCE NO:	5a.

NAME:	**Family Mailing Address same as Unit Address Indicator**
DESCRIPTION:	Indicates if the mailing address is the same as unit address
TYPE:	Alpha
SIZE:	1
COMMENTS:	User 'Y' for yes and 'N' for no. If 2a equals '5', '6', '8', '9', '10', '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '12', '14', must equal 'Y' or 'N'
FIELD NUMBER:	53
POSITION:	551
LINE REFERENCE NO:	5b.

NAME:	**Family Mailing Address**
DESCRIPTION:	Address where family receives mail
TYPE:	Alphanumeric
SIZE:	100
COMMENTS:	Populate if different from Unit Address. If 5b equals 'Y', leave blank
EDITS:	
Fatal:	• If 5b equals 'N', must be valued
FIELD NUMBER:	54
POSITION:	552-651
LINE REFERENCE NO:	5c.

NAME: **Family Mailing Apartment Number**

DESCRIPTION: Apartment number of mailing address for the family

TYPE: Alphanumeric

SIZE: 10

COMMENTS: If 5b equals 'Y', leave blank

EDITS: None

FIELD NUMBER: 55

POSITION: 652-661

LINE REFERENCE NO: 5c.

NAME: **Family Mailing City**

DESCRIPTION: City of mailing address for the family

TYPE: Alphanumeric

SIZE: 30

COMMENTS: If 5b equals 'Y', leave blank

EDITS:

    Fatal: • If 5b equals 'N', must be valued

FIELD NUMBER: 56

POSITION: 662-691

LINE REFERENCE NO: 5c.

NAME: **Family Mailing State**

DESCRIPTION: State code of mailing address for the family

TYPE: Alpha

SIZE: 2

COMMENTS: If 5b equals 'Y', leave blank

EDITS:

    Fatal: • If 5b equals 'N', must equal a valid state code

FIELD NUMBER: 57

POSITION: 692-693

LINE REFERENCE NO: 5c.

NAME: **Family Mailing Zip Code**

DESCRIPTION: Zip Code of mailing address for the family

TYPE: Alphanumeric

SIZE: 5

COMMENTS: If 5b equals 'Y', leave blank

EDITS:

    Fatal: • If 5b equals 'N', must be 5 digit numeric

FIELD NUMBER: 58

POSITION: 694-698

LINE REFERENCE NO: 5c.

NAME: **Family Mailing Zip Code +4**

DESCRIPTION: Zip +4 of the mailing address for the family

TYPE: Alphanumeric

SIZE: 4

COMMENTS: None

EDITS:

    Fatal: • If valued, must be numeric

FIELD NUMBER: 59

POSITION: 699-702

LINE REFERENCE NO: 5c.

NAME: **Number of Bedrooms in Unit**

DESCRIPTION: The number of bedrooms in the unit

TYPE: Numeric

SIZE: 1

COMMENTS: If unit is an efficiency or Single Room Occupancy (SRO),
                      enter 0. If 2a equals '5', '6', '8', '9', '10', '11', '13' or '15', put
                      zero.

EDITS:

    Fatal: • If 2a equals '1', '2', '3', '4', '7', '12' or '14', must be greater
                      than or equal to zero and less than or equal to 9

FIELD NUMBER: 60

POSITION: 703

LINE REFERENCE NO: 5d.

NAME:	**PHA Identified Accessible Unit Indicator**
DESCRIPTION:	Indicator of whether the PHA has identified this unit as accessible
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no (for Public Housing only). If 1c equals 'CE', 'VO' or 'MR' or 2a equals '5', '6', '8', '9', '10', '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 1c equals 'P' and 2a equals '1', '2', '3', '4', '7', '12' or '14', must equal 'Y' or 'N'
FIELD NUMBER:	61
POSITION:	704
LINE REFERENCE NO:	5e.

NAME:	**Family Requested Accessibility Features Indicator**
DESCRIPTION:	Indicator of whether the family requested accessibility features
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no (for Public Housing only). If 1c equals 'CE', 'VO' or 'MR' or 2a equals '5', '6', '8', '9', '10', '11', '13' or '15', leave blank.
EDITS:	
Fatal:	• If 1c equals 'P' and 2a equals '1', '2', '3', '4', '7', '12' or '14', must equal 'Y' or 'N'
FIELD NUMBER:	62
POSITION:	705
LINE REFERENCE NO:	5f.

NAME:	**Family Received Requested Accessibility Features Indicator**
DESCRIPTION:	Indicator if the family has fully received the requested accessibility features
TYPE:	Numeric
SIZE:	1
COMMENTS:	For Public Housing only. Use '1' for Yes, fully; '2' for Yes, partially; '3' for No, not at all; '4' for Action pending; '5' for Yes, partially and Action pending; '6' for No, not at all and Action pending. If 5f equals 'N' or is blank, put zero.
EDITS:	
Fatal:	• If 5f equals 'Y', must equal '1', '2', '3', '4', '5' or '6'
FIELD NUMBER:	63
POSITION:	706
LINE REFERENCE NO:	5g.

NAME:	**Year Unit Was Built**
DESCRIPTION:	The year that the unit was constructed (Section 8 only)
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use YYYY format. If 1c equals 'P' or 2a equals 5, 6, 8, 9, 10, 11, 12, 13 or 15, leave blank
EDITS: Fatal:	• If 1c equals 'CE', 'VO', or 'MR' and 2a equals 1, 2, 3, 4, 7 or 14, must be in 'YYYY' format
FIELD NUMBER:	64
POSITION:	707-710
LINE REFERENCE NO:	5j.

NAME: **Structure Type**

DESCRIPTION: The type of structure

TYPE: Numeric

SIZE: 1

COMMENTS: Use '1' for Single family detached, '2' for Semi-detached, '3' for Rowhouse/townhouse, '4' for Low-rise, '5' for High-rise with elevator and '6' for Manufactured Home. For Section 8 only. If 1c equals 'P' or 2a equals 5, 6, 8, 9, 10, 11, 12, 13 or 15, put zero.

EDITS: Fatal: • If 1c equals 'CE', 'VO' or 'MR' and 2a equals 1, 2, 3, 4, 7 or 14, must equal '1', '2', '3', '4', '5' or '6'.

FIELD NUMBER: 65

POSITION: 711

LINE REFERENCE NO: 5k.

NAME: **Total Cash Value of Assets**

DESCRIPTION: The total of the individual cash value of the assets listed

TYPE: Numeric

SIZE: 6

COMMENTS: Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS: None

FIELD NUMBER: 66

POSITION: 712-717

LINE REFERENCE NO: 6f.

NAME: **Total Anticipated Income**

DESCRIPTION: The total of anticipated income from assets

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole dollar amounts (no decimals). If 2a equals '5',
                            '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS:

        Fatal: • If Total Anticipated Income is a positive value, then Total
                            Cash Value of Assets must be non-zero

FIELD NUMBER: 67

POSITION: 718-723

LINE REFERENCE NO: 6g.

NAME: **Passbook Rate**

DESCRIPTION: Rate of interest for the project locality based on the average
                            interest rate for a Passbook Savings Account in the area.

TYPE: Numeric

SIZE: 4

COMMENTS: Use an integer; ex. 2.5% would be represented as '0250'
                            (format 99V99 where V is assumed decimal). If 2a equals
                            '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS: Fatal: • Must be four digits numeric

                Fatal: • Must be less than or equal to 1000 (i.e., 10%)

FIELD NUMBER: 68

POSITION: 724-727

LINE REFERENCE NO: 6h.

NAME:	**Imputed Asset Income**
DESCRIPTION:	Product of the Total Cash Value and the Passbook Rate
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole dollar amounts (no decimals). Product of 6f and 6h (If 6f is $5,000 or less, put zero)

EDITS:

Fatal: • If 6f is less than or equal to 5000, must equal zero.

Fatal: • If 6f is greater than 5000, must equal the product of 6f and 6h.

FIELD NUMBER:	69
POSITION:	728-733
LINE REFERENCE NO:	6i.

NAME:	**Final Asset Income**
DESCRIPTION:	The final figure in calculating asset income
TYPE:	Numeric
SIZE:	6
COMMENTS:	Should be whole dollar amounts (no decimals). Use larger of 6g or 6i.

EDITS:

Fatal: • Must equal the larger of 6g or 6i.

FIELD NUMBER:	70
POSITION:	734-739
LINE REFERENCE NO:	6j.

NAME:	**Total Annual Income**
DESCRIPTION:	The total annual income for all family members
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS:

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the sum of 6j and [(sum of 7d for all the Income Records) minus (sum of 7e for all the Income Records)]

Warning: • Must be less than 150000

Fatal: • Must be greater than or equal to zero and less than 190000

FIELD NUMBER:	72
POSITION:	745-750
LINE REFERENCE NO:	7i.

NAME:	**Total Permissible Deductions**
DESCRIPTION:	Indicates total of all permissible deductions
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole dollar amounts (no decimals). If 2a equals '4', '5', '8', '9', '10', '11', '12', '13' or '15' or 1c equals 'CE', 'VO', or 'MR', put zero.
EDITS:	

Fatal: • If 2a equals '1', '2', '3', '6', '7' or '14' and 1c equals 'P', must be greater than or equal to zero and less than 90000

FIELD NUMBER:	73
POSITION:	751-755
LINE REFERENCE NO:	8e.

NAME:	**Medical/Disability Threshold**
DESCRIPTION:	The product of the medical percent and the total annual income
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be a whole number. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero

EDITS: Fatal: • If 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62) and no family member is disabled, must equal zero

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [2b minus 3e is equal to or greater than 62] for any Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly) or 3j equals 'Y' for the Family Record in which 3h is not equal to 'L', must equal the product of 7i and .03.

FIELD NUMBER:	74
POSITION:	756-760
LINE REFERENCE NO:	8f.

NAME:	**Total Unreimbursed Disability Assistance Expense**
DESCRIPTION:	A family's out of pocket disability expenses not reimbursed by an outside source
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:	

Fatal: • Must be greater than or equal to zero

Fatal: • If 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3j equals 'N' for all Family Records (no family members is disabled), must equal zero

FIELD NUMBER:	75
POSITION:	761-765
LINE REFERENCE NO:	8g.

NAME:	**Maximum Disability Allowance**
DESCRIPTION:	Amount the PHA can potentially deduct for the family's disability allowance.
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:	

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is greater than or equal to 8f, must equal 8g minus 8f

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is less than 8f and 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62 and not disabled), must equal zero

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is less than 8f and [2b minus 3e is equal to or greater than 62 or 3j equals 'Y'] for the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly or disabled), must equal 8g

FIELD NUMBER:	76
POSITION:	766-770
LINE REFERENCE NO:	8h.

NAME:	**Earnings in 7d. Made Possible by Disability Assistance Expense**
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:	

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 3j equals 'N' for all the Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (no family member is disabled), must equal zero.

FIELD NUMBER:	77
POSITION:	771-775
LINE REFERENCE NO:	8i.

NAME:	**Allowable Disability Assistance Expense**
DESCRIPTION:	Lesser of 8h or 8i - the amount of disability assistance the family is allowed to claim
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:

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is greater than or equal to 8f or 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62 and not disabled)], must equal the lesser of 8h or 8i

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 8g is less than 8f and [2b minus 3e is equal to or greater than 62 or 3j equals 'Y'] for the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly or disabled), must equal 8h

FIELD NUMBER:	78
POSITION:	776-780
LINE REFERENCE NO:	8j.

NAME:	**Total Out of Pocket Medical Expense**
DESCRIPTION:	Total amount of medical expense that is not reimbursable
TYPE:	Numeric
SIZE:	6
COMMENTS:	Should be whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	

Fatal: • If 2b minus 3e is less than 62 and 3j equals 'N' for the Family Records in which 3h equals 'H' and ['S' or 'K'] (head/spouse/co-head are under 62 and not disabled), must equal zero

FIELD NUMBER:	79
POSITION:	781-786
LINE REFERENCE NO:	8k.

NAME:	**Total Disability Assistance and Medical Expenses**
DESCRIPTION:	The sum of the family's allowable disability assistance and total out of pocket medical expenses
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:	

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [3h equals 'H', 'S', 'K', 'Y', 'E' or 'A' and 3j equals 'Y' for any Family Record (any family member is disabled)] , must equal the sum of 8j and 8k

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [3h equals 'H', 'S', 'K', 'Y', 'E' or 'A' and 3j equals 'N' for all the Family Record (no family members is disabled)], must equal 8k

FIELD NUMBER:	80
POSITION:	787-791
LINE REFERENCE NO:	8m.

NAME:	**Medical/Disability Assistance Allowance**
DESCRIPTION:	The family's allowance for medical expenses and disability assistance expenses
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:

Fatal:
- If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is less than 8f and 8m is greater than or equal to 8f], must equal 8m minus 8f

Fatal:
- If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is less than 8f and 8m less than 8f], must equal zero

Fatal:
- If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [8g is greater than or equal to 8f and [3h equals 'H', 'S', 'K', 'Y', 'E' or 'A' and 3j equals 'Y' for any Family Record (any family member is disabled)]], must equal 8m

FIELD NUMBER:	81
POSITION:	792-796
LINE REFERENCE NO:	8n.

NAME:	**Elderly/Disability Allowance**
DESCRIPTION:	The allowance for elderly/disabled
TYPE:	Numeric
SIZE:	4
COMMENTS:	Currently 400. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	

Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and [2b minus 3e is greater than or equal to 62 or 3j equals 'Y' for the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head is elderly or disabled)], must equal 400

Fatal: • If 2b minus 3e is less than 62 and 3j equals 'N' for all the Family Record in which 3h equals 'H', 'S' or 'K' (head/spouse/co-head are under 62 and not disabled), must be zero

FIELD NUMBER:	82
POSITION:	797-800
LINE REFERENCE NO:	8p.

NAME: **Number of Dependents**

DESCRIPTION: Total number of people under 18, or with a disability, or full-

time students

TYPE: Numeric

SIZE: 2

COMMENTS: Members who meet more than one criterion cannot be

counted twice; Do not include head, spouse, co-head, foster

children/foster adults, or live-in aids. If 2a equals '5', '6', '8',

'10', '11', '12', '13' or '15', put zero

EDITS: Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the

total count of Family Records in which 3h equals 'Y' or

'E' or ('A' where 3j equals 'Y') and 3H is not equal to 'H',

'S' or 'K'.

FIELD NUMBER: 83

POSITION: 801-802

LINE REFERENCE NO: 8q.

NAME:	**Allowance per Dependent**
DESCRIPTION:	Standard allowance per each dependent
TYPE:	Numeric
SIZE:	3
COMMENTS:	Set to 480. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS: Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal 480
FIELD NUMBER:	84
POSITION:	803-805
LINE REFERENCE NO:	8r.

NAME:	**Dependent Allowance**
DESCRIPTION:	Total allowance for all dependents
TYPE:	Numeric
SIZE:	5
COMMENTS:	Product of Number of Dependents and Allowance per Dependent. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the product of lines 8q and 8r
FIELD NUMBER:	85
POSITION:	806-810
LINE REFERENCE NO:	8s.

NAME:	**Yearly Child Care Cost that is Not Reimbursed**
DESCRIPTION:	Amount of yearly child care cost that is not reimbursed
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	

Fatal: • Must be less than or equal to 25000

Fatal: • If valued, the household must have dependents less than the age of 13. If the field is not populated for a given record, then the household must not have dependents less than the age of 13.

FIELD NUMBER:	86
POSITION:	811-815
LINE REFERENCE NO:	8t.

NAME:	**Total Allowances**
DESCRIPTION:	Total amount of family's allowances
TYPE:	Numeric
SIZE:	6
COMMENTS:	Sum of all allowances. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS: Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the sum of 8e, 8n, 8p, 8s, and 8t
FIELD NUMBER:	90
POSITION:	828-833
LINE REFERENCE NO:	8x.

NAME:	**Adjusted Annual Income**
DESCRIPTION:	Total Annual income minus total allowances
TYPE:	Numeric
SIZE:	6
COMMENTS:	Annual income less total allowances. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', must be zero
EDITS: Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 7i is greater than 8x, must equal 7i minus 8x
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 7i is less than or equal to 8x , must equal zero
FIELD NUMBER:	91
POSITION:	834-839
LINE REFERENCE NO:	8y.

NAME:		**Total Monthly Income**
DESCRIPTION:		The total income on a monthly basis
TYPE:		Numeric
SIZE:		6
COMMENTS:		Annual income divided by 12; use whole numbers (no decimals). If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must be valued to equal 7i divided by 12
FIELD NUMBER:		92
POSITION:		840-845
LINE REFERENCE NO:		9a.

NAME:		**TTP If Based on Annual Income**
DESCRIPTION:		Total Tenant Payment if based on the annual income
TYPE:		Numeric
SIZE:		6
COMMENTS:		The product of the total monthly income and the percent of monthly income; use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal to the product of line 9a and 0.1
FIELD NUMBER:		94
POSITION:		850-855
LINE REFERENCE NO:		9c.

NAME:	**Adjusted Monthly Income**
DESCRIPTION:	The adjusted income on a monthly basis
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers; Adjusted annual income divided by 12. If 2a equals '5', '6', '8', '10', '11', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal 8y divided by 12
FIELD NUMBER:	95
POSITION:	856-861
LINE REFERENCE NO:	9d.

NAME:	**Percent of Monthly Adjusted Income**
DESCRIPTION:	Percent used to calculate adjusted annual income
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use integers, default to '3000' (30%). Format is 99V99 where V is assumed decimal. If 2a equals '5', '6', '8', '10', '11', '13' or '15', put zero
EDITS:	Fatal: • If 1c equals `CE', `VO' or `MR', must equal 3000
	Fatal: • Must be greater than zero and less than or equal to 3000
FIELD NUMBER:	96
POSITION:	862-865
LINE REFERENCE NO:	9e.

NAME:	**TTP If Based on Adjusted Annual Income**
DESCRIPTION:	Total tenant payment if based on the amount of adjusted annual income
TYPE:	Numeric
SIZE:	5
COMMENTS:	The product of adjusted monthly income and the percent of adjusted monthly income; use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12', '13' or '15', put zero
EDITS:	
Fatal:	• If 2a equals '1', '2', '3', '4', '7', '9' or '14', must equal the product of lines 9d and 9e divided by 10000
FIELD NUMBER:	97
POSITION:	866-870
LINE REFERENCE NO:	9f.

NAME:	**Welfare Rent Per Month**
DESCRIPTION:	Amount of welfare rent per month
TYPE:	Numeric
SIZE:	5
COMMENTS:	If 2a equals '5', '6', '8', '10', '11', 12', '13' or '15', must equal zero
EDITS:	
Fatal:	• If no 7b in the Income Records is 'T' or "G" (the family has no TANF or general assistance income), must equal zero
FIELD NUMBER:	98
POSITION:	871-875
LINE REFERENCE NO:	9g.

NAME:	**Minimum Rent**
DESCRIPTION:	Minimum total tenant payment
TYPE:	Numeric
SIZE:	3
COMMENTS:	If waived, put zero. If 2a is '5', '6, '8', '10', '11', '12', '13' or '15', put zero
EDITS: Fatal:	• Must be greater than or equal to zero and less than or equal to 50
FIELD NUMBER:	99
POSITION:	876-878
LINE REFERENCE NO:	9h.

NAME:	**Enhanced Voucher Minimum Rent**
DESCRIPTION:	Minimum Rent for Enhanced Voucher program
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers. If 2a equals '5', '6', '8', '10','11', '12', '13' or '15' or 2m does not equal 'EV', put zero
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 2000
FIELD NUMBER:	100
POSITION:	879-883
LINE REFERENCE NO:	9i.

NAME: **TTP**

DESCRIPTION: Amount of total tenant payment

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers. If 2a equals '5', '6', '8', '10', '11', '12,
                        '13' or '15', must be zero.

EDITS:

      Fatal: • Must be greater than or equal to zero and less than 2250

      Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 2m equals
                        'EV', must be highest of 9c, 9f, 9g, 9h or 9i

      Fatal: • If 2a equals '1', '2', '3', '4', '7', '9' or '14' and 2m does not
                        equal 'EV', must be highest of 9c, 9f, 9g or 9h

FIELD NUMBER: 101

POSITION: 884-888

LINE REFERENCE NO: 9j.

NAME: **Most Recent TTP**

DESCRIPTION: The TTP from the most recent calculation prior to this rent

                      calculation

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers; Not applicable to New Admissions. If

                      2a equal '1', '5', '6', '8', '10', '11', '12', '13' or '15', must equal

                      zero

EDITS: None

FIELD NUMBER: 102

POSITION: 889-893

LINE REFERENCE NO: 9k.

NAME: **Qualify for Minimum Rent Hardship Exemption**

DESCRIPTION: Indicates if the family qualifies for the minimum rent

                      hardship exemption

TYPE: Alpha

SIZE: 1

COMMENTS: If 2a equals '5', '6', '8', '9', '10', '11', '12', '13' or '15', leave

                      blank.

EDITS:

           Fatal: •   If 2a equals '1', '2', '3', '4', '7' or '14', must equal 'Y' or 'N'.

FIELD NUMBER: 103

POSITION: 894

LINE REFERENCE NO: 9m.

50058 Family Record

NAME:	**Section Indicator**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'T' for the Record Identifier for the family record format.
EDITS:	
Fatal:	• Must equal 'T'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME: **Member Number**

DESCRIPTION: The numeric value assigned to the member of the
                          household

TYPE: Numeric

SIZE: 2

COMMENTS: Use '01' for the Head of Household; order sequentially.
                          Cannot be blank

EDITS:

              Fatal: •   Must be valued numeric

              Fatal: •   Highest member number must equal the total count of
                          Family Records (members in the household)

              Fatal: •   The highest member number must equal 3t in the Basic
                          Record

              Fatal: •   If 3h does not equal 'H', cannot equal '01'

              Fatal: •   If 3h equals 'H', must equal '01'

FIELD NUMBER: 3

POSITION: 8-9

LINE REFERENCE NO: 3a.

NAME: **Member Last Name**

DESCRIPTION: Last name of the member of the household

TYPE: Alpha

SIZE: 30

COMMENTS: Separate name suffixes with commas (ex., Smith, Jr.).

EDITS:

              Fatal: •   Must be valued

FIELD NUMBER: 4

POSITION: 10-39

LINE REFERENCE NO: 3b.

NAME: **Member First Name**

DESCRIPTION: First name of the member of the household

TYPE: Alpha

SIZE: 30

COMMENTS: Do not include name prefixes such as Mr. or Ms.

EDITS:

           Fatal: • Must be valued

FIELD NUMBER: 5

POSITION: 40-69

LINE REFERENCE NO: 3c.

NAME: **Member Middle Initial**

DESCRIPTION: Middle initial of the member of the household

TYPE: Alpha

SIZE: 1

COMMENTS: Optional information.

EDITS: None

FIELD NUMBER: 6

POSITION: 70

LINE REFERENCE NO: 3d.

NAME: **Member Birth Date**

DESCRIPTION: Birth date of the member of the household

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format. If 3h equals 'F' or 'L', may be
                            blank

EDITS:

           Fatal: • If 3h equals 'H', 'S', 'Y', 'E', 'A', or 'K' (person is a family
                            member), must be valued

           Fatal: • If valued, must be 'MMDDYYYY' format

           Fatal: • If valued, must be earlier than or equal to 2b (effective
                            date of action)

FIELD NUMBER: 7

POSITION: 71-78

LINE REFERENCE NO: 3e.

NAME:	**Member Sex Code**
DESCRIPTION:	Gender of the member of the household
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'M' for male, 'F' for female.
EDITS:	

	Fatal:	•	Must equal 'M' or 'F'

FIELD NUMBER:	8
POSITION:	79
LINE REFERENCE NO:	3g.

NAME:	**Member Relation Code**
DESCRIPTION:	Describes the member's category in the household
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'H' for head, 'S' for spouse, 'K' for co-head, 'F' for foster child/foster adult, 'Y' for other youth under 18, 'E' for full-time student 18+, 'L' for live-in aid, and 'A' for other adult.
EDITS:	

	Fatal:	•	Must equal 'H', 'S', 'K', 'F', 'Y', 'E', 'L' or 'A'
	Fatal:	•	If 3a equals '01', must equal 'H'
	Fatal:	•	If equal 'S', 3h for other Family Records cannot equal 'K'
	Fatal:	•	If equal 'K', 3h for other Family Records cannot equal 'S'

FIELD NUMBER:	9
POSITION:	80
LINE REFERENCE NO:	3h.

NAME:	**Member Citizenship Code**
DESCRIPTION:	Code indicating the member's citizenship status
TYPE:	Alpha
SIZE:	2
COMMENTS:	Use 'EC' for eligible citizen, 'EN' for eligible noncitizen, 'IN' for ineligible noncitizen, and 'PV' for pending verification. If 3h equals 'F' or 'L', may be blank.
EDITS:	

Fatal: • If 3h equals 'H', 'S', 'K', 'Y', 'E', or 'A', must be valued

Fatal: • If valued, must equal 'EC', 'EN', 'IN', or 'PV'

FIELD NUMBER:	10
POSITION:	81-82
LINE REFERENCE NO:	3i.

NAME:	**Member Disability Indicator**
DESCRIPTION:	Indicates if the member of the household has a disability
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	

Fatal: • Must equal 'Y' or 'N'

FIELD NUMBER:	11
POSITION:	83
LINE REFERENCE NO:	3j.

NAME: **Member Race Code White Indicator**

DESCRIPTION: Indicates if the race of the member of the household is white

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

    Fatal: • If 3h equals 'H', must be valued

    Fatal: • If valued, must equal 'Y' or 'N'

    Fatal: • If 3h equals 'H' and each of 3k(2), 3k(3), 3k(4) and 3k(5) equals 'N' or is blank, must equal valued 'Y'

FIELD NUMBER: 12

POSITION: 84

LINE REFERENCE NO: 3k(1).

NAME: **Member Race Code Black/African American Indicator**

DESCRIPTION: Indicates if the race of the member of the household is Black/African American

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

    Fatal: • If 3h equals 'H', must be valued

    Fatal: • If valued, must equal 'Y' or 'N'

    Fatal: • If 3h equals 'H' and each of 3k(1), 3k(3), 3k(4) and 3k(5) equals 'N' or is blank, must equal valued 'Y'

FIELD NUMBER: 13

POSITION: 85

LINE REFERENCE NO: 3k(2).

NAME:	**Member Race Code American Indian/Alaska Native Indicator**
DESCRIPTION:	Indicates if the race of the member of the household is Indian/Alaska Native
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.
EDITS:	

           Fatal: •   If 3h equals 'H', must be valued

           Fatal: •   If valued, must equal 'Y' or 'N'

           Fatal: •   If 3h equals 'H' and each of 3k(1), 3k(2), 3k(4) and 3k(5) equals 'N' or is blank, must equal valued 'Y'

FIELD NUMBER:	14
POSITION:	86
LINE REFERENCE NO:	3k(3).

NAME:	**Member Race Code Asian Indicator**
DESCRIPTION:	Indicates if the race of the member of the household is Asian
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.
EDITS:	

           Fatal: •   If 3h equals 'H', must be valued

           Fatal: •   If valued, must equal 'Y' or 'N'

           Fatal: •   If 3h equals 'H' and each of 3k(1), 3k(2), 3k(3) and 3k(5) equals 'N' or is blank, must equal valued 'Y'

FIELD NUMBER:	15
POSITION:	87
LINE REFERENCE NO:	3k(4).

NAME:	**Member Race Code Native Hawaiian/other Pacific Islander Indicator**
DESCRIPTION:	Indicates if the race of the member of the household is Native Hawaiian/other Pacific Islander
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

        Fatal: • If 3h equals 'H', must be valued

        Fatal: • If valued, must equal 'Y' or 'N'

        Fatal: • If 3h equals 'H' and each of 3k(1), 3k(2), 3k(3) and 3k(4) equals 'N' or is blank, must equal valued 'Y'

FIELD NUMBER:	16
POSITION:	88
LINE REFERENCE NO:	3k(5).

NAME:	**Member Ethnicity Code**
DESCRIPTION:	Indicates whether the individual is Hispanic or Latino
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '1' for Hispanic or Latino and '2' for Not Hispanic or Latino. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may equal zero.

EDITS:

        Fatal: • If 3h equals 'H', must be valued

        Fatal: • If valued, must equal '1' or '2'

FIELD NUMBER:	17
POSITION:	89
LINE REFERENCE NO:	3m.

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.
FIELD NUMBER:	18
EDITS:	

     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: • Must be nine digits numeric or a valid alternate identifier (AID) issued by HUD for **ALL** the members of the household

     Fatal: • Cannot equal '999999999', '111111111', '222222222', '333333333', '444444444', '555555555', '666666666', '777777777', '888888888', '123456789', '987654321', '090909090', '009009009'

POSITION:	90-98
LINE REFERENCE NO:	3n.

NAME:	**Meeting Community Service or Self-Sufficiency Requirement**
DESCRIPTION:	Indicate if the family member is in the process of meeting prior year community service or self-sufficiency requirement
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '1' for yes, '2' for no, 3' for pending and '4' for exempt. If 1c equals 'CE', 'VO', 'MR', leave blank.

EDITS:

Fatal: • If 1c equals 'P' and 2a equals 2 or 12, must be valued

Fatal: • If valued, must equal '1', '2', '3' or '4'

Fatal: • If valued and 2b minus 3e is less than 18, must equal 4

Fatal: • If valued and 2b minus 3e is greater than or equal to 62, must equal 4

Fatal: • If valued and 3h equals 'F', 'Y', 'E' or 'L', must equal 4

FIELD NUMBER:	19
POSITION:	99
LINE REFERENCE NO:	3q.

NAME:	**Alien Registration Number**
DESCRIPTION:	Alien Registration Number (A-number), if applicable, for any non citizen member of the household
TYPE:	Alphanumeric
SIZE:	10
COMMENTS:	If the A-number has seven digits preceded by letter 'A', enter two zeros before the numbers. If A-number has eight digits preceded by letter 'A', enter one zero before the numbers. If A-number has nine digits preceded by letter 'A', enter the number without a leading zero.
EDITS: Fatal:	If valued, must begin with letter 'A' followed by nine numeric digits
FIELD NUMBER:	20
POSITION:	100-109
LINE REFERENCE NO:	3p.

50058 Income Record Format

NAME:	**Section Indicator**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'I' for the Record Identifier for the income record.
EDITS:	
Fatal:	• Must equal 'I'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME: **Member Number**

DESCRIPTION: The numeric value assigned to the member of the household who contributed the income

TYPE: Numeric

SIZE: 2

COMMENTS: Use the same member number that was used in 3a.

EDITS:

         Fatal: •   Must be valued

         Fatal: •   Must equal a 3a value (member number) in Family Records

FIELD NUMBER: 3

POSITION: 8-9

LINE REFERENCE NO: 7a.

NAME: **Income Code**

DESCRIPTION: The code to indicate the source of the income for the member of the family

TYPE: Alpha

SIZE: 2

COMMENTS: Use 'P' for pension, 'S' for SSI, 'G' for general assistance, 'I' for Indian trust/per capita, 'B' for own business, 'F' for Federal wage, 'W' for other wage, 'N' for other nonwage sources, 'SS' for Social Security, 'T' for TANF, 'C' for child support, 'M' for military pay, 'HA' for PHA wage, 'U' for unemployment benefits, 'IW' for annual imputed welfare income and 'E' for Medical Reimbursement.

EDITS:

         Fatal: •   If 7d is greater than zero, must be valued

         Fatal: •   If valued, must equal 'P', 'S', 'G', 'I', 'B', 'F', 'W', 'N', 'SS', 'T', 'C', 'E', 'M', 'HA', `IW' or 'U'

FIELD NUMBER: 4

POSITION: 10-11

LINE REFERENCE NO: 7b.

NAME: **Dollars Per Year**

DESCRIPTION: Identifies the dollars per year for the income source listed in 7b

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers.

EDITS:

    Fatal: •   If 7b is valued, must be greater than zero

    Fatal: •   Must be greater than or equal to zero and less than 150000

FIELD NUMBER: 5

POSITION: 12-17

LINE REFERENCE NO: 7d.

NAME: **Income Exclusions**

DESCRIPTION: Amount of inclusions earned income excluded per year

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers.

EDITS:

     Fatal: • Must be greater than or equal to zero and less than 150000

     Fatal: • Must be less than or equal to 7d

FIELD NUMBER: 6

POSITION: 18-23

LINE REFERENCE NO: 7e.

50058 Public Housing Record Format

NAME: **Section Indicator**

DESCRIPTION: The field indicates this is the beginning of a new record

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'P' for the Record Identifier for the Public Housing
                              record.

EDITS:

                    Fatal: • Must equal 'P'

                    Fatal: • 1c in the Basic Record must equal 'P'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

NAME: **Record Number**

DESCRIPTION: A sequential number that indicates the record number of the
                              transmission

TYPE: Numeric

SIZE: 6

COMMENTS: The number is incremented by 1 for each subsequent
                              record in the transmission.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-7

LINE REFERENCE NO: n/a

NAME: **Flat Rent**

DESCRIPTION: Amount of rent charged the tenant that elects the Flat rent

                             option

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers. If 10u does not equal 'F' or 3u equals

                             'P', may be zero.

EDITS:

        Fatal: • If greater than zero, 1c must equal 'P'

        Fatal: • If 10u equals 'F', must be greater than zero

        Fatal: • Must be greater than or equal to zero and less than 3500

FIELD NUMBER: 3

POSITION: 8-12

LINE REFERENCE NO: 10b.

NAME: **Income based ceiling rent, if any**

DESCRIPTION: Amount of rent charged the tenant under a ceiling rent

                             agreement

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers. If 10u equals 'F' or 3u equals 'P', put

                             zero.

EDITS:

        Fatal: • If 10u equals 'I' and 3u equals 'C', 'E', or 'F', must be

                             greater than or equal to zero and less than 3500

        Fatal: • If 10u equals 'F' or 3u equals 'P', must be zero

FIELD NUMBER: 4

POSITION: 13-17

LINE REFERENCE NO: 10c.

NAME:	**Lower of TTP or income based ceiling rent (if no income based ceiling rent, put 10a)**
DESCRIPTION:	The lower of TTP or Ceiling Rent
TYPE:	Numeric
SIZE:	5
COMMENTS:	If 10u equals 'F' or 3u equals 'P', put zero. If 10c (Ceiling Rent) equals 0, fill with 9j (TTP).
EDITS:	

> Fatal: • If 10u equals 'I' and 3u equals 'C', 'E' or 'F' and 10c equals zero, must equal 9j
>
> Fatal: • If 10u equals 'I' and 3u equals 'C', 'E' or 'F' and 10c is greater than zero, must equal lower of 9j or 10c

FIELD NUMBER:	5
POSITION:	18-22
LINE REFERENCE NO:	10d.

NAME:	**Utility Allowance**
DESCRIPTION:	Allowance determined for utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; If none, put zero. Normal range is 0-400. Range for Warning Error is 401-1400. Range for Fatal error is > 1400.
EDITS:	

> Warning: • Must be less than 400
>
> Fatal: • Must be greater than or equal to zero and less than 1400

FIELD NUMBER:	6
POSITION:	23-26
LINE REFERENCE NO:	10e.

NAME:		**Tenant Rent (or credit to tenant)**
DESCRIPTION:		Amount of tenant rent
TYPE:		Numeric
SIZE:		6
COMMENTS:		Use positive or negative numbers. If 10u equals 'F' or 3u equals 'P', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.
EDITS:	Fatal:	• There should not be a space between the sign and a number
	Fatal:	• If 10u equals 'I' and 3u equals 'C', 'E' or 'F', must equal 10d minus 10e
	Fatal:	• Must be greater than -2500 and less than 2500
FIELD NUMBER:		7
POSITION:		27-32
LINE REFERENCE NO:		10f.

NAME:	**Public Housing Maximum Rent**
DESCRIPTION:	The maximum rent in Public Housing
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero.
EDITS:	

      Fatal: • If 10u equals 'I' and 3u equals 'P', must be greater than or equals to zero and less than 3000

      Fatal: • If 10 equals 'F' or 3u equals 'C', 'E', or 'F', must be zero

FIELD NUMBER:	9
POSITION:	38-43
LINE REFERENCE NO:	10h.

NAME:	**Family Maximum Subsidy**
DESCRIPTION:	The maximum subsidy for the family
TYPE:	Numeric
SIZE:	6
COMMENTS:	Equals Maximum Rent minus TTP. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero. Positive or negative numbers are accepted.
EDITS:	

      Fatal: • If 10u equals 'I' and 3u equals 'P' and 10h is greater than 9j, must equal 10h minus 9j

FIELD NUMBER:	10
POSITION:	44-49
LINE REFERENCE NO:	10i.

NAME:	**Total Number Eligible**
DESCRIPTION:	The total number of family members eligible
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV' for pending verification. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero.
EDITS:	

Fatal: • If 10u equals 'I' and 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K', or 'A' and 3i equals 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)

FIELD NUMBER:	11
POSITION:	50-51
LINE REFERENCE NO:	10j.

NAME:	**Total Number in Family**
DESCRIPTION:	The total number of family members
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero.
EDITS:	

Fatal: • If 10u equals 'I' and 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)

FIELD NUMBER:	12
POSITION:	52-53
LINE REFERENCE NO:	10k.

NAME:	**Eligible Subsidy**
DESCRIPTION:	The subsidy amount for which the family is eligible
TYPE:	Numeric
SIZE:	6
COMMENTS:	The product of (the family maximum subsidy divided by the total number in the family) and the total number eligible. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero. Positive or negative numbers are accepted.
EDITS:	

Fatal: • If 10u equals 'I' and 3u equals 'P', must equal the product of 10j and the result of 10i divided by 10k

FIELD NUMBER:	14
POSITION:	56-61
LINE REFERENCE NO:	10n.

NAME: **Mixed Family Total Tenant Payment**

DESCRIPTION: TTP based on the proration calculation

TYPE: Numeric

SIZE: 5

COMMENTS: Maximum rent minus the eligible subsidy. If 10u equals 'F'
                            or 3u equals 'C', 'E' or 'F', put zero.

EDITS:

    Fatal: • If 10u equals 'I' and 3u equals 'P' and 10h is greater than
                            10n, must equal 10h minus 10n

    Fatal: • If 10u equals 'I' and 3u equals 'P' and 10h is less than or
                            equal to 10n, must equal zero

FIELD NUMBER: 15

POSITION: 62-66

LINE REFERENCE NO: 10p.

NAME: **Utility Allowance**

DESCRIPTION: Allowance determined for utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers. If 10u equals 'F' or 3u equals 'C', 'E' or
                            'F', put zero.

EDITS:

    Fatal: • If 10u equals 'I' and 3u equals 'P', must be greater than
                            or equal to zero and less than 1000

   Warning: • Must be less than 400

FIELD NUMBER: 17

POSITION: 72-75

LINE REFERENCE NO: 10r.

NAME:	**Mixed Family Tenant Rent**
DESCRIPTION:	Tenant Rent based on proration
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use positive or negative numbers. If 10u equals 'F' or 3u equals 'C', 'E' or 'F', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

EDITS:	Fatal:	• There should not be a space between the sign and a number
	Fatal:	• If 10u equals 'I' and 3u equals 'P', must equal 10p minus 10r
	Warning:	• Must be greater than -700 and less than 700
	Fatal:	• Must be greater than -3500 and less than 3500

FIELD NUMBER:	18
POSITION:	76-81
LINE REFERENCE NO:	10s.

NAME:	**Type of Rent**
DESCRIPTION:	Indicates whether rent is based on income, including ceiling, maximum, or minimum rent (in which the value = I), or whether the rent is a flat rent (in which the value = F)
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'I' for Income based, 'F' for Flat.
EDITS:	

	Fatal:	• Must be 'I' or 'F'

FIELD NUMBER:	20
POSITION:	87
LINE REFERENCE NO:	10u.

50058 Certificate/Project-based Voucher Record Format

NAME:	**Section Indicator**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'C' for the Record Identifier for the certificate record format.
EDITS:	
Fatal:	• Must equal 'C'
Fatal:	• 1c in the Basic Record must equal 'CE' or 'VO'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Date Unit Last Passed HQS Inspection**
DESCRIPTION:	The date the unit last passed inspection
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS:	
Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	3
POSITION:	8-15
LINE REFERENCE NO:	5h.

NAME: **Date of Last Annual HQS Inspection**

DESCRIPTION: The date the unit was last inspected

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

    Fatal: • Must be in 'MMDDYYYY' format

FIELD NUMBER: 4

POSITION: 16-23

LINE REFERENCE NO: 5i.

NAME: **Is family now moving to this unit? (Y or N)**

DESCRIPTION: Indicates that the family is now moving into this unit

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

    Fatal: • Must equal 'Y' or 'N'

    Fatal: • If 2a equals 4 or 7, must equal 'Y'

FIELD NUMBER: 6

POSITION: 25

LINE REFERENCE NO: 11b.

NAME: **Portability Indicator**

DESCRIPTION: Indicates that this family moved into this PHA jurisdiction under portability

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

 EDITS: Fatal: • Must be 'Y' or 'N'

    Fatal: • If 2a equals '4', must equal 'Y'

FIELD NUMBER: 8

POSITION: 27

LINE REFERENCE NO: 11d.

NAME:	**Cost Billed per Month**
DESCRIPTION:	Monthly amount billed to another PHA for this family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Must equal Zero.
EDITS:	

Fatal: • Must always equal zero

FIELD NUMBER:	9
POSITION:	28-32
LINE REFERENCE NO:	11e.

NAME:	**PHA Code Billed**
DESCRIPTION:	PHA code of the PHA billed under portability
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Must be blank.
EDITS:	

Fatal: • Must always be blank

FIELD NUMBER:	10
POSITION:	33-37
LINE REFERENCE NO:	11f.

NAME:	**Group Home Indicator**
DESCRIPTION:	Indicates whether the housing type is Group Home
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	

Fatal: • Must be 'Y' or 'N'

FIELD NUMBER:	12
POSITION:	39
LINE REFERENCE NO:	11g(2).

NAME: **Single Room Occupancy Indicator**

DESCRIPTION: Indicates whether the housing type is Single Room
Occupancy (SRO)

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

       Fatal: •   Must be 'Y' or 'N'

FIELD NUMBER: 13

POSITION: 40

LINE REFERENCE NO: 11g(3).

NAME: **Owner Name**

DESCRIPTION: Name of unit owner

TYPE: Alphanumeric

SIZE: 35

COMMENTS: None

EDITS:

       Fatal: •   Must be valued

FIELD NUMBER: 14

POSITION: 41-75

LINE REFERENCE NO: 11h.

NAME: **Owner TIN/SSN**

DESCRIPTION: Tax Identification or Social Security Number of the owner

TYPE: Alphanumeric

SIZE: 9

COMMENTS: Enter either the TIN or the Owner SSN.

EDITS:

       Fatal: •   Must be valued with nine digit alphanumeric

FIELD NUMBER: 15

POSITION: 76-84

LINE REFERENCE NO: 11i.

NAME: **Contract Rent to Owner**

DESCRIPTION: Monthly rent payable to owner specified in the HAP contract

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole dollars.

EDITS:

        Fatal: •   Must be greater than or equal to 5 and less than 3000

FIELD NUMBER: 17

POSITION: 90-94

LINE REFERENCE NO: 11k.

NAME: **Utility Allowance**

DESCRIPTION: The allowance for utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers; If none, use zero.

EDITS:

        Fatal: •   Must be greater than or equal to zero and less than 400

FIELD NUMBER: 18

POSITION: 95-98

LINE REFERENCE NO: 11m.

NAME: **Gross Rent of Unit**

DESCRIPTION: The contract rent to owner plus the utility allowance

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers.

EDITS:

        Fatal: •   Must equal sum of 11k and 11m

FIELD NUMBER: 19

POSITION: 99-103

LINE REFERENCE NO: 11n.

NAME:	**Total HAP**
DESCRIPTION:	Total PHA Payment
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers. If 11q (same as 9j) is larger, put zero. If 3u equals 'P', put zero.
EDITS:	

> Fatal: • If 3u equals 'C', 'E' or 'F' and 11n is greater than 11q (same as 9j), must equal 11n minus 9j
>
> Fatal: • If 3u equals 'C', 'E' or 'F' and 11n is less than or equal to 11q (same as 9j), must equal to zero

FIELD NUMBER:	21
POSITION:	109-114
LINE REFERENCE NO:	11r.

NAME:	**Tenant Rent**
DESCRIPTION:	Amount of tenant rent
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use positive or negative numbers. If 3u equals 'P', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.
EDITS: Fatal:	• There should not be a space between the sign and a number
Fatal:	• If 3u equals 'C', 'E' or 'F', must equal 11k minus 11r
Fatal:	• Must be greater than -2499 and less than 2499
FIELD NUMBER:	22
POSITION:	115-120
LINE REFERENCE NO:	11s.

NAME: **HAP to Owner**

DESCRIPTION: PHA Payment to the owner

TYPE: Numeric

SIZE: 5

COMMENTS: The lower of the contract rent to owner or the total HAP. If
                            3u equals 'P', put zero.

EDITS:

                Fatal: •   If 3u equals 'C', 'E' or 'F', must equal the lower of 11k or
                            11r

FIELD NUMBER: 23

POSITION: 121-125

LINE REFERENCE NO: 11t.

NAME: **Normal Total HAP**

DESCRIPTION: Normal total HAP in regular tenancy under proration

TYPE: Numeric

SIZE: 6

COMMENTS: Gross rent less TTP. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

                Fatal: •   If 3u equals 'P' and 11n is greater than 9j, must equal
                            11n minus 9j

                Fatal: •   If 3u equals 'P' and 11n is less than or equal to 9j, must
                            equal to zero

FIELD NUMBER: 24

POSITION: 126-131

LINE REFERENCE NO: 11aa.

NAME:	**Total Number Eligible**
DESCRIPTION:	Total number of members of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification. If 3u equals 'C', 'E' or 'F', put zero.
EDITS: Fatal:	• If 3u equals 'P', must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals of 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)
FIELD NUMBER:	28
POSITION:	147-148
LINE REFERENCE NO:	11ae.

NAME: **Total Number in Family**

DESCRIPTION: Total number of members of the family

TYPE: Numeric

SIZE: 2

COMMENTS: Total the number of members of the family. If 3u equals 'C',
                              'E' or 'F', put zero.

EDITS:

    Fatal: • If 3u equals 'P', must equal the total count of Family
                              Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A'
                              (total count of family members)

FIELD NUMBER: 29

POSITION: 149-150

LINE REFERENCE NO: 11af.

NAME: **Proration Percentage**

DESCRIPTION: The percent of the family eligible for subsidy

TYPE: Numeric

SIZE: 2

COMMENTS: Use an integer. If 3u equals 'C', 'E' or 'F', put zero.

EDITS: Fatal: • If 3u equals 'P', must equal 11ae divided by 11af
                              multiplied by 100

FIELD NUMBER: 30

POSITION: 151-152

LINE REFERENCE NO: 11ag.

NAME: **Prorated Total HAP**

DESCRIPTION: The prorated Total PHA Payment

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers. Use the product of 11aa and 11ag. . If
                              3u equals 'C', 'E' or 'F', put zero.

EDITS   Fatal: • If 3u equals 'P', must equal the product of 11aa and
                              11ag divided by 100

FIELD NUMBER: 31

POSITION: 153-157

LINE REFERENCE NO: 11ah.

NAME: **Mixed Family TTP**

DESCRIPTION: The prorated Total Tenant Payment

TYPE: Numeric

SIZE: 5

COMMENTS: Gross rent minus prorated total HAP. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

    Fatal: • If 3u equals 'P', and 11n is greater than 11ah, must equal 11n minus 11ah

    Fatal: • If 3u equals 'P' and 11n is less than or equal to 11ah, must equal zero

FIELD NUMBER: 32

POSITION: 158-162

LINE REFERENCE NO: 11ai.

NAME: **Mixed Family Tenant Rent**

DESCRIPTION: Tenant Rent based on proration

TYPE: Numeric

SIZE: 5

COMMENTS: Use positive or negative numbers. If 3u equals 'C', 'E' or 'F', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

EDITS: Fatal: • There should not be a space between the sign and a number

    Fatal: • If 3u equals 'P', must equal 11ai minus 11m

    Fatal: • Must be greater than -2499 and less than 2499

FIELD NUMBER: 33

POSITION: 163-167

LINE REFERENCE NO: 11ak.

NAME:	**Prorated HAP to Owner**
DESCRIPTION:	Prorated PHA Payment to the owner
TYPE:	Numeric
SIZE:	5
COMMENTS:	Contract rent to owner less the mixed family tenant rent. If 3u equals 'C', 'E' or 'F', put zero.

EDITS: Fatal: • If 3u equals 'P', and 11ak is positive and less than 11k, must equal 11k minus 11ak

                Fatal: • If 3u equals 'P' and 11ak is positive and greater than or equal to 11k, must equal zero

                Fatal: • If 3u equals 'P' and 11ak is negative, must equal 11k

FIELD NUMBER:	35
POSITION:	173-177
LINE REFERENCE NO:	11an.

50058 Voucher Record Format

NAME:	**Section Indicator**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use 'V' for the Record Identifier for the voucher record format.
EDITS:	
Fatal:	• Must equal 'V'
Fatal:	• 1c in the Basic Record must be 'VO'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Date Unit Last Passed HQS Inspection**
DESCRIPTION:	The date the unit last passed inspection
TYPE:	Date
SIZE:	8
COMMENTS:	Use MMDDYYYY format.
EDITS: Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:	3
POSITION:	8-15
LINE REFERENCE NO:	5h.

NAME: **Date of Last Annual HQS Inspection**

DESCRIPTION: The date the unit was last inspected

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

        Fatal: •   Must be in 'MMDDYYYY' format

FIELD NUMBER: 4

POSITION: 16-23

LINE REFERENCE NO: 5i.

NAME: **Number of Bedrooms on Voucher**

DESCRIPTION: The number of bedrooms listed on the voucher

TYPE: Numeric

SIZE: 1

COMMENTS: Use whole numbers.

EDITS:

        Fatal: •   Must be greater than or equal to zero and less than or equal to 9

FIELD NUMBER: 5

POSITION: 24

LINE REFERENCE NO: 12a.

NAME: **Family Moving Into Unit Indicator**

DESCRIPTION: Indicates that the family is occupying this unit for the first time

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

        Fatal: •   Must equal 'Y' or 'N'

        Fatal: •   If 2a equals 4 or 7, must equal 'Y'

FIELD NUMBER: 6

POSITION: 25

LINE REFERENCE NO: 12b.

NAME: **Family Qualify for Hard to House Indicator**

DESCRIPTION: Indicates if the family qualified as a Hard to House family

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

       Fatal: • Must equal 'Y' or 'N'

       Fatal: • If 12g(2) equals 'Y', must be 'N'

       Fatal: • If 12g(3) equals 'Y', must be 'N'

FIELD NUMBER: 7

POSITION: 26

LINE REFERENCE NO: 12c.

NAME: **Portability Indicator**

DESCRIPTION: Indicates if this family moved into this PHA jurisdiction under portability

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

       Fatal: • Must equal 'Y' or 'N'

       Fatal: • If 2a equals '4', must equal 'Y'

FIELD NUMBER: 8

POSITION: 27

LINE REFERENCE NO: 12d.

NAME: **Cost Billed per Month**

DESCRIPTION: Monthly amount billed to another PHA for this family

TYPE: Numeric

SIZE: 4

COMMENTS: If this PHA has absorbed this family into its own program,

enter zero.

EDITS:

        Fatal: •   Must be greater than or equal to zero and less than 3000

        Fatal: •   If 12d equals 'N', must equal zero

FIELD NUMBER: 9

POSITION: 28-31

LINE REFERENCE NO: 12e.

NAME: **PHA Code Billed**

DESCRIPTION: PHA code for the PHA billed under portability

TYPE: Alphanumeric

SIZE: 5

COMMENTS: If 12d equals 'N' or 12e equals zero, leave blank.

EDITS:

        Fatal: •   If 12e is greater than zero, must be valued

        Fatal: •   If valued, must equal a valid PHA code

        Fatal: •   If valued, cannot equal 1b

FIELD NUMBER: 10

POSITION: 32-36

LINE REFERENCE NO: 12f.

NAME: **Group Home Indicator**

DESCRIPTION: Indicates whether the housing type is Group Home

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

          Fatal: • Must be 'Y' or 'N'

FIELD NUMBER: 11

POSITION: 37

LINE REFERENCE NO: 12g(1).

NAME: **Own Manufactured Home, Lease Space Indicator**

DESCRIPTION: Indicates whether the family owns a manufactured home

                              and rents the space or land upon which the home rests

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

              Fatal: •   Must be 'Y' or 'N'

              Fatal: •   If 12g(2) equals 'Y', 12c must equal 'N'

FIELD NUMBER: 12

POSITION: 38

LINE REFERENCE NO: 12g(2).

NAME: **Single Room Occupancy Indicator**

DESCRIPTION: Indicates whether the housing type is Single Room

                              Occupancy (SRO)

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS:

              Fatal: •   Must be 'Y' or 'N'

              Fatal: •   If 12g(3) equals 'Y', 12c must equal 'N'

FIELD NUMBER: 13

POSITION: 39

LINE REFERENCE NO: 12g(3).

NAME: **Owner Name**

DESCRIPTION: Name of unit owner

TYPE: Alphanumeric

SIZE: 35

COMMENTS: None

EDITS:

              Fatal: •   Must be valued if 2a equals 1,2, 3, 4 or 7

FIELD NUMBER: 14

POSITION: 40-74

LINE REFERENCE NO: 12h.

NAME: **Owner TIN/SSN**

DESCRIPTION: Tax Identification or Social Security Number of the owner

TYPE: Numeric

SIZE: 9

COMMENTS: Enter either the TIN or the SSN.

EDITS:

         Fatal: •   Must be valued with nine digit alphanumeric if 2a equals 1, 2, 3, 4 or 7

FIELD NUMBER: 15

POSITION: 75-83

LINE REFERENCE NO: 12i.

NAME: **Payment Standard for Family**

DESCRIPTION: Payment standard stated on the family's voucher

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers.

EDITS:

         Fatal: •   Must be greater than or equal to 50 and less than 3000

FIELD NUMBER: 16

POSITION: 84-87

LINE REFERENCE NO: 12j.

NAME: **Rent to Owner**

DESCRIPTION: Monthly rent payable to owner specified in the HAP contract

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole dollars.

EDITS:

         Fatal: •   Must be greater than or equal to 5 and less than 3000

FIELD NUMBER: 17

POSITION: 88-91

LINE REFERENCE NO: 12k.

NAME:	**Utility Allowance**
DESCRIPTION:	The allowance for tenant paid utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; If none, enter zero.
EDITS:	

Warning: • Must be less than 400

Fatal: • Must be greater than or equal to zero and less than 1400

FIELD NUMBER:	18
POSITION:	92-95
LINE REFERENCE NO:	12m.

NAME:	**Gross Rent of Unit**
DESCRIPTION:	The rent to owner plus the utility allowance
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers.
EDITS:	

Fatal: • Must equal sum of lines 12k and 12m

FIELD NUMBER:	20
POSITION:	100-103
LINE REFERENCE NO:	12p.

NAME:	**Lower of 12j or 12p**
DESCRIPTION:	The lower of Voucher Payment Standard and Gross Rent of Unit
TYPE:	Numeric
SIZE:	4
COMMENTS:	If the maximum subsidy is larger than the gross rent, put zero.
EDITS:	

	Fatal:	•	Must equal 12j or 12p
	Fatal:	•	Must be lower of 12j or 12p

FIELD NUMBER:	21
POSITION:	104-107
LINE REFERENCE NO:	12q.

NAME:	**Total HAP**
DESCRIPTION:	Total PHA Payment
TYPE:	Numeric
SIZE:	4
COMMENTS:	12q minus 9j. If 9j is larger, put zero.
EDITS:	

	Fatal:	•	If 12q is greater than 9j, must equal 12q minus 9j
	Fatal:	•	If 12q is less than or equal to 9j, must equal zero

FIELD NUMBER:	22
POSITION:	108-111
LINE REFERENCE NO:	12s.

NAME: **Total Family Share**

DESCRIPTION: Total amount family contributes toward rent and utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers. If 3u equals 'P', put zero.

EDITS:

          Fatal: •   If 3u equals 'C', 'E' or 'F', and 12p is greater than 12s, must equal 12p minus 12s

          Fatal: •   If 3u equals 'C', 'E' or 'F', and 12p is less than or equal to 12s, must equal zero

FIELD NUMBER: 23

POSITION: 112-115

LINE REFERENCE NO: 12t.

NAME: **HAP to Owner**

DESCRIPTION: PHA Payment to Owner

TYPE: Numeric

SIZE: 4

COMMENTS: Lower of Rent to Owner (12k) or Total HAP (12s). If 3u equals 'P', put zero.

EDITS:

          Fatal: •   If 3u equals 'C', 'E' or 'F', must equal the lower of 12k or 12s

FIELD NUMBER: 24

POSITION: 116-119

LINE REFERENCE NO: 12u.

NAME:	**Tenant Rent to Owner**
DESCRIPTION:	The family's rent to the owner
TYPE:	Numeric
SIZE:	4
COMMENTS:	Rent to Owner minus HAP to Owner. If 3u equals 'P', put zero.
EDITS:	

Fatal: • If 3u equals 'C', 'E' or 'F', and 12k is greater than 12u, must be 12k minus 12u

Fatal: • If 3u equals 'C', 'E' or 'F', and 12k is less than or equal to 12u, must equal zero

FIELD NUMBER:	25
POSITION:	120-123
LINE REFERENCE NO:	12v.

NAME:	**Utility Reimbursement to Family**
DESCRIPTION:	The utility reimbursement paid to the family
TYPE:	Numeric
SIZE:	4
COMMENTS:	Total HAP (12s) minus HAP to owner (12u), not exceeding Utility allowance (12m). If 3u equals 'P', put zero.
EDITS:	

Fatal: • If 3u equals 'C', 'E' or 'F', and if 12s minus 12u is less than or equal to 12m, must equal 12s minus 12u.

Fatal: • If 3u equals 'C', 'E' or 'F', and if 12s minus 12u is greater than 12m, must equal 12m

FIELD NUMBER:	26
POSITION:	124-127
LINE REFERENCE NO:	12w.

NAME: **Normal Total HAP**

DESCRIPTION: Total PHA Payment (from 12s)

TYPE: Numeric

SIZE: 4

COMMENTS: Copy from 12s (12q-12r) but do not exceed 12p.

EDITS:

      Warning: • Do not exceed 12p.

FIELD NUMBER: 28

POSITION: 133-136

LINE REFERENCE NO: 12ab.

NAME: **Total Number Eligible**

DESCRIPTION: Total number of members of the family eligible for subsidy

TYPE: Numeric

SIZE: 2

COMMENTS: Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

      Fatal: • If 3u equals 'P', must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals of 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)

FIELD NUMBER: 29

POSITION: 137-138

LINE REFERENCE NO: 12ac.

NAME:	**Total Number in Family**
DESCRIPTION:	Total number of members of the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:	

Fatal: • If 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)

FIELD NUMBER:	30
POSITION:	139-140
LINE REFERENCE NO:	12ad.

NAME:	**Proration Percentage**
DESCRIPTION:	The percent of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use an integer. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:	

Fatal: • If 3u equals 'P', must equal 12ac divided by 12ad multiplied by 100

FIELD NUMBER:	31
POSITION:	141-142
LINE REFERENCE NO:	12ae.

NAME:	**Prorated Total HAP**
DESCRIPTION:	The prorated total PHA Payment
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers. Product of Normal total HAP and the proration percentage. If 3u equals 'C', 'E' or 'F', put zero.
EDITS: Fatal:	• If 3u equals 'P' and 12s is less than 12p, must be the product of 12s and 12ae divided by 100.
Fatal:	• If 3u equals 'P' and 12s is greater than or equal to 12p, must be the product of 12p and 12ae divided by 100.
FIELD NUMBER:	32
POSITION:	143-146
LINE REFERENCE NO:	12af.

NAME:	**Mixed Family Total Family Contribution**
DESCRIPTION:	The prorated Total Family Contribution
TYPE:	Numeric
SIZE:	4
COMMENTS:	Gross rent minus prorated HAP. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:	
Fatal:	• If 3u equals 'P' and 12p is greater than 12af, must equal 12p minus 12af
Fatal:	• If 3u equals 'P' and 12p is less than or equal to 12af, must equal zero
FIELD NUMBER:	33
POSITION:	147-150
LINE REFERENCE NO:	12ag.

NAME:	**Mixed Family Tenant Rent to Owner**

DESCRIPTION: Tenant Rent based on proration

TYPE: Numeric

SIZE: 5

COMMENTS: Use positive or negative numbers. If 3u equals 'C', 'E' or 'F', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

EDITS: Fatal: • There should not be a space between the sign and a number

    Fatal: • If 3u equals 'P', must equal 12ag minus 12m

    Warning: • Must be greater than -700 and less than 700

    Fatal: • Must be greater than -3500 and less than 3500

FIELD NUMBER: 34

POSITION: 151-155

LINE REFERENCE NO: 12ai.

NAME:	**Prorated HAP to Owner**

DESCRIPTION: Prorated PHA Payment to the owner

TYPE: Numeric

SIZE: 4

COMMENTS: Rent to owner less the tenant rent. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

    Fatal: • If 3u equals 'P' and 12ai is positive and less than 12k, must equal 12k minus 12ai

    Fatal: • If 3u equals 'P' and 12ai is positive and greater than or equal to 12k, must equal zero

    Fatal: • If 3u equals 'P' and 12ai is negative, must equal 12k

FIELD NUMBER: 35

POSITION: 156-159

LINE REFERENCE NO: 12aj.

50058 Mod Rehab Record Format

NAME: **Section Indicator**

DESCRIPTION: The field indicates this is the beginning of a new record

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'R' for the Record Identifier for the Mod Rehab record

format.

EDITS:

        Fatal: • Must equal 'R'

        Fatal: • 1c in the Basic Record must equal 'MR'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

NAME: **Record Number**

DESCRIPTION: A sequential number that indicates the record number of the

transmission

TYPE: Numeric

SIZE: 6

COMMENTS: The number is incremented by 1 for each subsequent

record in the transmission.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-7

LINE REFERENCE NO: n/a

NAME:		**Date Unit Last Passed HQS Inspection**
DESCRIPTION:		The date the unit last passed inspection
TYPE:		Date
SIZE:		8
COMMENTS:		Use MMDDYYYY format.
EDITS:		
	Fatal:	• Must be in 'MMDDYYYY' format
FIELD NUMBER:		3
POSITION:		8-15
LINE REFERENCE NO:		5h.

NAME: **Date of Last Annual HQS Inspection**

DESCRIPTION: The date the unit was last inspected

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

              Fatal: •   Must be in 'MMDDYYYY' format

FIELD NUMBER: 4

POSITION: 16-23

LINE REFERENCE NO: 5i.

NAME: **HAP Contract Number**

DESCRIPTION: The PHA Payment contract number

TYPE: Alphanumeric

SIZE: 14

COMMENTS: None

EDITS:

              Fatal: •   Must be valued

FIELD NUMBER: 5

POSITION: 24-37

LINE REFERENCE NO: 13a.

NAME:	**Mod Rehab Single Room Occupancy Program for the Homeless Indicator**
DESCRIPTION:	Indicates whether the unit is part of the McKinney Moderate Rehabilitation Single Room Occupancy (SRO) program for the homeless
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
FIELD NUMBER:	6
POSITION:	38
LINE REFERENCE NO:	13b.

NAME:	**Mod Rehab Single Room Occupancy Unit Indicator**
DESCRIPTION:	Indicates whether the housing type is mod rehab Single Room Occupancy (SRO)
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no; Not for the Homeless program.
EDITS:	
Fatal:	• Must equal 'Y' or 'N'
FIELD NUMBER:	7
POSITION:	39
LINE REFERENCE NO:	13c.

NAME:	**Owner Name**
DESCRIPTION:	Name of unit owner
TYPE:	Alphanumeric
SIZE:	35
COMMENTS:	None
EDITS:	
Fatal:	• Must be valued
FIELD NUMBER:	8
POSITION:	40-74
LINE REFERENCE NO:	13d.

NAME:	**Owner TIN/SSN**
DESCRIPTION:	Tax Identification or Social Security Number of the owner
TYPE:	Alphanumeric
SIZE:	9
COMMENTS:	Enter either the TIN or the SSN.
EDITS:	
Fatal:	• Must be valued with nine digit alphanumeric
FIELD NUMBER:	9
POSITION:	75-83
LINE REFERENCE NO:	13e.

NAME:	**Current Base Rent**
DESCRIPTION:	The current base rent of the unit
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; do not include cents.
EDITS:	
Fatal:	• Must be greater than or equal to 50 and less than 3000
FIELD NUMBER:	10
POSITION:	84-87
LINE REFERENCE NO:	13f.

NAME:	**Rehabilitation Debt Service**
DESCRIPTION:	Monthly rehabilitation debt service applicable to the unit
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; If none, put zero.
EDITS:	
Fatal:	• Must be greater than or equal to zero and less than 3000
FIELD NUMBER:	11
POSITION:	88-91
LINE REFERENCE NO:	13g.

NAME:	**Contract Rent to Owner**
DESCRIPTION:	Monthly rent payable to owner specified in the HAP contract
TYPE:	Numeric
SIZE:	5
COMMENTS:	Must equal the sum of the current base rent and the rehabilitation debt service.
EDITS:	
Fatal:	• Must equal the sum of 13f and 13g
FIELD NUMBER:	12
POSITION:	92-96
LINE REFERENCE NO:	13h.

NAME:	**Utility Allowance**
DESCRIPTION:	The allowance for utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole numbers; If none, enter zero.
EDITS:	

	Warning:	• Must be less than 400
	Fatal:	• Must be greater than or equal to zero and less than 1000

FIELD NUMBER:	13
POSITION:	97-100
LINE REFERENCE NO:	13i.

NAME:	**Tenant Rent**
DESCRIPTION:	The tenant rent
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use positive and negative numbers. If 3u equals 'P', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

EDITS:	Fatal:	• There should not be a space between the sign and a number
	Fatal	• If 3u equals 'C', 'E' or 'F', and 13j is less than or equal to the sum of 13h and 13i, must equal 9j minus 13i
	Fatal:	• If 3u equals 'C', 'E' or 'F', and 13j is greater than the sum of 13h and 13i, must equal 13h

FIELD NUMBER:	14
POSITION:	101-106
LINE REFERENCE NO:	13k.

NAME:	**HAP to Owner**
DESCRIPTION:	PHA Payment to the owner
TYPE:	Numeric
SIZE:	5
COMMENTS:	Contract rent to owner less the tenant rent. If 3u equals 'P', put zero.
EDITS:	

Fatal: • If 3u equals 'C', 'E' or 'F', and 13k is negative, must equal 13h

Fatal: • If 3u equals 'C', 'E' or 'F', and 13k is positive and 13k is less than 13h, must equal 13h minus 13k

Fatal: • If 3u equals 'C', 'E' or 'F', and 13k is positive and 13k is greater than or equal to 13h, must equal zero

FIELD NUMBER:	15
POSITION:	107-111
LINE REFERENCE NO:	13m.

NAME:	**Gross Rent**
DESCRIPTION:	The rent to owner plus the utility allowance
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:	

Fatal: • If 3u equals 'P', must equal the sum of 13h and 13i

FIELD NUMBER:	17
POSITION:	117-122
LINE REFERENCE NO:	13p.

NAME:	**Normal Total HAP**
DESCRIPTION:	Normal total HAP under proration
TYPE:	Numeric
SIZE:	5
COMMENTS:	Gross rent minus TTP. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:	

Fatal: • If 3u equals 'P' and 13p is greater than or equal to 9j, must equal 13p minus 9j

Fatal: • If 3u equals 'P' and 13p is less than 9j, must equal zero

FIELD NUMBER:	18
POSITION:	123-127
LINE REFERENCE NO:	13q.

NAME: **Total Number Eligible**

DESCRIPTION: Total number of members of the family eligible for subsidy

TYPE: Numeric

SIZE: 2

COMMENTS: Include family members with citizenship status 'EC', for

                        eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for

                        pending. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

              Fatal: • If 3u equals 'P', must equal total of count of Family

                        Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and

                        3i equals of 'EC', 'EN' or 'PV' (total count of family

                        members who are eligible citizen, eligible noncitizen or

                        pending verification)

FIELD NUMBER: 19

POSITION: 128-129

LINE REFERENCE NO: 13r.

NAME: **Total Number in Family**

DESCRIPTION: Total number of members of the family

TYPE: Numeric

SIZE: 2

COMMENTS: Total the number of members of the family. If 3u equals 'C',

                        'E' or 'F', put zero.

EDITS:

              Fatal: • If 3u equals 'P', must equal the total count of Family

                        Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A'

                        (total count of family members)

FIELD NUMBER: 20

POSITION: 130-131

LINE REFERENCE NO: 13s.

NAME: **Proration Percentage**

DESCRIPTION: The percent of the family eligible for subsidy

TYPE: Numeric

SIZE: 2

COMMENTS: Use an integer. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

    Fatal: • If 3u equals 'P', must equal 13r divided by 13s multiplied by 100

FIELD NUMBER: 21

POSITION: 132-133

LINE REFERENCE NO: 13t.

NAME: **Prorated Total HAP**

DESCRIPTION: The prorated PHA Payment

TYPE: Numeric

SIZE: 5

COMMENTS: Product of Normal Total HAP and the proration fraction. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

    Fatal: • If 3u equals 'P', must equal the product of 13q and 13t divided by 100

FIELD NUMBER: 22

POSITION: 134-138

LINE REFERENCE NO: 13u.

NAME:	**Mixed Family TTP**
DESCRIPTION:	The prorated Total Tenant Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Gross rent minus prorated HAP. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

Fatal: • If 3u equals 'P' and 13p is greater than or equal to 13u, must equal 13p minus 13u

Fatal: • If 3u equals 'P' and 13p is less than 13u, must equal zero

FIELD NUMBER:	23
POSITION:	139-143
LINE REFERENCE NO:	13v.

NAME:	**Mixed Family Tenant Rent**
DESCRIPTION:	Tenant Rent based on proration
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use positive or negative numbers. If 3u equals 'C', 'E' or 'F', put zero. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions.

EDITS: Fatal: • There should not be a space between the sign and a number

Fatal: • If 3u equals 'P', must equal 13v minus 13i

Warning: • Must be greater than -700 and less than 700

Fatal: • Must be greater than -3500 and less than 3500

FIELD NUMBER:	24
POSITION:	144-149
LINE REFERENCE NO:	13x.

NAME:	**Prorated HAP to Owner**
DESCRIPTION:	Prorated PHA Payment to the owner
TYPE:	Numeric
SIZE:	5
COMMENTS:	Rent to owner less the tenant rent. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

Fatal:
- If 3u equals 'P' and 13x positive and 13x is less than or equal to 13h, must equal 13h minus 13x.

Fatal:
- If 3u equals 'P' and 13x positive and 13x greater than 13h, must equal zero.

Fatal:
- If equals 'P' and 13x negative, must equal 13h

FIELD NUMBER:	26
POSITION:	155-159
LINE REFERENCE NO:	13z.

50058 Homeownership Record Format

NAME: **Section Indicator**

DESCRIPTION: The field indicates this is the beginning of a new record.

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'H' for the Record Identifier for the homeownership
                         record format.

EDITS: Fatal: • Must equal 'H'

                  Fatal: • 1c in the Basic Record must be 'VO'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

NAME: **Record Number**

DESCRIPTION: A sequential number that indicates the record number of the
                         transmission

TYPE: Numeric

SIZE: 6

COMMENTS: The number is incremented by 1 for each subsequent
                         record in the transmission.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-7

LINE REFERENCE NO: n/a

NAME: **Family Moving Into Home Indicator**

DESCRIPTION: Indicates that the family is occupying this unit for the first
                         time

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no.

EDITS: Fatal: • Must equal 'Y' or 'N'

FIELD NUMBER: 3

POSITION: 8

LINE REFERENCE NO: 15a.

NAME:	**Date of Initial HQS Inspection**
DESCRIPTION:	Date of the initial HQS inspection
TYPE:	Alphanumeric
SIZE:	8
COMMENTS:	Must be MMDDYYYY format.
EDITS:	

	Fatal:	•	Must be in 'MMDDYYYY' format

FIELD NUMBER:	4
POSITION:	9-16
LINE REFERENCE NO:	15b.

NAME:	**Portability Indicator**
DESCRIPTION:	Indicate if this family moved into this PHA's jurisdiction under portability
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no.
EDITS:	

	Fatal:	•	Must equal 'Y' or 'N'
	Fatal:	•	If 2a equals '4', must equal 'Y'

FIELD NUMBER:	5
POSITION:	17
LINE REFERENCE NO:	15c.

NAME: **Cost Billed per Month**

DESCRIPTION: Monthly amount billed to another PHA for this family

TYPE: Numeric

SIZE: 4

COMMENTS:

                             Enter '0' if this PHA has absorbed this family into it's own
                             program.

EDITS:

                 Fatal: • Must be greater than or equal to zero and less than 3000

                          • If 15c equals 'N', must equal zero

                 Fatal:

FIELD NUMBER: 6

POSITION: 18-21

LINE REFERENCE NO: 15d.

NAME:	**PHA Code Billed**
DESCRIPTION:	PHA code for the PHA billed under portability
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	If 15c equals 'N' or 15d equals zero, leave blank.
EDITS:	
Fatal:	• If 15d is greater than zero, must be valued
Fatal:	• If valued, must equal a valid PHA code
Fatal:	• If valued, cannot be equal to 1b
FIELD NUMBER:	7
POSITION:	22-26
LINE REFERENCE NO:	15e.

NAME:	**Monthly Homeownership Payment (PITI and MIP if applicable)**
DESCRIPTION:	The monthly payment for mortgage, interest, and property taxes – regardless of whether the family pays for all costs
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number.
EDITS:	
Fatal:	• Must be greater than or equal to 5 and less than 3000
FIELD NUMBER:	8
POSITION:	27-30
LINE REFERENCE NO:	15f.

NAME: **Utility Allowance**

DESCRIPTION: The allowance for utilities

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number; If none, enter zero.

EDITS:

     Warning: • Must be less than 400

      Fatal: • Must be greater than or equal to zero and less than 1400

FIELD NUMBER: 9

POSITION: 31-34

LINE REFERENCE NO: 15g.

NAME: **Monthly Maintenance Allowance**

DESCRIPTION: The amount of the monthly maintenance allowance

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number; If none, enter zero.

EDITS:

     Warning: • Must be less than 400

      Fatal: • Must be greater than or equal to zero and less than 1400

FIELD NUMBER: 10

POSITION: 35-38

LINE REFERENCE NO: 15h.

NAME: **Monthly Major Repair/Replacement Allowance**

DESCRIPTION: The amount of the major home repair allowance

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number.

EDITS: Warning: • Must be less than 400

      Fatal: • Must be greater than or equal to zero and less than or
                                  equal to 1400

FIELD NUMBER: 11

POSITION: 39-42

LINE REFERENCE NO: 15i.

NAME:	**Monthly Co-op/Condominium Assessment**
DESCRIPTION:	The monthly assessment for Co-op/condominium
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number.
EDITS:	

Warning:	•	Must be less than 400
Fatal:	•	Must be greater than or equal to zero and less than 1400

FIELD NUMBER:	12
POSITION:	43-46
LINE REFERENCE NO:	15j.

NAME:	**Monthly Principal and Interest on Debt for Improvements**
DESCRIPTION:	The amount of home improvement principal and interest for debt
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use whole number.
EDITS:	

Warning:	•	Must be less than 400
Fatal:	•	Must be greater than or equal to zero and less than 1400

FIELD NUMBER:	13
POSITION:	47-50
LINE REFERENCE NO:	15k.

NAME: **Gross Homeownership Expense**

DESCRIPTION: The monthly homeownership expense

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number.

EDITS:

     Fatal: • Must equal the sum of 15f, 15g, 15h, 15i, 15j and 15k

     Fatal: • Must be greater than or equal to zero and less than or equal to 5000

FIELD NUMBER: 14

POSITION: 51-54

LINE REFERENCE NO: 15m.

NAME: **Payment Standard for the family**

DESCRIPTION: The amount of family voucher

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole number.

EDITS:

     Fatal: • Must be greater than or equal to 50 and less than 3000

FIELD NUMBER: 15

POSITION: 55-58

LINE REFERENCE NO: 15n.

NAME: **Lower of 15m and 15n**

DESCRIPTION: The lower of 15m and 15n

TYPE: Numeric

SIZE: 4

COMMENTS: Use whole numbers.

EDITS:

     Fatal: • Must equal lower of 15m or 15n

FIELD NUMBER: 16

POSITION: 59-62

LINE REFERENCE NO: 15p.

NAME:	**HAP**
DESCRIPTION:	The amount of housing assistance payment
TYPE:	Numeric
SIZE:	4
COMMENTS:	HAP: 15p minus 9j. If 9j is larger, put zero.

EDITS:

Fatal: • If 15p is greater than 9j, must equal 15p minus 9j

Fatal: • If 15p is less than or equal to 9j, must equal zero

FIELD NUMBER:	17
POSITION:	63-66
LINE REFERENCE NO:	15r.

NAME:	**Total Family Share**
DESCRIPTION:	Total amount the family contributes toward rent and utilities
TYPE:	Numeric
SIZE:	4
COMMENTS:	Subtract HAP (15r) from gross homeownership expense (15m). Total family share: 15m minus 15r. If 3u equals 'P', put zero.

EDITS:

Fatal: • If 3u equals 'C', 'E' or 'F', and 15m is greater than 15r, must equal 15m minus 15r

Fatal: • If 3u equals 'C', 'E' or 'F', and 15m is less than or equal to 15r, must equal zero

FIELD NUMBER:	18
POSITION:	67-70
LINE REFERENCE NO:	15s.

NAME:	**Total Number Eligible**
DESCRIPTION:	Total number of members of family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification. If 3u equals 'C', 'E' or 'F', put zero.

EDITS:

Fatal:
- If 3u equals 'P', must equal total of count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' and 3i equals of 'EC', 'EN' or 'PV' (total count of family members who are eligible citizen, eligible noncitizen or pending verification)

FIELD NUMBER:	19
POSITION:	71-72
LINE REFERENCE NO:	15ab.

NAME:	**Total Number in Family**
DESCRIPTION:	Total number of members of the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total number of the members of the family. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:	

        Fatal: •   If 3u equals 'P', must equal the total count of Family Records in which 3h equals 'H', 'S', 'Y', 'E', 'K' or 'A' (total count of family members)

FIELD NUMBER:	20
POSITION:	73-74
LINE REFERENCE NO:	15ac.

NAME:	**Proration Percentage**
DESCRIPTION:	The percent of the family that is eligible for rent subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use an integer. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:	

        Fatal: •   If 3u equals 'P', must equal 15ab divided by 15ac multiplied by 100

FIELD NUMBER:	21
POSITION:	75-76
LINE REFERENCE NO:	15ad.

NAME:	**Prorated HAP**
DESCRIPTION:	The total prorated amount of the housing assistance payment to the homeowner
TYPE:	Numeric
SIZE:	4
COMMENTS:	Prorated HAP: 15r multiplied by 15ad. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:	

      Fatal: • If 3u equals 'P', must equal 15r multiplied by 15ad divided by 100

FIELD NUMBER:	22
POSITION:	77-80
LINE REFERENCE NO:	15ae.

NAME:	**Mixed Family Total Family Share**
DESCRIPTION:	The prorated Total Family Contribution
TYPE:	Numeric
SIZE:	5
COMMENTS:	Mixed family total family share: 15m Gross Homeownership Expense minus 15ae Prorated HAP. If 3u equals 'C', 'E' or 'F', put zero.
EDITS:	

      Fatal: • If 3u equals 'P' and 15m is greater than or equal to 15ae, must equal 15m minus 15ae

      Fatal: • If 3u equals 'P' and 15m is less than 15ae, must equal zero

FIELD NUMBER:	23
POSITION:	81-85
LINE REFERENCE NO:	15af.

50058 FSS/WtW Record Format

NAME:	**Section Indicator**
DESCRIPTION:	The field indicates this is the beginning of a new record
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'F' for the Record Identifier for the FSS/Welfare to Work Addendum record format.
EDITS:	
Fatal:	• Must equal 'F'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-7
LINE REFERENCE NO:	n/a

NAME:	**Special Program FSS Participation Indicator**
DESCRIPTION:	Indicates whether the family participates in the FSS program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	

	Fatal:	•	Must equal 'Y' or 'N'
	Fatal:	•	If 17a(2) equals 'N', must be 'Y'

FIELD NUMBER:	3
POSITION:	8
LINE REFERENCE NO:	17a(1).

NAME:	**Special Program Welfare to Work Voucher Participation Indicator**
DESCRIPTION:	Indicates whether the family participates in the Welfare to Work Voucher Program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	

	Fatal:	•	Must equal 'Y' or 'N'
	Fatal:	•	If 17a(1) equals 'N', must be 'Y'

FIELD NUMBER:	4
POSITION:	9
LINE REFERENCE NO:	17a(2).

NAME:	**FSS Report Category**
DESCRIPTION:	Indicates the FSS report category
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'E' for enrollment, 'P' for progress, and 'X' for exit.
EDITS:	

          Fatal: • If 17a(1) equals 'Y', must be valued 'E', 'P' or 'X'

          Fatal: • If 17a(1) equals 'N', must be blank

FIELD NUMBER:	5
POSITION:	10
LINE REFERENCE NO:	17b.

NAME:	**FSS Effective Date of Action**
DESCRIPTION:	This is the effective date of the action for the family participating the FSS program
TYPE:	Date
SIZE:	8
COMMENTS:	Must be in MMDDYYYY format.
EDITS:	

          Fatal: • If 17a(1) equals 'Y', must be valued in 'MMDDYYYY' format

          Fatal: • If 17a(1) equals 'N', must be blank

FIELD NUMBER:	6
POSITION:	11-18
LINE REFERENCE NO:	17c.

NAME: **PHA Code of PHA Administrating FSS Contract**

DESCRIPTION: Indicates the PHA code of PHA administering FSS contract

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Use valid PHA code.

EDITS:

       Fatal: • If 17a(1) equals 'Y', must be valued

       Fatal: • If valued, must equal a valid PHA code

       Fatal: • If 17a(1) equals 'N', must be blank

FIELD NUMBER: 7

POSITION: 19-23

LINE REFERENCE NO: 17d.

NAME: **WtW Voucher Report Category**

DESCRIPTION: Indicates the WtW report category

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'E' for enrollment, 'P' for progress, and 'X' for exit.

EDITS:

       Fatal: • If 17a(2) equals 'Y', must be valued 'E', 'P' or 'X'

       Fatal: • If 17a(2) equals 'N', must be blank

FIELD NUMBER: 8

POSITION: 24

LINE REFERENCE NO: 17e.

NAME: **Welfare to Work Voucher Effective Date of Action**

DESCRIPTION: This is the effective date of the action of the Welfare to

                             Work program

TYPE: Date

SIZE: 8

COMMENTS: Must be in MMDDYYYY format.

EDITS:

               Fatal: •   If 17a(2) equals 'Y', must be valued in 'MMDDYYYY'

                            format

               Fatal: •   If 17a(2) equals 'N', must be blank

FIELD NUMBER: 9

POSITION: 25-32

LINE REFERENCE NO: 17f.

NAME: **PHA Code of PHA that Issued Welfare to Work**

                             Voucher

DESCRIPTION: Indicates the PHA code of PHA that issued the WtW

                             voucher

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Use valid PHA code.

EDITS:

               Fatal: •   If 17a(2) equals 'Y', must be valued

               Fatal: •   If valued, must equal a valid PHA code

               Fatal: •   If 17a(2) equals 'N', must be blank

FIELD NUMBER: 10

POSITION: 33-37

LINE REFERENCE NO: 17g(1).

NAME:	**PHA Code of PHA Counting the family in WtW Voucher Program**
DESCRIPTION:	Indicates the PHA code of the PHA counting the family as enrolled in the WtW program (if different from 17g(1).
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Use valid PHA code.
EDITS:	

	Fatal:	•	If 17a(2) equals 'Y' and 17g(2) is valued, must be different from 17g(1)
	Fatal:	•	If valued, must equal a valid PHA code
	Fatal:	•	If 17a(2) equals 'N', must be blank

FIELD NUMBER:	11
POSITION:	38-42
LINE REFERENCE NO:	17g(2).

NAME:	**Employed Indicator**
DESCRIPTION:	Indicates the employment status of the head of household
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'F' for Full-time, 'P' for Part-time, or 'N' for Not employed.
EDITS:	

	Fatal:	•	If 17b or 17e equals 'E' or 'P', must equal 'F', 'P' or 'N'
	Fatal:	•	If 17m(1) equals 'Y', must equal 'F', 'P' or 'N'

FIELD NUMBER:	12
POSITION:	43
LINE REFERENCE NO:	17h(1).

NAME:	**Date Current Employment Began**
DESCRIPTION:	Indicates the start date of the current employment
TYPE:	Date
SIZE:	8
COMMENTS:	Must be in MMDDYYYY format.
EDITS:	

	Fatal:	•	If 17h(1) equals 'F' or 'P', must be valued
	Fatal:	•	If 17h(1) equals 'N' or is blank, must be blank
	Fatal:	•	If valued, must be in 'MMDDYYYY' format

FIELD NUMBER:	13
POSITION:	44-51
LINE REFERENCE NO:	17h(2).

NAME:	**Benefits in Current Employment – Health Indicator**
DESCRIPTION:	Indicates health benefit in the current employment
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	

	Fatal:	•	If 17h(1) equals 'F' or 'P', must equal 'Y' or 'N'
	Fatal:	•	If 17h(1) equals 'N' or is blank, must be blank

FIELD NUMBER:	14
POSITION:	52
LINE REFERENCE NO:	17h(3)(a).

NAME:	**Benefits in Current Employment – Retirement Account Indicator**
DESCRIPTION:	Indicates retirement account benefit in the current employment
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17h(1) equals 'F' or 'P', must equal 'Y' or 'N'
Fatal:	• If 17h(1) equals 'N' or is blank, must be blank
FIELD NUMBER:	15
POSITION:	53
LINE REFERENCE NO:	17h(3)(b).

NAME:	**Benefits in Current Employment – Other Indicator**
DESCRIPTION:	Indicates other benefit in the current employment
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17h(1) equals 'F' or 'P', must equal 'Y' or 'N'
Fatal:	• If 17h(1) equals 'N' or is blank, must be blank
FIELD NUMBER:	16
POSITION:	54
LINE REFERENCE NO:	17h(3)(c).

NAME:	**Years of School Completed by Head of Household**
DESCRIPTION:	The highest grade of education or years of formal schooling the head of household completed.
TYPE:	Numeric
SIZE:	2
COMMENTS:	The total number of years of formal education received.
EDITS:	

Fatal: • If both 17b and 17e equal 'X' or are blank, and 17m(1) equals 'N', must equal zero

Fatal: • If 17b or 17e equals 'E' or 'P' or 17m(1) equals 'Y', must be greater than or equal to zero and less than or equal to 25

FIELD NUMBER:	17
POSITION:	55-56
LINE REFERENCE NO:	17h(4).

NAME:	**Family Receives TANF Income Assistance Indicator**
DESCRIPTION:	Indicates if the family receives TANF Income Assistance
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	

Fatal: • If 17b equals 'X' and 17m(1) equals 'Y', must equal 'N'

FIELD NUMBER:	18
POSITION:	57
LINE REFERENCE NO:	17h(5)(a).

NAME: **Family Receives General Assistance Indicator**

DESCRIPTION: Indicates if the family receives General Assistance

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no.

EDITS:

          Fatal: •   If 17b equals 'X' and 17m(1) equals 'Y', must equal 'N'

FIELD NUMBER: 19

POSITION: 58

LINE REFERENCE NO: 17h(5)(b).

NAME: **Family Currently Receives Food Stamps Indicator**

DESCRIPTION: Indicates whether the family is receiving food stamps

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If blank, defaults to "no".

EDITS:

          Fatal: •   Must be 'Y' or 'N'

FIELD NUMBER: 20

POSITION: 59

LINE REFERENCE NO: 17h(5)(c).

NAME:	**Family Currently Receives Medicaid/Children's Health Insurance Program Indicator**
DESCRIPTION:	Indicates whether the family is receiving Medicaid/Children's Health Insurance Program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If blank, defaults to 'no'.
EDITS:	

         Fatal: •   Must be 'Y' or 'N'

FIELD NUMBER:	21
POSITION:	60
LINE REFERENCE NO:	17h(5)(d).

NAME:	**Family Receives Earned Income Tax Credit Indicator**
DESCRIPTION:	Indicates whether the family receives the Earned Income Tax Credit
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If blank, defaults to 'no'.
EDITS:	

         Fatal: •   Must be 'Y' or 'N'

FIELD NUMBER:	22
POSITION:	61
LINE REFERENCE NO:	17h(5)(e).

NAME: **Number of Children Receiving Child Care Services**

DESCRIPTION: Indicates the number of children in the family receiving child
                      care services

TYPE: Numeric

SIZE: 1

COMMENTS: None

EDITS:

                Fatal: • If both 17b and 17e equal 'X' or are blank, must equal
                      zero

                Fatal: • If 17b or 17e equals 'E' or 'P', must be less than 3t

FIELD NUMBER: 23

POSITION: 62

LINE REFERENCE NO: 17h(6).

NAME: **GED Needs Indicator**

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that
                      this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and
                      FSS progress report and FSS exit report. If optional and not
                      provided, leave blank.

EDITS:

                Fatal: • If 17b equals 'E', must be valued

                Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 24

POSITION: 63

LINE REFERENCE NO: 17i(1)(a).

NAME: **High School Needs Indicator**

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that
                          this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and
                          FSS progress report and FSS exit report. If optional and not
                          provided, leave blank.

EDITS:

              Fatal: •   If 17b equals 'E', must be valued

              Fatal: •   If valued, must equal 'Y' or 'N'

FIELD NUMBER: 25

POSITION: 64

LINE REFERENCE NO: 17i(1)(b).

NAME: **Post Secondary Needs Indicator**

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that
                          this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and
                          FSS progress report and FSS exit report. If optional and not
                          provided, leave blank.

EDITS:

              Fatal: •   If 17b equals 'E', must be valued

              Fatal: •   If valued, must equal 'Y' or 'N'

FIELD NUMBER: 26

POSITION: 65

LINE REFERENCE NO: 17i(1)(c).

NAME:	**Vocational/Job Training Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	

	Fatal:	•	If 17b equals 'E', must be valued
	Fatal:	•	If valued, must equal 'Y' or 'N'

FIELD NUMBER:	27
POSITION:	66
LINE REFERENCE NO:	17i(1)(d).

NAME:	**Job Search/Job Placement Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	

	Fatal:	•	If 17b equals 'E', must be valued
	Fatal:	•	If valued, must equal 'Y' or 'N'

FIELD NUMBER:	28
POSITION:	67
LINE REFERENCE NO:	17i(1)(e).

NAME:	**Job Retention Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	

	Fatal:	•	If 17b equals 'E', must be valued
	Fatal:	•	If valued, must equal 'Y' or 'N'

FIELD NUMBER:	29
POSITION:	68
LINE REFERENCE NO:	17i(1)(f).

NAME:	**Transportation Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	

	Fatal:	•	If 17b equals 'E', must be valued
	Fatal:	•	If valued, must equal 'Y' or 'N'

FIELD NUMBER:	30
POSITION:	69
LINE REFERENCE NO:	17i(1)(g).

NAME:	**Health Services Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

        Fatal: •   If 17b equals 'E', must be valued

        Fatal: •   If valued, must equal 'Y' or 'N'

FIELD NUMBER:	31
POSITION:	70
LINE REFERENCE NO:	17i(1)(h).

NAME:	**Alcohol and other Drug Abuse Prevention Services Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.

EDITS:

        Fatal: •   If 17b equals 'E', must be valued

        Fatal: •   If valued, must equal 'Y' or 'N'

FIELD NUMBER:	32
POSITION:	71
LINE REFERENCE NO:	17i(1)(i).

NAME: **Mentoring Needs Indicator**

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that

                               this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and

                               FSS progress report and FSS exit report. If optional and not

                               provided, leave blank.

EDITS:

                    Fatal: • If 17b equals 'E', must be valued

                    Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 33

POSITION: 72

LINE REFERENCE NO: 17i(1)(j).

NAME: **Homeownership Counseling Needs Indicator**

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that

                               this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and

                               FSS progress report and FSS exit report. If optional and not

                               provided, leave blank.

EDITS:

                    Fatal: • If 17b equals 'E', must be valued

                    Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 34

POSITION: 73

LINE REFERENCE NO: 17i(1)(k).

NAME:	**Individual Development Account (IDA) Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	

Fatal:	•	If 17b equals 'E', must be valued
Fatal:	•	If valued, must equal 'Y' or 'N'

FIELD NUMBER:	35
POSITION:	74
LINE REFERENCE NO:	17i(1)(L).

NAME:	**Child Care Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	

Fatal:	•	If 17b equals 'E', must be valued
Fatal:	•	If valued, must equal 'Y' or 'N'

FIELD NUMBER:	36
POSITION:	75
LINE REFERENCE NO:	17i(1)(m).

NAME:	**No Needs Indicator**
DESCRIPTION:	Indicates if the FSS contract or WtW voucher identified that no service is needed
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. Optional for WtW Voucher and FSS progress report and FSS exit report. If optional and not provided, leave blank.
EDITS:	

        Fatal: • If 17b equals 'E', must be valued

        Fatal: • If valued, must equal 'Y' or 'N'

FIELD NUMBER:	37
POSITION:	76
LINE REFERENCE NO:	17i(1)(n).

NAME:	**GED Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(A) is blank, leave blank.
EDITS:	

        Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(A) is valued, must equal 'Y' or 'N'

FIELD NUMBER:	38
POSITION:	77
LINE REFERENCE NO:	17i(2)(a).

NAME:	**High School Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(B) is blank, leave blank.
EDITS:	

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(B) is valued, must equal 'Y' or 'N'

FIELD NUMBER:	39
POSITION:	78
LINE REFERENCE NO:	17i(2)(b).

NAME:	**Post Secondary Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(C) is blank, leave blank.
EDITS:	

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(C) is valued, must equal 'Y' or 'N'

FIELD NUMBER:	40
POSITION:	79
LINE REFERENCE NO:	17i(2)(c).

NAME:	**Vocational/Job Training Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(D) is blank, leave blank.
EDITS:	

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(D) is valued, must equal 'Y' or 'N'

FIELD NUMBER:	41
POSITION:	80
LINE REFERENCE NO:	17i(2)(d).

NAME:	**Job Search/Job Placement Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(E) is blank, leave blank.
EDITS:	

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(E) is valued, must equal 'Y' or 'N'

FIELD NUMBER:	42
POSITION:	81
LINE REFERENCE NO:	17i(2)(e).

NAME:	**Job Retention Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(F) is blank, leave blank.
EDITS:	

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(F) is valued, must equal 'Y' or 'N'

FIELD NUMBER:	43
POSITION:	82
LINE REFERENCE NO:	17i(2)(f).

NAME:	**Transportation Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(G) is blank, leave blank.
EDITS:	

Fatal: • If 17b or 17 e equals 'P' or 'X' and 17i(1)(G) is valued, must equal 'Y' or 'N'

FIELD NUMBER:	44
POSITION:	83
LINE REFERENCE NO:	17i(2)(g).

NAME:	**Health Services Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(H) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(H) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	45
POSITION:	84
LINE REFERENCE NO:	17i(2)(h).

NAME:	**Alcohol and Other Drug Abuse Prevention Services Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(I) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(I) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	46
POSITION:	85
LINE REFERENCE NO:	17i(2)(i).

NAME:	**Mentoring Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(J) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(J) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	47
POSITION:	86
LINE REFERENCE NO:	17i(2)(j).

NAME:	**Homeownership Counseling Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(K) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(K) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	48
POSITION:	87
LINE REFERENCE NO:	17i(2)(k).

NAME:	**Individual Development Account (IDA) Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(L) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(L) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	49
POSITION:	88
LINE REFERENCE NO:	17i(2)(l).

NAME:	**Child Care Needs Met Indicator**
DESCRIPTION:	Indicates if the needs were met through the FSS/WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no. If 17b and 17e equal 'E', leave blank. If 17i(1)(M) is blank, leave blank.
EDITS:	
Fatal:	• If 17b or 17 e equals 'P' or 'X' and 17i(1)(M) is valued, must equal 'Y' or 'N'
FIELD NUMBER:	50
POSITION:	89
LINE REFERENCE NO:	17i(2)(m).

NAME:	**GED Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(A) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(A) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	51
POSITION:	90-92
LINE REFERENCE NO:	17i(3)(a).

NAME:	**High School Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(B) equals 'N' or is blank, leave blank.

EDITS:

      Fatal: • If 17i(2)(B) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER:	52
POSITION:	93-95
LINE REFERENCE NO:	17i(3)(b).

NAME:	**Post Secondary Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(C) equals 'N' or is blank, leave blank.

EDITS:

      Fatal: • If 17i(2)(C) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER:	53
POSITION:	96-98
LINE REFERENCE NO:	17i(3)(c).

NAME: **Vocational/Job Training Needs Service Provider**

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for
                            Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit
                            agency, 'E' for Employer, or 'C' for Community College. If
                            17i(2)(D) equals 'N' or is blank, leave blank.

EDITS:

          Fatal: •   If 17i(2)(D) equals 'Y', must be valued 'P', 'T', 'D', 'V',
                      'PR', 'N', 'E' or 'C'

FIELD NUMBER: 54

POSITION: 99-101

LINE REFERENCE NO: 17i(3)(d).

NAME: **Job Search/Job Placement Needs Service Provider**

DESCRIPTION: Indicates the service provider that met the FSS/WtW
                            needs.

TYPE: Alpha

SIZE: 3

COMMENTS: Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for
                            Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit
                            agency, 'E' for Employer, or 'C' for Community College. If
                            17i(2)(E) equals 'N' or is blank, leave blank.

EDITS:

          Fatal: •   If 17i(2)(E) equals 'Y', must be valued 'P', 'T', 'D', 'V',
                      'PR', 'N', 'E' or 'C'

FIELD NUMBER: 55

POSITION: 102-104

LINE REFERENCE NO: 17i(3)(e).

NAME:	**Job Retention Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(F) equals 'N' or is blank, leave blank.
EDITS:	

            Fatal: •   If 17i(2)(F) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER:	56
POSITION:	105-107
LINE REFERENCE NO:	17i(3)(f).

NAME:	**Transportation Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(G) equals 'N' or is blank, leave blank.
EDITS:	

            Fatal: •   If 17i(2)(G) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER:	57
POSITION:	108-110
LINE REFERENCE NO:	17i(3)(g).

NAME:	**Health Services Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(H) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(H) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER:	58
POSITION:	111-113
LINE REFERENCE NO:	17i(3)(h).

NAME:	**Alcohol and Other Drug Abuse Prevention Services Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(I) equals 'N' or is blank, leave blank.

EDITS:

Fatal: • If 17i(2)(I) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'

FIELD NUMBER:	59
POSITION:	114-116
LINE REFERENCE NO:	17i(3)(i).

NAME:	**Mentoring Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(J) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(J) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	60
POSITION:	117-119
LINE REFERENCE NO:	17i(3)(j).

NAME:	**Homeownership Counseling Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(K) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(K) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	61
POSITION:	120-122
LINE REFERENCE NO:	17i(3)(k).

NAME:	**Individual Development Account (IDA) Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(L) equals 'N' or is blank, leave blank.
EDITS:	
Fatal:	• If 17i(2)(L) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	62
POSITION:	123-125
LINE REFERENCE NO:	17i(3)(L).

NAME:	**Child Care Needs Service Provider**
DESCRIPTION:	Indicates the service provider that met the FSS/WtW needs.
TYPE:	Alpha
SIZE:	3
COMMENTS:	Use 'P' for PHA, 'T' for TANF, 'D' for DOL grantee, 'V' for Voluntary organization, 'PR' for Profit entity, 'N' for Nonprofit agency, 'E' for Employer, or 'C' for Community College. If 17i(2)(M) equals 'N' or is blank, leave blank
EDITS:	
Fatal:	• If 17i(2)(M) equals 'Y', must be valued 'P', 'T', 'D', 'V', 'PR', 'N', 'E' or 'C'
FIELD NUMBER:	63
POSITION:	126-128
LINE REFERENCE NO:	17i(3)(m).

NAME: **Initial Start Date of Contract of Participation**

DESCRIPTION: Beginning date of the contract of FSS participation

TYPE: Date

SIZE: 6

COMMENTS: Use MMYYYY format.

EDITS:

        Fatal: •   If 17b equals 'E', must be valued MMYYYY format

        Fatal: •   If 17b equals 'P' or 'X' or is blank, must be blank

        Fatal: •   If valued, must have the same month and year as 17c

FIELD NUMBER: 64

POSITION: 129-134

LINE REFERENCE NO: 17j(1).

NAME: **Initial End Date of Contract of Participation**

DESCRIPTION: The original end date of the contract of FSS participation

TYPE: Date

SIZE: 6

COMMENTS: Use MMYYYY format.

EDITS:

        Fatal: •   If 17b equals 'E', must be valued in MMYYYY format

        Fatal: •   If 17b equals 'P' or 'X' or is blank, must be blank

FIELD NUMBER: 65

POSITION: 135-140

LINE REFERENCE NO: 17j(2).

NAME: **Contract Extension Date**

DESCRIPTION: Date through which the FSS contract was extended

TYPE: Date

SIZE: 6

COMMENTS: Use MMYYYY format. If not valued, leave blank.

EDITS:

        Fatal: •   If valued, must be MMYYYY format

        Fatal: •   If valued, 17b must equal 'P'

FIELD NUMBER: 66

POSITION: 141-146

LINE REFERENCE NO: 17j(3).

NAME: **Number of Family Members with Individual Training and Services Plan**

DESCRIPTION: Indicates the number of family members with individual training and services plan

TYPE: Numeric

SIZE: 2

COMMENTS: Must be numeric. If 17b equals 'X' or is blank, put zero.

EDITS:

          Fatal: •   If 17b equals 'E' or 'P', must be greater than or equal to 1 and less than or equal to 99

FIELD NUMBER: 67

POSITION: 147-148

LINE REFERENCE NO: 17j(4).

NAME: **Selection Preference**

DESCRIPTION: Indicates whether the family received selection preference based on FSS program participation

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes, 'N' for no. If 17b equals 'P' or 'X' or is blank, leave blank.

EDITS:

          Fatal: •   If 17b equals 'E', must equal 'Y' or 'N'

FIELD NUMBER: 68

POSITION: 149

LINE REFERENCE NO: 17j(5).

NAME: **Current FSS Account Monthly Credit**

DESCRIPTION: The current FSS account monthly credit as of the date of

                                        action

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole numbers. If 17b equals 'E' or is blank, put zero

EDITS:

        Warning: •   If 17b equals 'P' or 'X', must be less than 2000

        Fatal: •   If 17b equals 'P' or 'X', must be greater than or equal to

                 zero and less than 4000

FIELD NUMBER: 69

POSITION: 150-154

LINE REFERENCE NO: 17k(1).

NAME: **Current FSS Account Balance**

DESCRIPTION: The current FSS account balance as of the date of action

TYPE: Numeric

SIZE: 5

COMMENTS: Use whole number. If 17b equals 'E' or is blank, put zero

EDITS:

        Warning: •   FSS Escrow Account Balance is usually less than

                 $20,000

        Fatal: •   If 17b equals 'P' or 'X', must be greater than or equal to

                 zero and less than 50000

FIELD NUMBER: 70

POSITION: 155-159

LINE REFERENCE NO: 17k(2).

NAME:	**Current FSS Amount Disbursed to the Family**
DESCRIPTION:	The current FSS amount disbursed to the family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole number. If 17b equals 'E' or is blank, put zero
EDITS:	

      Warning: • If 17b equals 'P' or 'X', must be less than 20000

      Fatal: • If 17b equals 'P' or 'X', must be greater than or equal to zero and less than 50000

FIELD NUMBER:	71
POSITION:	160-164
LINE REFERENCE NO:	17k(3).

NAME:	**Completed Contract Participation Indicator**
DESCRIPTION:	Indicates if the family exited the FSS program because of contract completion
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	

      Fatal: • If 17b equals 'X', must equal 'Y' or 'N'

      Fatal: • If 17b equals 'P' or 'E' or is blank, must be blank

FIELD NUMBER:	72
POSITION:	165
LINE REFERENCE NO:	17m(1).

NAME:	**Left Because Family Moving to Homeownership Indicator**
DESCRIPTION:	Indicates if the family exited the FSS program and moving to homeownership
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes, 'N' for no.
EDITS:	
Fatal:	• If 17m(1) equals 'Y', must equal 'Y' or 'N'
Fatal:	• If 17m(1) equals 'N', must equal 'N'
FIELD NUMBER:	73
POSITION:	166
LINE REFERENCE NO:	17m(2).

NAME:	**Reason for Exiting FSS**
DESCRIPTION:	Indicates the reason for the family's exit from the FSS program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'A' for Left voluntarily, 'B' for Asked to leave program, 'C' for Portability move out, 'D' for Left because essential service was unavailable, or 'E' for Contract expired but family did not fulfill obligation.
EDITS:	
Fatal:	• If 17m(1) equals 'N', must be 'A', 'B', 'C', 'D' or 'E'
Fatal:	• If 17m(1) equals 'Y' or is blank, must be blank
FIELD NUMBER:	74
POSITION:	167
LINE REFERENCE NO:	17m(3).

NAME: **Date Welfare to Work Voucher Issued**

DESCRIPTION: Date voucher issued

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

    Fatal: • If 17e equals 'E', must be valued MMDDYYYY format

    Fatal: • If 17e equals 'P' or 'X' or is blank, must be blank

    Fatal: • If valued, must be earlier than or equal to 2b

FIELD NUMBER: 75

POSITION: 168-175

LINE REFERENCE NO: 17n(1).

NAME: **Date for Request for Lease Approval (RFLA) for a Unit Leased**

DESCRIPTION: Date of RFLA for unit leased

TYPE: Date

SIZE: 8

COMMENTS: Use MMDDYYYY format.

EDITS:

    Fatal: • If 17e equals 'E', must be valued MMDDYYYY format

    Fatal: • If 17e equals 'P' or 'X' or is blank, must be blank

    Fatal: • If valued, must be later than or equal to 17n(1)

    Fatal: • If valued, must be earlier than or equal to 2b

FIELD NUMBER: 76

POSITION: 176-183

LINE REFERENCE NO: 17n(2).

NAME:	**Family Moving to Homeownership Indicator**
DESCRIPTION:	Indicates if family is moving to Homeownership
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes; 'N' for no.
EDITS:	

	Fatal:	•	If 17e equals 'X', must equal 'Y' or 'N'
	Fatal:	•	If 17e equals 'P' or 'E' or is blank, must equal 'N'

FIELD NUMBER:	86
POSITION:	193
LINE REFERENCE NO:	17q (1).

NAME:	**Primary Reason for Leaving WtW Program**
DESCRIPTION:	Indicates the primary reason for the family leaving WtW program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'A' for Portability move-out, 'B' for Family no longer needs subsidy, 'C' for Subsidy terminated for Section 8 program violation, other than WtW obligations, 'D' for Subsidy terminated for violation of WtW obligations, 'E' for Family voluntarily withdrew from Section 8 program, or 'F' for Other
EDITS:	

	Fatal:	•	If 17e equals 'X', must equal 'A', 'B', 'C', 'D', 'E' or 'F'
	Fatal:	•	If 17e equals 'P' or 'E' or is blank, must be blank

FIELD NUMBER:	87
POSITION:	194
LINE REFERENCE NO:	17q (2).

Transmission Footer

NAME:	**Record Identifier**
DESCRIPTION:	A number to identify the end of the file containing PIC data
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Set to 'MND58'.
EDITS:	
Fatal:	• Must be set to 'MND58'
FIELD NUMBER:	1
POSITION:	1-5
LINE REFERENCE NO:	n/a

NAME:	**Record Number**
DESCRIPTION:	A number to identify the record in the file
TYPE:	Numeric
SIZE:	6
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER	2
POSITION:	6-11
LINE REFERENCE NO:	n/a

NAME:	**Number of Forms in Submission**
DESCRIPTION:	The number of 50058 forms included in the submission
TYPE:	Numeric
SIZE:	6
COMMENTS:	Must contain the number of 50058 forms sent to HUD.
EDITS:	None
FIELD NUMBER:	3
POSITION:	12-17
LINE REFERENCE NO:	n/a

Chapter 3.   Form HUD-50058 Transmission File Layout

Transmission Header

Field Number	Form Line #	Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	5
2	n/a	Record Number	6	6
3	n/a	Owner/PHA Mailbox ID	12	10
4	n/a	Service/Return ID	22	10
5	n/a	Transmission Date	32	8
6	n/a	Transmission Time	40	6
7	n/a	Software Vendor ID	46	5
8	n/a	Vendor Software	51	10
9	n/a	HUD-50058 Form Version Date	61	8
10	n/a	Vendor Defined Data	69	10

B-Basic Record

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
1	n/a	n/a	Record Identifier	1	1
2	n/a	n/a	Record Number	2	6
3	n/a	n/a	Date Last Modified	8	8
4	1b	1b	PHA Code	16	5
5	1c	1c	Program	21	2
6	1d(1)	1d(1)	Project Number (Public Housing only)	23	8
7	1d(2)	1d(2)	Suffix	31	3
8	1e	1e	Building number (Public Housing only)	34	6
9	1f	1f	Building Entrance Number (Public Housing only)	40	3
10	1g	1g	Unit number (Public Housing only)	43	10
11	2a	2a	Type of Action	53	2
12	2b	2b	Effective date of action	55	8
13	2c	2c	Correction? (Y or N)	63	1
14	2d	2d	Primary reason for correction	64	1
15	2e	N/A	Correction date	65	8
16	2f	N/A	Repayment Agreement? (Y or N)	73	1
17	2g	N/A	Monthly amount of repayment	74	4
18	2h	2h	Date of Admission to the Program	78	8
19	2i	2i	Projected Next Re-exam Date	86	8
20	2j	2j	Projected Date of Next Flat Rent Annual Update	94	8
21	2k	2k	FSS Participant now or in the last year Indicator	102	1
22	2m	2m	Special Program	103	2
23	2n(1)	2n(1)	Other special program 1	105	30
24	2n(2)	2n(2)	Other special program 2	135	30
25	2n(3)	N/A	Other special program 3	165	30
26	2n(4)	N/A	Other special program 4	195	30
27	2n(5)	N/A	Other special program 5	225	30
28	2p	N/A	Use if instructed by HUD	255	5
29	2q	2q	PHA use only 1	260	15
30	2r	2r	PHA use only 2	275	10
31	2s	2s	PHA use only 3	285	10
32	2t	2t	PHA use only 4	295	20
33	2u	2u	PHA use only 5	315	30
34	3n	3n	SSN of head of household	345	9
35	3r	N/A	Reserved	354	5
36	3t	3t	Total Number in Household	359	2

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
37	3u	3u	Family Subsidy Status Under Noncitizen Rule	361	1
38	3v	3v	Effective Date of Family Subsidy	362	8
39	3w	3w	Former Head of Household SSN	370	9
40	4a	4a	Date Entered Waiting List	379	8
41	4b	4b	Zip Code before admission	387	5
42	4b	4b	Zip Code +4 before admission	392	4
43	4c	4c	Homeless at Admission Indicator	396	1
44	4d	4d	Very Low Income Limit Exception Indicator	397	1
45	4e	4e	Continuously Assisted Indicator	398	1
46	4f	4f	Is There a HUD Approved Income Target Waiver Disregard	399	1
47	5a	5a	Unit Address	400	100
48	5a	5a	Unit Apartment Number	500	10
49	5a	5a	Unit City	510	30
50	5a	5a	Unit State	540	2
51	5a	5a	Unit Zip Code	542	5
52	5a	5a	Unit Zip Code Plus 4	547	4
53	5b	5b	Mailing address same as unit address indicator	551	1
54	5c	5c	Family Mailing Address	552	100
55	5c	5c	Family Mailing Apartment Number	652	10
56	5c	5c	Family Mailing City	662	30
57	5c	5c	Family Mailing State	692	2
58	5c	5c	Family Mailing Zip Code	694	5
59	5c	5c	Family Mailing Zip Code Plus 4	699	4
60	5d	5d	Number of Bedrooms in Unit	703	1
61	5e	5e	PHA Identified Unit As Accessible Indicator	704	1
62	5f	5f	Family Requested Accessibility Features Indicator	705	1
63	5g	5g	Has the Family Received Requested Accessibility Features	706	1
64	5j	5j	Year (yyyy) unit was built (Section 8 only)	707	4
65	5k	5k	Structure Type	711	1
66	6f	6f	Total Cash Value of Assets	712	6
67	6g	6g	Total Anticipated Income	718	6
68	6h	6h	Passbook Rate	724	4
69	6i	6i	Imputed Asset Income	728	6
70	6j	6j	Final Asset Income	734	6
71	7h	7h	Reserved	740	5
72	7i	7i	Total Annual Income	745	6
73	8e	8e	Total Permissive Deductions	751	5
74	8f	8f	Medical/Disability Threshold	756	5
75	8g	8g	Total Unreimbursed Disability Assistance Expense	761	5
76	8h	8h	Maximum Disability Allowance	766	5
77	8i	8i	Earnings in 7d made possible by disability assistance expense	771	5
78	8j	8j	Allowable Disability Assistance Expense	776	5

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
79	8k	8k	Total Out of Pocket Medical Expense	781	6
80	8m	8m	Total disability assistance and medical expenses	787	5
81	8n	8n	Medical/Disability Assistance Allowance	792	5
82	8p	8p	Elderly/Disability Allowance	797	4
83	8q	8q	Number of Dependents	801	2
84	8r	8r	Allowance per Dependent	803	3
85	8s	8s	Dependent Allowance	806	5
86	8t	8t	Yearly Child Care Cost that is not reimbursed	811	5
87	8u	N/A	Travel Cost to Work/School	816	4
88	8v	N/A	Reserved	820	4
89	8w	N/A	Reserved	824	4
90	8x	8x	Total Allowances	828	6
91	8y	8y	Adjusted Annual Income	834	6
92	9a	9a	Total Monthly Income	840	6
93	9b	N/A	Reserved	846	4
94	9c	9c	TTP if based on annual income	850	6
95	9d	9d	Adjusted Monthly Income	856	6
96	9e	9e	Percent of Monthly adjusted income	862	4
97	9f	9f	TTP If Based on Adjusted Annual Income	866	5
98	9g	9g	Welfare Rent per Month	871	5
99	9h	9h	Minimum rent	876	3
100	9i	9i	Enhanced Voucher TTP	879	5
101	9j	9j	TTP	884	5
102	9k	9k	Most Recent TTP	889	5
103	9m	9m	Qualify for minimum rent hardship indicator	894	1

T- Family Record

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	6
3	3a	3a	Member Number	8	2
4	3b	3b	Member Last Name	10	30
5	3c	3c	Member First Name	40	30
6	3d	3d	Member Middle Initial	70	1
7	3e	3e	Member Birth Date	71	8
8	3g	3g	Member Sex Code	79	1
9	3h	3h	Member Relation Code	80	1
10	3i	3i	Member Citizenship Code	81	2
11	3j	3j	Member Disability Indicator	83	1
12	3k(1)	3k(1)	Member Race Code White Indicator	84	1
13	3k(2)	3k(2)	Member Race Code Black/African American Indicator	85	1
14	3k(3)	3k(3)	Member Race Code American Indian/Alaska Native Indicator	86	1
15	3k(4)	3k(4)	Member Race Code Asian Indicator	87	1
16	3k(5)	3k(5)	Member Race Code Native Hawaiian/other Pacific Islander Indicator	88	1
17	3m	3m	Member Ethnicity Code	89	1
18	3n	3n	Member SSN	90	9
19	3q	3q	Meeting Community Service or Self-Sufficiency Requirement (Public Housing only)	99	1
20	3p	3p	Alien Registration Number	100	10

I- Income Record

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	6
3	7a.	7a	Member Number	8	2
4	7b.	7b	Income Code	10	2
5	7d.	7d	Dollars Per Year	12	6
6	7e	7e	Income exclusions	18	6

P- Public Housing Record

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	6
3	10b	10b	Flat Rent	8	5
4	10c	10c	Income Based Ceiling Rent, if any	13	5
5	10d	10d	Lower of TTP or income based ceiling rent	18	5
6	10e	10e	Utility Allowance	23	4
7	10f	10f	Tenant Rent	27	6
8	10g	N/A	Reserved	33	5
9	10h	10h	Public Housing Maximum Rent	38	6
10	10i	10i	Family Maximum Subsidy	44	6
11	10j	10j	Total Number Eligible	50	2
12	10k	10k	Total Number in Family	52	2
13	10m	N/A	Reserved	54	2
14	10n	10n	Eligible Subsidy	56	6
15	10p	10p	Mixed Family Total Tenant Payment	62	5
16	10q	N/A	Reserved	67	5
17	10r	10r	Utility Allowance	72	4
18	10s	10s	Mixed Family Tenant Rent	76	6
19	10t	N/A	Reserved	82	5
20	10u	10u	Type of Rent	87	1
21	10v	N/A	Reserved	88	5

C- Section 8 Certificate

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	6
3	5h	5h	Date Unit Last Passed HQS Inspection	8	8
4	5i	5i	Date Last Annual HQS Inspection	16	8
5	11a	N/A	Number of Bedrooms on Certificate	24	1
6	11b	11b	Is family now moving to this unit? (Y or N)	25	1
7	11c	N/A	Reserved	26	1
8	11d	11d	Portability Indicator	27	1
9	11e	11e	Cost Billed per Month	28	5
10	11f	11f	PHA Code Billed	33	5
11	11g(1)	N/A	Project Based Certificate Program Unit Indicator	38	1
12	11g(2)	11g(2)	Group Home Indicator	39	1
13	11g(3)	11g(3)	SRO Indicator	40	1
14	11h	11h	Owner Name	41	35
15	11i	11i	Owner TIN/SSN	76	9
16	11j	N/A	Reserved	85	5
17	11k	11k	Contract Rent to Owner	90	5
18	11m	11m	Utility Allowance	95	4
19	11n	11n	Gross Rent of Unit	99	5
20	11p	N/A	Reserved	104	5
21	11r	11r	Total HAP	109	6
22	11s	11s	Tenant Rent	115	6
23	11t	11t	HAP to Owner	121	5
24	11aa	11aa	Prorated Normal Total HAP	126	6
25	11ab	N/A	Reserved	132	5
26	11ac	N/A	Reserved	137	5
27	11ad	N/A	Reserved	142	5
28	11ae	11ae	Total Number Eligible	147	2
29	11af	11af	Total Number in Family	149	2
30	11ag	11ag	Proration Percentage	151	2
31	11ah	11ah	Prorated Total HAP	153	5
32	11ai	11ai	Mixed Family TTP	158	5
33	11ak	11ak	Mixed Family Tenant Rent	163	5
34	11am	N/A	Reserved	168	5
35	11an	11an	Prorated HAP to Owner	173	5

V- Section 8 Voucher Record

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	6
3	5h	5h	Date Unit Last Passed HQS Inspection	8	8
4	5i	5i	Date Last Annual HQS Inspection	16	8
5	12a	12a	Number of Bedrooms on Voucher	24	1
6	12b	12b	Family Moving into Unit Indicator	25	1
7	12c	12c	Does the Family qualify as Hard to House?	26	1
8	12d	12d	Portability Indicator	27	1
9	12e	12e	Cost Billed per Month	28	4
10	12f	12f	PHA code Billed	32	5
11	12g(1)	12g(1)	Group Home Indicator	37	1
12	12g(2)	12g(2)	Own Manufactured home, space rent	38	1
13	12g(3)	12g(3)	SRO Indicator	39	1
14	12h	12h	Owner Name	40	35
15	12i	12i	Owner TIN/SSN	75	9
16	12j	12j	Voucher Payment Standard	84	4
17	12k	12k	Rent to Owner	88	4
18	12m	12m	Utility Allowance	92	4
19	12n	N/A	Reserved	96	4
20	12p	12p	Gross Rent of Unit	100	4
21	12q	12q	Lower of 12j or 12p	104	4
22	12s	12s	Total HAP	108	4
23	12t	12t	Total Family share	112	4
24	12u	12u	HAP to Owner Lower of 12k or 12s	116	4
25	12v	12v	Tenant Rent to Owner	120	4
26	12w	12w	Utility Reimbursement to Family	124	4
27	12aa	N/A	Reserved	128	5
28	12ab	12ab	Normal Total HAP	133	4
29	12ac	12ac	Total Number Eligible	137	2
30	12ad	12ad	Total Number in Family	139	2
31	12ae	12ae	Proration Percentage	141	2

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
32	12af	12af	Prorated Total HAP	143	4
33	12ag	12ag	Mixed Family Total Family Contribution	147	4
34	12ai	12ai	Mixed Family Tenant Rent	151	5
35	12aj	12aj	Prorated HAP to Owner	156	4
36	12ak	N/A	Reserved	160	5

R- Mod Rehab Record

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	6
3	5h	5h	Date Unit Last Passed HQS Inspection	8	8
4	5i	5i	Date Last Annual HQS Inspection	16	8
5	13a	13a	HAP Contract Number	24	14
6	13b	13b	Mod Rehab SRO Program for Homeless Indicator	38	1
7	13c	13c	Mod Rehab SRO Unit Indicator	39	1
8	13d	13d	Owner Name	40	35
9	13e	13e	Owner TIN/SSN	75	9
10	13f	13f	Current Base Rent	84	4
11	13g	13g	Rehabilitation Debt Service	88	4
12	13h	13h	Contract Rent to Owner	92	5
13	13i	13i	Utility Allowance	97	4
14	13k	13k	Tenant Rent	101	6
15	13m	13m	HAP to Owner	107	5
16	13n	N/A	Reserved	112	5
17	13p	13p	Gross Rent	117	6
18	13q	13q	Normal Total HAP	123	5
19	13r	13r	Total Number Eligible	128	2
20	13s	13s	Total Number in Family	130	2
21	13t	13t	Proration Percentage	132	2
22	13u	13u	Prorated Total HAP	134	5
23	13v	13v	Mixed Family TTP	139	5
24	13x	13x	Mixed Family Tenant Rent	144	6
25	13y	N/A	Reserved	150	5
26	13z	13z	Prorated HAP to Owner	155	5

H- Homeownership Record

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	6
3	15a	15a	Is Family now moving to this home	8	1
4	15b	15b	Date (mm/dd/yyyy) of initial HQS Inspection	9	8
5	15c	15c	Portability	17	1
6	15d	15d	Cost billed per month	18	4
7	15e	15e	PHA Code Billed	22	5
8	15f	15f	Monthly Homeownership payment	27	4
9	15g	15g	Utility Allowance	31	4
10	15h	15h	Monthly Maintenance allowance	35	4
11	15i	15i	Monthly major repair/replacement allowance	39	4
12	15j	15j	Monthly Co-op./Condominium Assessment	43	4
13	15k	15k	Monthly principal and interest on debt for improvements, if any	47	4
14	15m	15m	Gross Homeownership expense	51	4
15	15n	15n	Payment standard for family	55	4
16	15p	15p	Lower of 15m and 15n	59	4
17	15r	15r	HAP	63	4
18	15s	15s	Total Family share	67	4
19	15ab	15ab	Total number eligible	71	2
20	15ac	15ac	Total number in family	73	2
21	15ad	15ad	Proration percentage	75	2
22	15ae	15ae	Prorated HAP	77	4
23	15af	15af	Mixed family total family share	81	5
24	15ag	N/A	Reserved	86	5
25	15ah	N/A	Reserved	91	5

F- FSS/WtW Record

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	6
3	17a(1)	17a(1)	Participate in Special Program - FSS	8	1
4	17a(2)	17a(2)	Participate in Special Program - WtW	9	1
5	17b	17b	FSS report category	10	1
6	17c	17c	FSS effective date (mm/dd/yyyy) of action	11	8
7	17d	17d	PHA code of PHA administering FSS contract	19	5
8	17e	17e	Welfare to work report category	24	1
9	17f	17f	Welfare to work effective date (mm/dd/yyyy) of action	25	8
10	17g(1)	17g(1)	PHA code of PHA issuing the WtW Voucher	33	5
11	17g(2)	17g(2)	PHA code of PHA counting the family as enrolled in its WtW voucher program (if different from 17g(1))	38	5
12	17h(1)	17h(1)	Current employment status	43	1
13	17h(2)	17h(2)	Date (mm/dd/yyyy) current employment began	44	8
14	17h(3)(a)	17h(3)(a)	Benefits in the current employment - Health	52	1
15	17h(3)(b)	17h(3)(b)	Benefits in the current employment - Retirement account	53	1
16	17h(3)(c)	17h(3)(c)	Benefits in the current employment - Other	54	1
17	17h(4)	17h(4)	Years of School Completed by the Head of Household	55	2
18	17h(5)(a)	17h(5)(a)	Family Receiving TANF Income Assistance Indicator	57	1
19	17h(5)(b)	17h(5)(b)	Family Receiving General Assistance Indicator	58	1
20	17h(5)(c)	17h(5)(c)	Family currently Receiving food stamps Indicator	59	1
21	17h(5)(d)	17h(5)(d)	Family currently Receiving Medicaid/Children's Health Insurance Program Indicator	60	1
22	17h(5)(e)	17h(5)(e)	Family Receiving Earned Income Tax Credit Indicator	61	1
23	17h(6)	17h(6)	Number of Children Receiving Child Care Services	62	1
24	17i(1)(a)	17i(1)(a)	GED Needs Indicator(Y/N)	63	1
25	17i(1)(b)	17i(1)(b)	High School Needs Indicator (Y/N)	64	1

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
26	17i(1)(c)	17i(1)(c)	Post-Secondary Needs Indicator(Y/N)	65	1
27	17i(1)(d)	17i(1)(d)	Vocational/Job Training Needs Indicator (Y/N)	66	1
28	17i(1)(e)	17i(1)(e)	Job Search/Job Placement Needs Indicator(Y/N)	67	1
29	17i(1)(f)	17i(1)(f)	Job Retention Needs Indicator	68	1
30	17i(1)(g)	17i(1)(g)	Transportation Needs Indicator (Y/N)	69	1
31	17i(1)(h)	17i(1)(h)	Health Services Needs Indicator (Y/N)	70	1
32	17i(1)(i)	17i(1)(i)	Alcohol and other Drug Abuse Prevention Needs Indicator	71	1
33	17i(1)(j)	17i(1)(j)	Mentoring Needs Indicator	72	1
34	17i(1)(k)	17i(1)(k)	Homeownership Counseling Needs Indicator	73	1
35	17i(1)(l)	17i(1)(l)	Individual Development Account Needs Indicator	74	1
36	17i(1)(m)	17i(1)(m)	Child Care Needs Indicator	75	1
37	17i(1)(n)	17i(1)(n)	No Needs Indicator	76	1
38	17i(2)(a)	17i(2)(a)	GED Needs Met Indicator (Y/N)	77	1
39	17i(2)(b)	17i(2)(b)	High School Needs Met Indicator(Y/N)	78	1
40	17i(2)(c)	17i(2)(c)	Post-Secondary Needs Met Indicator(Y/N)	79	1
41	17i(2)(d)	17i(2)(d)	Vocational/Job Training Needs Met Indicator(Y/N)	80	1
42	17i(2)(e)	17i(2)(e)	Job Search/Job Placement Needs Met Indicator(Y/N)	81	1
43	17i(2)(f)	17i(2)(f)	Job Retention Needs Met Indicator	82	1
44	17i(2)(g)	17i(2)(g)	Transportation Needs Met Indicator(Y/N)	83	1
45	17i(2)(h)	17i(2)(h)	Health Services Needs Met Indicator(Y/N)	84	1
46	17i(2)(i)	17i(2)(i)	Alcohol and Other Drug Abuse Prevention Services Needs Met	85	1
47	17i(2)(j)	17i(2)(j)	Mentoring Needs Met	86	1
48	17i(2)(k)	17i(2)(k)	Homeownership Counseling Needs Met Indicator	87	1
49	17i(2)(l)	17i(2)(l)	Individual Development Account Needs Met Indicator	88	1
50	17i(2)(m)	17i(2)(m)	Child Care Needs Met	89	1
51	17i(3)(a)	17i(3)(a)	GED Needs Service Provider	90	3
52	17i(3)(b)	17i(3)(b)	High School Needs Service Provider	93	3
53	17i(3)(c)	17i(3)(c)	Post Secondary Needs Service Provider	96	3

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
54	17i(3)(d)	17i(3)(d)	Vocational/Job Training Needs Service Provider	99	3
55	17i(3)(e)	17i(3)(e)	Job Search/Job Placement Needs Service Provider	102	3
56	17i(3)(f)	17i(3)(f)	Job Retention Needs Service Provider	105	3
57	17i(3)(g)	17i(3)(g)	Transportation Needs Service Provider	108	3
58	17i(3)(h)	17i(3)(h)	Health Services Needs Service Provider	111	3
59	17i(3)(i)	17i(3)(i)	Alcohol and Other Drug Abuse Prevention Services Needs Service Provider	114	3
60	17i(3)(j)	17i(3)(j)	Mentoring Needs Service Provider	117	3
61	17i(3)(k)	17i(3)(k)	Homeownership Counseling Needs Service Provider	120	3
62	17i(3)(l)	17i(3)(l)	Individual Development Account Service Provider	123	3
63	17i(3)(m)	17i(3)(m)	Child Care Needs Service Provider	126	3
64	17j(1)	17j(1)	Initial Start Date of Contract of Participation	129	6
65	17j(2)	17j(2)	Initial End Date of Contract of Participation	135	6
66	17j(3)	17j(3)	Contract Extension Date	141	6
67	17j(4)	17j(4)	Number of Family Members with Individual Training and Services Plan	147	2
68	17j(5)	17j(5)	Selection Preference	149	1
69	17k(1)	17k(1)	Current FSS Account Monthly Credit	150	5
70	17k(2)	17k(2)	Current FSS Account Balance	155	5
71	17k(3)	17k(3)	Current FSS Amount Disbursed to the Family	160	5
72	17m(1)	17m(1)	Completed Contract Participation Indicator	165	1
73	17m(2)	17m(2)	Left Because Family Moving to Homeownership Indicator	166	1
74	17m(3)	17m(3)	Reason for Exiting FSS	167	1
75	17n(1)	17n(1)	Date WtW Voucher Issued	168	8
76	17n(2)	17n(2)	Request for a Unit Leased Approval Date	176	8
77	17n(3)(a)	N/A	Help in Housing Search - TANF Agency Indicator	184	1

Field Number	Old Form Line # (6/2001)	New Form Line # (6/2004)	Field Name	Start Position	Field Length
78	17n(3)(b)	N/A	Help in Housing Search - Other Indicator	185	1
79	17p(1)	N/A	Reason for Assisted in Different Unit - Closer to Day Care Indicator	186	1
80	17p(2)	N/A	Reason for Assisted in Different Unit - Transportation Indicator	187	1
81	17p(3)	N/A	Reason for Assisted in Different Unit - Pre-Program Unit Would not meet HQS Indicator	188	1
82	17p(4)	N/A	Reason for Assisted in Different Unit - Pre-Program Unit Rent Above Payment Standard, Tenant Rent too high Indicator	189	1
83	17p(5)	N/A	Reason for Assisted in Different Unit - Owner of Pre-Program Unit Unwilling to Participate Indicator	190	1
84	17p(6)	N/A	Reason for Assisted in Different Unit - Closer to Other Services Indicator	191	1
85	17p(7)	N/A	Reason for Assisted in Different Unit - Employment Indicator	192	1
86	17q(1)	17q(1)	Is the Family Moving to Homeownership ?	193	1
87	17q(2)	17q(2)	Reason for leaving WtW Program	194	1

Transmission Footer

Field Number	Form Line #	Field Name	Start Position	Field Length
1	n/a	Record Identifier	1	5
2	n/a	Record Number	6	6
3	n/a	Number of Forms in Submission	12	6

Chapter 4.   Form HUD-50058 Error Report Format

The Error Report page provides a list of all the errors that occur when Form HUD-50058 files are uploaded and processed. These errors can be viewed in any of the following seven different formats:

- HTML Error Report: Displays a representation of the entire error report. Errors are noted in red type.
- HTML – Warning: Displays warnings only. Errors are noted in red type.
- HTML – Fatal: Displays fatal errors only. Noted in red type, information in this screen shows the total number of errors in transmission, describes the type of error, and explains the cause of the error.
- XML: Presents an XML representation of the error report.
- CSV: Generates an Excel file of the error report.
- TXT: Downloads the error report into text.
- Analysis: Displays all fatal errors and notes the number of times they occur.

Submission Error Report Format	
HTML	HTML representation of the Entire Error report
HTML - WARNING	HTML representation of the Warnings only
HTML - FATAL	HTML representation of the Fatal Errors only
XML	XML representation of the Error report
CSV	Comma Separated Values -- can be viewed in MS-Excel
TXT	Text representation of the Error Report
ANALYSIS	Analysis Report on Error Messages

The error report displays the following information for every form that has errors:

- Last Name
- First Name
- SSN
- Number of Errors
- Program Type
- Type of Action
- Effective Date
- PHA Use Only

In addition for Public Housing, the following information would always be displayed:

- Development Number
- Building Number
- Building Number Entrance
- Unit Number