                              CHAPTER 5
                          REPORTING SECTION 8
                     EXISTING HOUSING CERTIFICATES
                          Form HUD-52491.3

5-1 CHAPTER OVERVIEW. This Chapter describes procedures for reporting
     Existing Housing Certificates. It specifically pertains to Existing
     Housing program activity of State Housing Agencies (HFDA) and Local
     Housing Authorities (PHAs/Non-HFDA) not acting as a State Housing
     Agency.

     A.   References in this Chapter to the Housing Funding Control systems
           pertain to systems which are officially designated by the
           Department for input by the Regional Accounting Directors (RADs)
           of Reservation and Contract data which are automatically
           interfaced daily to the Section 8 MIS. The Assisted Housing
           Accounting System (AHAS) and the Program Accounting System (PAS)
           are system examples.

     B.   State Code abbreviations, Field Office Codes, County Code(s),
           Locality Code(s), SMSA Code(s), Congressional District Code(s),
           and Central City Indicators are to be selected for reporting from
           the Headquarters' computer-generated Field Office reports of
           D71AAC-A and D71AAC-B, entitled "Geographic Code System
           Population and SMSA Report". For report samples, refer to
           appendices 1 and 2 of the User Guide for Geographic Code System,
           I-160.10 Rev.1. For information on these reports, contact the
           following Headquarters' organizations:

           1.   The Office of Information Policies and Systems, Systems
                 Engineering Group, Project Management Staff, AIS.

           2.   The Office of Information Policies and Systems, Systems
                 Engineering Group, Administrative Systems Divisions,
                 Administrative Support Systems Branch, AISAA.

5-2 FORM HUD-52491.3. The responsible Section 8 Program organizational
     staff member, after completion of each development stage on the form,
     is to initial, date, and submit the green copy (where applicable) to

the assigned program data entry staff member(s) for data entry to the
     Section 8 MIS. The assigned data entry staff member(s) is to initial
     and date the form upon completion of the data entry session. Refer to
     Figure 5-1 on the following page for an illustration of the form.

___

****
     *
*
     *
*
     *
*
     *
*
     *
*
     *   GRAPHICS MATERIAL IN ORIGINAL DOCUMENT OMITTED
*
     *
*
     *
*
     *
*
     *
*
     *
*
     *
*

****

                              Figure 5-1

5-3 SUBPROGRAM TYPES AND FUNDING INCREMENT CONFIGURATIONS
     EXISTING CERTIFICATES
     FORM HUD-52491.3 (FRAMES 3F1/3F2)

     A. SUBPROGRAM TYPES

          Certificates - Property Disposition

          Certificates - Public Housing Demolition

          Certificates - Section 23 Conversions

          Certificates - Renewals (Fiscal Year 90+ (FY 90+))

          Certificates - Opt-Outs (FY 90+)

          Certificates - Homeownership Support (FY 90+) - Funds not
                              appropriated. Replaced by (FY 91+)
Existing
                         Housing Replacement Certificates

          Certificates - Existing Housing Replacement Certificates (FY
91+)
                         These Certificates are for the replacement of
                         Public Housing units that are lost through
                         demolition or disposition.

          Certificates - Regulars - (Non-HFDA and HFDA combined Non-PHA
                         Owner)

          Certificates - Rental Rehabilitation

          Certificates - Project Self-Sufficiency

          Certificates - Statewide (Fiscal Year 84 (FY 84) only)

                              5-3
09/91

_____

   4050.5 REV-1
   CHAPTER 5

  B. FUNDING INCREMENT CONFIGURATIONS

     1.   EXISTING CERTIFICATES and COST AMENDMENTS (a fund
increase
          amendment increment to an already funded increment)

          a.   Positions 1 and 2: Federal Standard alpha State
code
               applicable to the state in which the allocation area
is
               located. Refer above to paragraph 5-1.B.

b. Positions 3 and 4: HUD Standard numeric code for
the
            HUD Field Office having jurisdiction over the
allocation
            area. Refer above to paragraph 5-1.B.

c. Position 5: The HUD Contractual Relationship will
            assist in determining whether an "H" or "E" is
assigned
            for applications received from a state agency.

    (1) "E" = PHA/Non-HFDA (receipt of Form HUD-52515
         (pursuant to Handbook 7420.3)

    (2) "H" = HFDA (receipt of Form HUD-52516 (pursuant
to
         Handbook 7420.4);

d. Positions 6 through 8: The three-digit serialized
            number starting with "001" issued consecutively by
the
            Field Office to identify the PHA (Non-HFDA)/HFDA
(state
            or local housing agency) administering the Funding
            Increment.

            For Cost Amendments, this Code will be the same as
for
            the previously funded increment for which this
increment
            is a cost Amendment.

e. Positions 9 through 11: A three-digit serialized
number
            starting with "001" issued consecutively for each
            application associated with a PHA.

            For Cost Amendments, this is a three-digit
serialized
            number starting with "901" issued consecutively for
each
            funding amendment for the PHA.

            Example: MA06H013001 - HFDA
                      MA06E129001 - PHA (Local/State Housing
Agency)
                      MA06H013901 - Cost Amendment
                      MA06E129901 - Cost Amendment

    2. EXISTING STATEWIDE RENTAL REHABILITATION (FY 84 ONLY)

a. Positions 1 and 2: Federal Standard alpha State
Code in
            which the allocation area is located. Refer above
to
            paragraph 5-1.B.

b.   Positions 3 and 4: HUD Standard numeric code for the

HUD Field Office having jurisdiction over the allocation

area. Refer above to paragraph 5-1.B.

c.   Position 5 through 11: "E999999"

Example: MA06E999999 (FY 84 only)

5-4 APPLICATION RECEIVED
    EXISTING CERTIFICATES
    FORM HUD-52491.3 (FRAMES 3F1/3F2)

    The Federal Standard numeric State Code (C1043) in the Section 8 MIS is
    computer-generated from positions 1 and 2 of the Funding/Project Number.

    A. 3F1, Block 1: Date Received (MM/DD/YY) - (Example, 04/11/90).

                    1.   For PHA/Local Housing Authority not acting as

                          a State Agency. Enter the date the
                          Application (Form HUD-52515) is received by

                          the Field Office.

                    2.   For HFDA. Enter the date the application
                          (Form HUD-52516) is received by the Field
                          Office.

                    3.   For Property Disposition. Enter the date the

                          Property Disposition Committee (PDC) Sales
                          Authorization memorandum is received from
                          Headquarters.

    B. 3F1, Block 2: Total Assisted Units. Not applicable to Cost
                       Amendments. Enter the total number of assisted
                       units (elderly and family) on the Application.

    C. 3F1, Block 3: Total Elderly Units. Enter the total number of
                       units on the application. If none, leave blank.

    D. 3F1, Block 4: Program Type. Select the code representing the
                       application's method of development.

                       Check Only:

"E" = Existing Housing

    E. 3F1, Block 5A: Project Area. Select the correct letter code
                       representing the funding allocation or project
area.

                       Check One:

                       "M" = Metropolitan Area
                       "N" = Non-Metropolitan Area

_____

  4050.5 REV-1

  CHAPTER 5

    F. 3F1, Block 5B: Section 8 subprogram Code. If single code,
enter in
                       first position, leave second position blank.
Enter
                       the designated letter code as follows:

                       "A" = Certificates - Property Disposition
                       "B" = Certificates - Public Housing Demolition
                       "C" = Certificates - Section 23 Conversions
                       "E" = Certificates - Renewals (FY 90+)
                       "G" = Certificates - Opt-Outs (FY 90+)
                       "I" = Certificates - Housing Replacements (FY
91+)
                       "O" = Certificates - Regular (Non-HFDA and HFDA
                                        combined Non-PHA Owner)
                       "R" = Certificates - Rental Rehabilitation
                       "S" = Certificates - Project Self-Sufficiency
                       "X" = Certificates - Statewide (FY 84 only)

                       Note: "X" is computer-generated in the Insured
                       Indicator (C1079) in the Section 8 MIS to
identify
                       Cost Amendments.

    G. 3F1, Block 6: County(s). Do not report for Statewide. Enter
the
                       three-digit Federal Standard county code(s)
selected
                       as described above in paragraph 5-1.B.

                       1.   If there are more than five counties
involved,
                            select the five counties that best
represent
                            the locations of the funding or project
areas.

2.   The first county entered should represent the county with the largest number of assisted and/or unassisted units.

3.   The first county entered represents the Prime County Code (C1080) in the Section 8 MIS.

    H.   3F1, Block 7: Locality Code(s). Do not report for Statewide. Required for Property Disposition. For all other programs, enter where applicable (refer to Handbook 7420.3 REV-2 CHG 4). Enter the four-digit place/locality code(s) selected as described above in paragraph 5-1.B.

1.   If there are more than five localities involved, select the five localities that best represent the locations of the funding or project areas.

2.   The first locality entered should represent the locality with the largest number of assisted and/or unassisted units.

3.   The first locality represents the Prime Locality Code (C1041) in the Section 8 MIS.

    I.   3F1, Block 8: Locality Name. Do not report for Statewide. Up to 25 characters, enter the "Place/County Name" corresponding to the first Locality Code entered in 3F1, Block 7.

                   Note: The Locality Name entered represents the Prime Locality Name (C1042) in the Section 8 MIS.

    J.   3F1, Block 9: SMSA(s) (Standard Metropolitan Statistical Area(s)). Do not report for Statewide. Enter the four-digit

Federal Standard SMSA Code(s) corresponding to each

Locality Code entered in 3F1, Block 7. Select the

SMSA code as described above in paragraph 5-1.B.

1. If there are more than five SMSAs involved, select the SMSAs that best represent the locations of the funding or project areas in

conjunction with the Locality Codes entered in

3F1, Block 7.

2. Enter "9999" if 50 percent or more of the units

are not in an SMSA.

K. 3F1, Block 10: Central City. Do not report for Statewide. Select

the item indicating whether or not the funding area

is located within the central city of an SMSA determined as described above in paragraph 5-1.B.

Check One:

Yes

No

L. 3F2, Block 11: Congressional District(s). Do not report for Statewide. Enter the two-digit Federal Standard Congressional District Code(s), selected as described above in paragraph 5-1.B, representing the

funding or project area(s).

1. If there are more than five congressional Districts, select the five that best represent

the funding or project areas.

2. The first Congressional District entered should represent the District with the largest

number of assisted and/or unassisted units.

5-7

M. 3F2, Block 12: HUD Contractual Relationship. Do not report for
                   Statewide. Select the code representing the
entity
                   with which HUD will sign an Annual Contributions
                   Contract (ACC).

                   Check One:

                   "A" = State Housing Agency; an ACC is to be
executed
                   between HUD and the State Housing Agency.

                   "B" = Public Housing Agency (excluding State
                   Agency); an ACC is to be executed between HUD
and
                   the Public Housing Agency.

                   Note: The HUD Contractual Relationship reported
is
                   used to determine the PHA-ADDRESS type code
(C60) in
                   the Section 8 MIS.

N. 3F2, Block 13: PHA Name. Do not report for Statewide. Up to
25
                   characters, enter the abbreviated name, not the
                   corporate name of the PHA. Examples: Boston,
HA;
                   District of Columbia RLA; Mass. HFA;, etc.

                   Note: The PHA Numbers (C59/C1049) are
                   computer-generated in the Section 8 MIS from
                   positions 1 and 2 and positions 6 through 8 of
                   the Funding Number.

O. 3F2, Block 14: Housing Assistance Plan. Do not report for
                   Statewide. Select the item indicating whether
or
                   not the area of the funding allocation has an
                   approved Housing Assistance Plan.

                   Check One:

                   Yes

                   No

P. 3F2, Block 15: Located in Title VII or IV New Community.

                   1. The value of "N" is computer-generated in
the
                       Section 8 MIS data element New Community
                       (C1059) for the following subprograms for
which
                       this data item need not to be reported:

                       - Existing Rental Rehabilitation

- Existing Project Self-Sufficiency
                              - Existing Statewide

                         2.   For all other Certificates, select the item
                              indicating whether or not the funding area
is
                              in a Title VII or Title IV new community.

                              Check One:

                              Yes

                              No

_____
                                                              4050.5
REV-1

                                                            CHAPTER
5

    Q. 3F2, Block 16: Insured Indicator. Report only for Certificate
                        Property Disposition and Section 23 Conversions.
                        Select the item indicating whether or not a
project
                        carries HUD Mortgage Insurance.

                        Check One:

                        Yes

                        NO

                        Note: "X" is computer-generated in the
                        Insured-Indicator element (C1079) in the Section
8
                        MIS to identify Cost Amendment increments.

    R. 3F2, Block 17:   Secretary/Held-Owned. Report only for
Certificate
                        Property Disposition and Section 23 Conversions.

                        Check One:

                        Yes - The application is for a HUD-held or HUD-
owned
                        property. For processing in the Section 8 MIS,
"A"
                        is to be entered on the 3F2 data entry screen by
the
                        assigned data entry staff member(s).

                        No - The application is not for HUD-held or
                        HUD-owned property. For processing in the
Section 8

MIS, "D" is to be entered on the 3F2 data entry
screen by the assigned data entry staff
member(s).

Note: The Section 8 Program organizational
staff
member responsible for completing the Form
HUD-52491.3 for the Existing Housing Certificate
program, may write-in the appropriate "A" or "D"
code alongside the checked "Yes" or "No"
selection.

   S. 3F2, Block 18: Owner's Name. Report only for Certificate
Property
Disposition. Enter the name of the firm which
owns
the project or the name of the firm's principal
officer. Leave Blank, if not applicable.

   T. 3F2, Block 19: Manager's Name. Report only if Owner's Name
(Block
18) is reported for Certificate Property
Disposition. Enter the name of the firm
managing
the property or the firm's principal officer.

   U. 3F2, Block 20: FHA Project Number. Enter if "Yes" is selected
for
the Insured Indicator (3F2, Block 16) for
Certificate Property Disposition.

1. An invalid FHA Number is defined as
follows:

                    All Xs
                    All nines
                    All zeros
                    "None", or it is Not eight positions.

_____

       4050.5 REV-1

       CHAPTER 5

2. A valid FHA Number is defined as follows:

a. Positions 1-3: FHA Office prefix

b. Positions 4-8: FHA Case Number

    (1) Positions 4-5: Section of the
         Housing Act

(2)   Positions 6-8: Consecutive
serial

number within the Field Office;

or

(1)   Positions 4-6: Section of the
Housing Act

(2)   Positions 7-8: Consecutive
serial

number within the Field Office.

V.   3F2, Block 21: Prime Census Tract/Enumeration Districts.
Report

only for Certificate Property Disposition and
Section 23 Conversions. Enter the Census Tract
or

Enumeration District designated by Field Office

Fair

Housing and Equal Opportunity (FH&EO) personnel.

If

not provided by FH&EO, leave blank. Refer to
appendix 1, Reporting Project Census
Tract/Enumeration District.

1.   Census Tracts:

a.   Positions 1 through 4: enter the
census

tract number with leading zeroes.

b.   Positions 5 and 6: enter the census

tract

suffix. If none, enter "00".

Examples:

Census Tract #1   = "0001" . "00"
Census Tract #25   = "0025" . "00"
Census Tract #1104.10 = "1104" . "10"

2.   Enumeration Districts.

a.   Positions 1 through 4: enter
enumeration

district number with leading zeroes.

b.   Position 5: enter the letter suffix
of

the enumeration district. If no

suffix,

enter "X".

                         c.   Position 6: enter the letter "E".

                               Examples:

                               Enumeration
                               District #1   = "0001" . "XE"

                               Enumeration
                               District #25   = "0025" . "XE"

                               Enumeration
                               District #104A = "0104" . "AE"

      W. 3F2, Block 22: Total Project Units. Report only for Existing
                         Certificate Property Disposition.

                         1.   Enter the total number of units in the
project,
                               assisted and unassisted. If there are no
                               unassisted units, enter the Total Assisted
                               Units from Block 2.

                         2.   Required to be reported at the Application
                               Received stage.

                         3.   The Percent of Total Units Assisted (C1078)
in
                               the Section 8 MIS is computed by dividing
                               current Reserved Total Assisted Units
(C1020)
                               by the Total Project Units being reported.

5-5 TERMINATION BEFORE RESERVATION
     EXISTING CERTIFICATES. Refer to appendix 5, Termination Before
     Reservation.

5-6 APPLICATION APPROVED and RESERVATION
     EXISTING CERTIFICATES. The application approved development stage
is
     automatically interfaced to the Section 8 MIS from the
     Reservation/Funding data input by the Regional Accounting Division
     (RAD) to the appropriate Housing Funding Control systems. Refer
to
     appendix 2, Reporting Section 8 Fund Reservations/Amendments.

5-7 HAP LIST APPROVED
     EXISTING CERTIFICATES
     FORM HUD-52491.3 (FRAME 3F2)

     A. 3F2: Project Number. Copy the funding increment number
exactly as

it appears at the top of the form.

    B. 3F2: HAP List Approved Date. Enter the date (MM/DD/YY) that Form

          HUD-5041-C was signed by the Field Office manager.

    C. LST: Enter data from Form HUD-5041-C, refer to appendix 3,
          Reporting ACC/HAP Contract list.

4050.5 REV-1

CHAPTER 5

5-8 ANNUAL CONTRIBUTIONS CONTRACT (ACC)
    EXISTING CERTIFICATES. The date (signature date, not effective date)
    of the obligatory Annual Contributions Contract (ACC) executed
    between the PHA and HUD is reported by the RAD to the appropriate
    Housing Funding Control system, from which it is automatically
    interfaced to the Section 8 MIS. Refer to appendix 4, Reporting
    Section 8 Obligatory Contracts.

5-9 REPORTING ADDRESSES
    EXISTING CERTIFICATES. Refer to appendix 8, Reporting Addresses.
    PHA and Managing Agent Addresses are required at ACC Contract.

5-10 PROGRAM UTILIZATION (OCCUPANCY)
    EXISTING CERTIFICATES
    FORM HUD-52683 (MGT FRAME). For Reporting Procedures, refer to
    Handbook 7420.7 CHG 4, Chapters 3 and 12. Within the requirements of
    an Annual Contributions Contract (ACC), the PHA and/or private owner
    shall submit occupancy data to HUD which describes the extent of
    program participation by characteristics of assisted families and
    financial data which discloses how annual contributions were spent.
    For each set of units (funding increment) under the ACC, PHAs and/or
    private owners are to prepare and submit to HUD Field Offices on a
    project-by-project basis (i.e., for each funding increment under the
    PHA's ACC) occupancy data on Form HUD-52683, Report on Program
    Utilization. PHAs and/or private owners shall prepare at least two
    report copies, submitting one copy to the HUD Field Office and
    keeping one copy for its records.

    A. REPORTING FREQUENCY (Refer to Handbook 7420.3 REV 2 CHG-3)

        1.   Quarterly Reporting. The report is to be first submitted as

of the end of the quarter during which the ACC was
initially
executed or amended to incorporate a new funding
increment.

Thereafter, it is to be submitted as of the end of each
subsequent quarter (even if there is no change from the
previous quarter report) until ninety-five percent of the
units in the funding increment (i.e. authorized by ACC)
are
under lease (HAP Contract).

2.   Annual Reporting. Once ninety-five percent of the units
in
the funding increment (i.e. authorized by the ACC) are
under
lease (HAP Contract), reporting on Form HUD-52683 is to
be
annually as of September 30 to be received by HUD Field
Office by October 10. Once annual reporting has begun,
reporting on Form HUD-52683 is to continue annually, even
if
the assisted units under lease drop below ninety-five
percent of units in the funding increment.

Should the funding increment reach ninety-five percent
occupancy during a quarter other than the quarter ending
September 30, that quarterly report must be submitted,
but
no further reporting is required until September 30 of
that
year.

If ninety-five percent occupancy is reached during the
quarter ending September 30, the report is to be
submitted
as of September 30 as a quarterly report.

---

3.   Field Office Report Receipt. The reports are to be
submitted
to and received by the HUD Field Office by the 10th of
the
month following the quarter/year covered by the report
period.

4.   Section 8 MIS Data Entry. The Field Office organization
responsible for the Section 8 program(s) should forward
the
report, upon receipt, to the assigned program data entry

staff member(s) for entering to the Section 8 MIS during
the

month following the quarter/year covered by the report
period.

Example: Reporting Period   – June 30, 1991
          Section 8 MIS Data Entry – July 1, 1991 and
after

    B. FORM HUD-52683. Refer to Figure 5-2 on the following page for
an

illustration of the form.

5-13

_____

4050.5 REV-1

CHAPTER 5

_____

_____

```
***********************************************************************
    *
*
    *
*
    *
*
    *
*
    *
*
    *
*
    *           GRAPHICS  MATERIAL  IN  ORIGINAL  DOCUMENT  OMITTED
*
    *
*
    *
*
    *
*
    *
*
    *
*
********************************************************************
```

Figure 5-2

_____

4050.5
REV-1

CHAPTER 5

    C.   SPECIFIC OCCUPANCY REPORTING INSTRUCTIONS
         EXISTING CERTIFICATES
         FORM HUD-52683 (MGT FRAME)

         52683(MGT) 2b: Initial Lease Date. Enter the effective
date
                            (MM/DD/YY - Example, 04/11/90) of the first
                            lease executed between a certificate holder
and
                            an owner. Enter this date only if this is
the
                            initial report for the project or if the
                            initial lease was executed during the
reporting
                            period, otherwise, leave blank.

         52683(MGT) 2c: Occupancy Report Date. Enter date
(MM/DD/YY
                            - Example, 06/30/90) which is the as of
                            end-of-month date that the project units
under
                            lease are reported.

         52683(MGT) 3:   Project Number. Enter the eleven character
                            assigned funding increment/project number.

         52683(MGT)Line D: Units Under Budget. Leave blank for
          (Item 4)   Certificates.

         52683(MGT)Line E: Certificates Outstanding. Enter the
          (Item 5)   number of Certificates held by families
                            searching for units and those already under
                            contract (leased). Does not include
                            certificates that have expired or have been
                            terminated.

         52683(MGT)Line F: Total Assisted Leased. Enter the total
number
          (Item 6)   of units currently under a signed lease to
                            certificate holders.

         52683(MGT)Line G: Total Elderly Leased. Enter the total
          (Item 7)   number of units currently under signed
lease
                            and occupied by an elderly, disabled, or
                            handicapped.

    D.   SECTION 8 MIS RETRIEVAL. For ease of retrieval of the latest
         occupancy data, the project level data items of Current
Occupancy
         Date (C1081), Current Total Assisted Units (C1082), and the
Current

Total Elderly Leased (C1083) are valued in the databases each time
occupancy data is reported.

E. SECTION 8 MIS COMPLETED LEASE UP (CLU). When the Total Number of
Units Under Lease to Assisted Tenants are equal to or greater than
95 percent of the Total Reserved Assisted Units (C1020), the
project elements of CLU-Date (C1065), CLU-Assisted (c1066), and
CLU-Elderly (C1067) are valued from the Occupancy Report date,
Total Assisted Leased, and Total Elderly Leased.

_____

CHAPTER 5

5-11 MANAGEMENT REVIEWS
      EXISTING CERTIFICATES
      FORM HUD-52491.7 (FRAME MGT); Non-Insured and Non-202/8 Projects Only

A. REPORTING MANAGEMENT REVIEWS. The responsible Section 8 program
organization of the Field Office is to report to the Section 8
MIS the initial (original) management review within six months
after the initial execution of the ACC. A second review shall be
conducted one year after the initial review. Subsequent reviews
are reported every two years after the second review regardless
of whether or not new units have been added to the program (refer
to Handbook 7420.3 REV-2 CHG-4, CHAPTER 5).

B. FOR EXISTING CERTIFICATES. The PHA is reviewed, not the
project(s), which are funding increments. Should the PHA have
more than one funding increment, management review data need only
be entered into the Section 8 MIS for any one non-insured funding
increment/project for a given PHA. Therefore, the Field Office
should select a non-insured funding increment/project for which
an ACC has been executed and each time a PHA is reviewed, that
same funding increment/project number should be used to update

the management review information in the Section 8 MIS.

        C.   Form HUD-52491.7. The form is designed for entering six
annual
             reviews or a given PHA. Therefore, the original form should
             reflect each of the subsequent annual reviews, with a copy
             forwarded to the assigned program data entry staff member(s)
who
             is to enter only the last entry. Refer to Figure 5-3 on the
             following page for an illustration of the form.

_____

_____
___

****
     *
*
     *
*
     *
*
     *
*
     *
*
     *
*
     *   GRAPHICS MATERIAL IN ORIGINAL DOCUMENT OMITTED
*
     *
*
     *
*
     *
*
     *
*
     *
*
     *
*

****

                           Figure 5-3

_____

CHAPTER 5

D. SPECIFIC MANAGEMENT REVIEW REPORTING INSTRUCTIONS
   EXISTING CERTIFICATES
   FORM HUD-52491.7 (MGT FRAME)

   52491.7(MGT): Project Number. Enter the eleven character
selected
                  PHA review funding/increment project number.

   52491.7(MGT): Original Management Review Date. Enter date
                  (MM/DD/YY - Example, 04/11/90) which is the date
six
                  months after the ACC execution for the funding
                  increment being used for the PHA review.

   52491.7(MGT): Annual Management Review Date. Enter date
(MM/DD/YY
                  - Example, 04/11/91) which is the review date
for
                  once a year or every two years subsequent to the
                  original review date.

   Note: Field Offices may elect to use the first issued PHA
funding
   increment number for the original and subsequent reporting of
PHA
   review dates. In this instance, if the first funding increment
   issued for a PHA becomes terminated, expired, defunded, or
   opted-out in the Section 8 MIS, both the original and/or
subsequent
   annual review dates that were reported to the now inactive
   increment are to be reported to the next active sequentially
issued
   PHA funding increment number.

5-12 TERMINATION/INACTIVATING AFTER RESERVATION: EXISTING
CERTIFICATES.
     Refer to appendix 6, Termination/Inactivating After Reservation.

5-13 REINSTATEMENT OF TERMINATED PROJECTS: EXISTING CERTIFICATES.
Refer
     to appendix 7, Reinstatement of Terminated Proposals/Applications.

5-14 DATA CORRECTIONS TO SECTION 8 MIS. Refer to appendix 9, Data
     Corrections to the Section 8 MIS.