

Line by line instructions for the mod rehab renewal worksheet only.

- Line:
1. Enter the 1998 FMRs from the September 26, 1997 Federal Register.
 2. The worksheet will increase the FMRs by 20%.
 3. Enter the average tenant payment from the latest approved mod rehab budget for the funding increment that includes the unit(s) covered by the expiring HAP.
 4. Enter the number of units, by bedroom distribution, for the expiring HAP.

All other lines are calculated by LOTUS/EXCEL.
 If the number of units entered on line 4 does not equal the number of units entered in the "Number of Units in Expiring HAP" field, an error message will appear under that field. If the error message appears, the Field Office should reconcile the number of units in the expiring HAP.

1998 RENEWAL FUNDING WORKSHEET

**THIS WORKSHEET IS TO BE USED FOR EXPIRING HAP CONTRACTS
 BEING RENEWED/EXTENDED FOR ONE YEAR**

HOUSING AUTHORITY: [REDACTED]

PROJECT NUMBER: [REDACTED]

NUMBER OF UNITS IN EXPIRING HAP: [REDACTED] ADMIN FEE RATE: 7.50%

	0 BR/EF	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	
1. FY 1998 FMR	0	0	0	0	0	0	0	
2. FY 1998 FMR * 120	0	0	0	0	0	0	0	
3. AVG TENANT PMT	0	0	0	0	0	0	0	
4. HAP UNIT DISTRUB	0	0	0	0	0	0	0	
5. WEIGHTED AVG TEN PMT								ERR
6. AVG MONTH HAP	0	0	0	0	0	0	0	
7. ADMIN FEE	0	0	0	0	0	0	0	
8. AVG MONTHLY COST	0	0	0	0	0	0	0	\$0
9. CALCULATED C A	0	0	0	0	0	0	0	\$0
10. CONTRACT AUTHO								\$0
11. BUDGET AUTHORITY								\$0

RUN DA01/20/98

Line by line instructions for the mod rehab replacement worksheet only.

Line:

1. Enter the 1998 FMRs from the September 26, 1997 Federal Register.
2. Only if actual per unit costs warrant, adjust FMR percent UP TO 100%.
3. Enter the average tenant payment from the HA's latest approved certificate budget.
4. Enter the bedroom distribution from the HA's certificate program.

All other lines are calculated by LOTUS/EXCEL.

1998 REPLACEMENT FUNDING WORKSHEET

**THIS WORKSHEET IS TO BE USED FOR EXPIRING HAP CONTRACTS
BEING REPLACED WITH CERTIFICATES**

HOUSING AUTHORITY: _____

PROJECT NUMBER: _____

NUMBER OF UNITS IN EXPIRING HAP: 0

ADMIN FEE RATE: 7.50%

UNIT BEDROOM SIZE	0 BR/EFF	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR	
1. FY 1998 FMR								
2. FY 1998 FMR * 92%	0	0	0	0	0	0	0	
3. AVG TENANT PMT								
4. PROGRAM UNIT DISTRIB								
5. WEIGHTED AVG TEN PMT								ERR
6. INCREMENT UNIT DISTRIB								
ONE YEAR TERM								
7. AVG MONTH HAP	0	0	0	0	0	0	0	
8. ADMIN FEE	0	0	0	0	0	0	0	
9. AVG MONTHLY COST	0	0	0	0	0	0	0	
10. CALCULATED C A	ERR	ERR	ERR	ERR	ERR	ERR	ERR	ERR
11. MAXIMUM C A	ERR	ERR	ERR	ERR	ERR	ERR	ERR	ERR
12. CONTRACT AUTHOR								ERR
13. BUDGET AUTHORITY								ERR

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INSTRUCTIONS FOR COMPLETING FIELD OFFICE REPORTS
"FISCAL YEAR 1998 MOD REHAB:
RENEWAL FUNDING FOR MOD REHAB EXPIRATIONS, and
REPLACEMENTS WITH TENANT-BASED ASSISTANCE"

1. Requirements:

Because there is no need this year to report program reserve levels for renewal funding, the information reported to Headquarters on funding needs for Mod Rehab renewals and replacement certificates will be the same. However, field offices must report funding needs of each category with their respective separate worksheets.

No FFY 1998 Mod Rehab renewal or replacement funds will be assigned to a Field Office until this report has been accurately completed and submitted to Headquarters. (Headquarters will provide funding for replacement certificates in advance of receiving field office worksheets for the first and second quarters. However, field offices are still required to report their needs for this period under the prescribed deadlines.) The Public Housing Director is accountable for the completeness and accuracy of the information submitted.

2. General Instructions:

The Field Office is to complete the **Renewal Funding Worksheet** for each Mod Rehab HAP contract (or HAP contract stage if applicable) which will expire during FFY 1998 and for which the owner(s) has/have requested and is/are eligible for a 1-year renewal.

The Field Office is to complete the **Replacement Funding Worksheet** for each Mod Rehab HAP contract stage which expires during FFY 1998 and the first quarter of FFY 1999 and for which the owner(s) has/have NOT requested a one-year renewal or for which the property is not eligible for a renewal.

Upon completion of the renewal and/or replacement worksheets, provided in both Lotus and Excel formats, the Field Office is to complete the applicable reporting spreadsheet; these spreadsheets have two purposes:

- a. To document for Field Office records the number of units within each increment for which HAP contracts are to be either renewed or replaced;
- b. To report to Headquarters and request funding for all identified needs for each category.

The Field Office shall submit reports as specified in this Notice for all FFY 1998 expirations. The completed reports

must be submitted by the Public Housing Director only, and must be submitted via cc:mail, to Mary C. Conway at PIHPOST. Faxed or mailed reports will NOT be accepted.

The PH Director shall ensure that each report includes all FY 98 expirations for the specific time period which are to be renewed or replaced. Any omissions or inconsistencies discerned during the Headquarters review of these reports will be identified to the FO for correction prior to the assignment of any FY 98 renewal or replacement funds to that office.

The Field Office name should be entered on each page where indicated. FOs that serve one or more FO jurisdictions in addition to their own must submit a separate report for each FO jurisdiction.

The field office shall enter the expiring HAP stages by HA and in expiration date order.

In the body of the spreadsheet, the field office shall complete all boxes for each expiring HAP stage. If a field office has more FFY 98 expirations than this spreadsheet will accommodate, the field office should use a second copy of the spreadsheet for the additional expirations.

3. Column Instructions:

[A] Housing Authority Name: Enter the common name of the Housing Authority.

[B] Expiring HAP Stage Number: Enter the 15-digit number of the expiring HAP (plus the three-digit stage if applicable); use a separate line for each expiring HAP stage, except that HAP stages within an increment which expire on the same date may be combined.

[C] Expiration Date: Enter the expiration date of the HAP stage.

[D] Number of Units: Enter the number of units currently contracted to the HA for the expiring HAP stage which are to be either renewed or replaced.

[E] One-Year Budget Authority Per Lotus Worksheet: Enter the one-year renewal or replacement cost, as calculated on line 12 of the Lotus/Excel renewal funding worksheet, or on line 13 of the replacement funding worksheet.

[F] Average Tenant Payment: Enter the average tenant payment figure calculated and displayed on line 5 of the renewal funding worksheet for the HAP stage, or on line 5 of the replacement funding worksheet.

**INSTRUCTIONS FOR FY 1998 MOD REHAB HOUSING AUTHORITY
DETERMINATION RENEWAL/REPLACEMENT NEEDS**

NOTE: This is a suggested HAP information gathering format for the Housing Authority. It is not mandatory to submit, but will assist in determining Mod Rehab renewal and replacement needs.

Field Office Name: Full name of the HUD Field Office

Housing Authority (HA) Name and Number: Name of the HA and 11 digit project number

Rental Property with 5 or more units: Enter Yes or No

Date of Last Physical Inspection: Enter the date that the HA conducted its latest HQS review of the MR property. If no physical inspection of the MR property was ever conducted, enter NA.

HQS Violations Yes or No: Enter Yes or No

Date Property Owner Contacted: Enter the date that HA sent written notice, explaining PL 104-204 and its extension in FFY 1998, to the owner of a multifamily housing property covered by an expiring HAP contract.

Date Property Owner Responded: Date the HA received a written response from the owner of a multifamily housing property covered by an expiring HAP contract. If the owner fails to respond in accordance with the HA's written instructions, the HA must issue rental certificates to the affected Section 8 eligible family and the Mod Rehab contract terminates.

Units to be Renewed: Enter the number of units to be renewed by extending the MR HAP contract in the column entitled, 'Number of MR units to be renewed in Place'.

Units to be Replaced: Enter the number of units to be replaced with rental certificates in the column entitled, 'Number of Replacement Certs to be issued to Previous MR Tenants'.

Total Expiring Units: Enter the sum of the columns 'Number to be Renewed' and 'Number to be Replaced' into the column entitled 'Total Expiring Units'.

Total: Sum up all the units in the column entitled 'Total Expiring Units' and enter that sum on the line provided at the bottom of that column. The total number of units expiring, as reported by the HA, should agree with the total on HUDCAPS report Expiring Contracts - Funding Increment Based, # A75QPA04.

Date: Enter the date that the HA Certifying Officer signed the form.

Signature of HA Certifying Officer: Signature of representative having authorization to commit the HA contractually.

FIELD OFFICE NAME: _____

FY 1998 MOD REPAIR HOUSING AUTHORITY DETERMINATION OF RENEW/REPLACE NEEDS

HOUSING AUTHORITY NAME AND NUMBER (EXAMPLE (MAYO)K20004)	RAP CONTRACT PROJECT NUMBER	RENTAL PROPERTY WITH 5 OR MORE UNITS YES/NO	DATE OF LAST PHYSICAL INSPECTION	RAP VIOLATIONS YES/NO	DATE PROPERTY OWNER CONTACTED	DATE PROPERTY OWNER RESPONDED	UNITS TO RENEWED/REPLACED		TOTAL EXISTING UNITS
							NUMBER OF RAP UNITS TO BE RENEWED IN PLACE	NUMBER OF RAP UNITS TO BE ISSUED TO PREVIOUS RAP TENANTS	

SIGNATURE OF HOUSING AUTHORITY CERTIFYING OFFICER: _____

DATE: _____

TOTAL: _____

Executive Director
Sample HA

Dear Executive Director:

SUBJECT: Section 8 Moderate Rehabilitation Program
Replacement Program Number AB001CE00XX

This is to notify you that contract authority in the amount of \$_____ has been reserved for the ___ units expiring in your Mod Rehab program as of _____, 1998. This obligates \$_____ of budget authority for renewal funding increment AB001CE00XX. The replacement project will be effective _____, 1998 and have a term of 12 months.

Replacement Project AB001CE00XX will replace expiring Mod Rehab Project AB001MR00YY. As you may already be aware, HUD Notice PIH 98-___ on the renewal of expiring certificates and vouchers in Fiscal Year 1998 provides that HAs are no longer required to routinely submit budget revisions with each contracted renewal increment; but rather only if the HA requires more funds than were previously approved in the current budget.

Since this replacement project increases the number of units in your certificate (voucher) program (while maintaining the total number of units in your entire Section 8 program), at this time it is necessary for you to submit a budget revision for your certificate (voucher) program to include the prorated replacement project funding.

The Public and Indian Housing Lobbying Handbook 7570.1, requires special certification for renewal funding for Section 8 increments exceeding \$100,000. Please complete and return the following enclosed forms:

HUD-50071 Certification for Contract, Grants, Loans and
Cooperative Agreements
SF-LLL Disclosure of Lobbying Activities

We are enclosing three copies of the revised Consolidated Annual Contributions Contract (CACC). Please sign and date all CACCs with original signatures and return them to this office. We will return a copy to you upon HUD's execution.

Renewal funds cannot be disbursed until the signed CACC, revised budget documents and the lobbying activity forms are returned to this office. Therefore, please return the requested documents as soon as possible to _____ (financial analyst).

If you have any questions, please call (f.a.).

Sincerely,
Public Housing Director

Executive Director
Sample Housing Authority

Dear Executive Director:

SUBJECT: Section 8 Moderate Rehabilitation Program
Extension Increment AB001MR00010001

As requested by the property owner, we have extended your expiring increment number AB001MR00010001 for one year. The amount of \$_____ has been reserved and obligated for this extension. The term if this extension is for the period _____, 1998 through _____, 1999.

We are enclosing two copies of the revised Moderate Rehabilitation Consolidated Annual Contributions Contract (CACC). Please sign and date all CACCs with original signatures and return them to this office. We will return a copy to you upon HUD's execution.

These funds cannot be disbursed until the signed CACCs are returned to this office. Please return the enclosed CACCs as soon as possible to (financial analyst). If you have any questions, please call (f.a.).

Sincerely,

Public Housing Director