

**HOUSING CHOICE VOUCHER PROGRAM  
HOUSING CONVERSION ACTION (HCV) ELIGIBILITY CHECKLIST AND  
WORKSHEET**

**Summary:** This worksheet is designed to provide the necessary information to determine project eligibility for HCV assistance and to estimate the budget authority required to assist families who are eligible for voucher assistance as the result of a Housing conversion action (see HUD Notice PIH 2001-41 and subsequent PIH funding notices), or other eligible activity (e.g., eligible under 8(bb) notice).

**To be completed by Office of Public Housing Field staff only:**

Project Name:

Project Location:

Project/REMS Number:

Total number of units in the Development:

PHA Name and PHA Code:

Office of Public Housing Contact:

Office of Public Housing Telephone Number:

Office of Public Housing Email:

Is this a Moving to Work (MTW) Agency? YES, \_\_\_\_\_ NO, \_\_\_\_\_

For **Multifamily Housing Conversion Actions** please fill out and submit **Attachment A and the above form.**

For Rental Assistance Demonstration (**RAD**) Competent 2, please fill out and submit **Attachment B and the above form.**

**Special Fee for Housing Conversion Actions only:**

The Department will provide up to \$200 for each occupied unit to compensate the PHA for any extraordinary Section 8 administrative costs associated with the housing conversion action, subject to funding availability.

**Submission Information**

E-mail this request to the Housing Voucher Financial Management Division's general Tenant Protection Vouchers(TPVs) mailbox at PIH\_Conversion\_Actions@hud.gov with a copy to [Richard.Y.Ansah@hud.gov](mailto:Richard.Y.Ansah@hud.gov).

**NOTE:** HUD Headquarters uses the HAP renewal average per unit cost to determine the budget authority for the initial increment for Housing Conversion Actions. In cases where the HUD Field OPH has concerns that this approach may result in insufficient funding for a particular action, please contact the Housing Voucher Financial Management Division via email to our TPV mailbox PIH\_Conversion\_Actions@hud.gov.

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**ATTACHMENT A - MULTIFAMILY HOUSING CONVERSION  
ACTIONS**

No. of Vouchers being requested: \_\_\_\_\_

Voucher Type Requested: Tenant Protection \_\_\_\_\_ Enhanced Voucher \_\_\_\_\_

Is this project preservation eligible? Yes, \_\_\_\_\_ No, \_\_\_\_\_

Target Date: \_\_\_\_\_

Indicate with specificity the target date of the conversion action. The target date is 60 days prior to the date the underlying contract term terminates or expires.

**Purpose of the Project:**

Indicate with specificity the authority (e.g., opt out, preservation) for the voucher request, and if preservation eligible, the preservation transaction and date of, or proposed date of such action. You must indicate the type of conversion action (e.g., opt-out, termination, PD sales, prepayment, 8(bb) activity) above. In cases where there is more than one action occurring at the same project, you **must** complete a separate worksheet for each action. **All worksheets for the same development must be submitted together.** For example, assume the owner is prepaying the mortgage of a preservation eligible property and opting-out of two Section 8 project-based contracts. The Field Office of Public Housing will expect and/or complete 3 funding worksheets — one worksheet for the prepayment to cover the unassisted units, and two worksheets for the units covered by the individual Section 8 project-based contracts.

**Occupancy:**

No. of Units **Occupied** at the time of the HCV application. (Form 52515):

No. of Vacant Units at the time of the HCV application. (Form 52515):

If there is an existing Section 8 Project Based contract on the Development: No. of Units under the Section 8 Contract.

No. of units receiving other HUD assistance (e.g., 236, Flex, Sub, RAP, and Rent Supp):

Form of other Assistance \_\_\_\_\_

*(If there are multiple forms of assistance, each of which trigger voucher assistance, complete separate worksheets for each type)*

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**ATTACHMENT B - RENTAL ASSISTANCE DEMONSTRATION (RAD)**

Circle the Type of Conversion Action:

Rent Supp.

RAP

Mod Rehab

Has a Pre-Payment prompted the Conversion? Yes, \_\_\_\_\_ No, \_\_\_\_\_

If yes, are there existing HCV participants in the project?

Yes, \_\_\_\_\_ How many? \_\_\_\_\_ No, \_\_\_\_\_

Is the proposed conversion **Retroactive** \_\_\_\_\_ or **Prospective**? \_\_\_\_\_

**What is the basis for the proposed conversion? (describe below):**

No. of Vouchers being requested: \_\_\_\_\_

Target Date: \_\_\_\_\_

Indicate with specificity the target date of the conversion action. The target date is 60 days prior to the date the underlying contract term terminates or expires.

**Occupancy:**

No. of Units **Occupied** at the time of the HCV application. (Form 52515):

No. of Vacant Units at the time of the HCV application. (Form 52515):

If there is an existing Section 8 Project Based contract on the Development:

No. of Units under the Section 8 Contract.

No. of units receiving other HUD assistance (e.g., 236, Flex Sub, RAP, and Rent Supp):

Form of other Assistance \_\_\_\_\_

*(If there are multiple forms of assistance, each of which trigger voucher assistance, complete separate worksheets for each type)*