

U.S. Department of Housing and Urban Development



*Inventory Management System
Moving to Work Technical Reference Guide*

October 2015

Office of Public and Indian Housing Office of Information Technology

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1 Introduction

1.1 Purpose

The *Moving to Work (MTW) Technical Reference Guide (Guide)* provides information for MTW public housing agencies (PHAs) and software vendors to develop software to capture, edit and submit select fields from the Form HUD-50058 MTW data to the U.S. Department of Housing and Urban Development (HUD). MTW PHAs submit data to the Public and Indian Housing (PIH) Inventory Management System (IMS) MTW module. The MTW module is a HUD system that captures and stores information on residents participating in the MTW Demonstration program.

1.2 Intended Audience

HUD prepared the *Guide* to instruct MTW PHAs and software vendors on how to develop software to capture, store and submit Form HUD-50058 MTW data to the MTW module and to view transmission error reports. The MTW development team at HUD Headquarters also uses the *Guide* to develop the edit and validation process for MTW data.

1.3 Summary

The *Guide* contains the following information:

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

1.4 Questions

Users of this *Guide* with questions can post their questions on the Form 50058 forum available on the IMS website. Questions should contain “MTW” in the first line of the posting. HUD monitors and responds to questions posted to this forum on a regular basis. The address for this forum is: <http://www.hud.gov/offices/pih/systems/pic/50058/forums.cfm>.

1.5 Form HUD-50058 MTW

The Form HUD-50058 MTW captures information about residents who live in public and assisted housing and participate in the MTW Demonstration program. The form contains:

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

PHAs that participate in the MTW Demonstration program collect and transmit select fields from the Form HUD-50058 MTW and send it electronically to HUD. HUD uses the information for the following purposes:

- Support the analysis of policy, legislative, budget, and program management initiatives and evaluations
- Monitor the MTW Demonstration program

- Provide demographic information on program participants to support HUD management, HUD Field Office, and 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, other Federal agencies, and special housing-related interest groups
- Perform income matching with the Social Security Administration and other agencies.

MTW PHAs and software vendors can use the Form HUD-50058 MTW, the Form HUD-50058 MTW Instruction Booklet and this *Guide* to understand the flow of the information and to develop or modify their software.

1.6 Transmission File Layout Description

An MTW transmission file is an Excel file that contains information for one or more families. HUD receives the file submitted to IMS, extracts information from the file, and performs edits and validations before IMS stores the information in the MTW database.

IMS provides a template for the MTW PHAs to upload the MTW data file. This template can be downloaded from MTW -> Data Collection sub module in IMS. Before uploading the MTW data file, MTW PHAs should run the macro to perform an initial validation of the data. This will help the MTW PHAs identify any obvious invalid data. The step to run the macro is available in IMS in the Data Collection sub module.

MTW PHAs can also upload their MTW data in a pipe (|) delimited file. Detailed instructions to upload MTW data in the pipe delimited format are available in the Data Collection sub module in IMS.

1.6.1 Household Sheet

This is the sheet where MTW PHAs enter the Household information.

1.6.2 Household Member Sheet

This is the sheet where MTW PHAs enter the Household Member information.

1.7 Information on transition to New Project or New Development Numbers

This section of the technical reference guide provides information regarding transition to new project or new development numbers.

With the June 22, 2007 release, the existing project numbers in the PICTEST environment will be replaced by new project numbers. This transition in PICTEST is intended to provide system users a first hand look of the new project numbers and also provide an opportunity for the Form 50058 Software Vendors to make changes to their software and test those changes so that the PHAs are ready to submit the Form 50058s with the new project numbers once the transition to new project numbers takes place in PIC Production.

The transition to new project or new development numbers in PIC Production is currently planned for January 2008.

Format of the new project or new development numbers

The format of the new project or new development numbers is derived from the Asset Management Project (AMP) numbers. AMP numbers are 12 characters in length with the character "P" as the 12th character.

The full AMP number format is:

[5-Character HA Code] + [6-digit AMP number] + "P"

For e.g. NY001000022P

The new project or new development number will be the AMP number WITHOUT the character "P". In the above example, the new project or new development number will be "NY001000022". Consequently, the new project or new development number is 11 characters in length.

Field 1d – Project Number in the MTW form needs to be used to submit the new project or development number. The field is 11 characters in length.

Please refer to field 1d (Page 9) for more details.

2 File Layout for MTW Data Transmission

2.1 Household -Transmission File Format

NAME: **Record Identifier**
DESCRIPTION: An identifier to indicate the file is MTW data
TYPE: Alphanumeric
SIZE: 5
COMMENTS: Set to 'MTWHR'.
EDITS:

- Fatal:
 - Must be valued with 'MTWHR'

FIELD NUMBER: 1
POSITION: A
LINE REFERENCE NO: n/a

NAME: **Record Number**
DESCRIPTION: A number to identify the record in the file
TYPE: Numeric
SIZE: 5
COMMENTS: Set to '00002'. This is a sequential number incremented by 1 for each record in the transmission. The record number for the first record will always be '00002'.
EDITS:

- Fatal:
 - Must be valued

Fatal:
 - First record number must equal '00002'

FIELD NUMBER 2
POSITION: B
LINE REFERENCE NO: n/a

2.2 Section 1 – MTW Agency (Household)

NAME: PHA Name
DESCRIPTION: Name of the PHA as in IMS
TYPE: Alphanumeric
SIZE: 60
COMMENTS: None
EDITS:

Warning:

- Must be valued with a valid agency name of a PHA participating in the MTW Demonstration program

FIELD NUMBER: 4
POSITION: D (Household Sheet)
LINE REFERENCE NO: 1a.

NAME: PHA Code
DESCRIPTION: Unique code assigned to the PHA by HUD
TYPE: Alphanumeric
SIZE: 5
COMMENTS: Use the postal state code (exception for Islands) and the number HUD uses to recognize the PHA in that state.
EDITS:

Fatal:

- Must be valued with a PHA code of a PHA participating in the MTW Demonstration program

FIELD NUMBER: 5
POSITION: E (Household Sheet)
LINE REFERENCE NO: 1b.

NAME: Program
DESCRIPTION: The type of housing program
TYPE: Alpha
SIZE: 2
COMMENTS: May use either one letter or two letter codes, where applicable. Use codes 'P' for Public Housing, 'PR' for MTW Project Based Assistance or 'T' for MTW Tenant Based

Assistance and 'H' for MTW Homeownership.

EDITS:

- Fatal: • Must be valued with 'P', 'PR' 'T' , or 'H'

FIELD NUMBER: n/a

POSITION: F (Household Sheet)

LINE REFERENCE NO: 1c.

NAME: **Project Number**

DESCRIPTION: Official number for the Public Housing Project

TYPE: Alphanumeric

SIZE: 11

COMMENTS: If 1c equals 'PR', 'T' or 'H', should be blank

EDITS:

- Fatal: • If 1c equals 'P', must be valued
- Fatal: • If valued, Project Number, Building Number, Building Number Entrance, Unit Number combination must exist in IMS

FIELD NUMBER: n/a

POSITION: G (Household Sheet)

LINE REFERENCE NO: 1d.

NAME: **Building Number**

DESCRIPTION: Official number for the Public Housing building

TYPE: Alphanumeric

SIZE: 6

COMMENTS: If 1c equals 'PR', 'T' or 'H', should be blank

EDITS:

- Fatal: • If 1c equals 'P', must be valued
- Fatal: • If valued, Project Number, Building Number, Building Number Entrance, Unit Number combination must exist in IMS

FIELD NUMBER: 8

POSITION: H (Household Sheet)

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. If there is a single building entrance, default to '1'. If 1c equals 'PR', 'T' or 'H', should be blank.

EDITS:

- Fatal: • If 1c equals 'P', must be valued
- Fatal: • If 1c does not equal 'P', must be blank
- Fatal: • If valued, Project Number, Building Number, Building Number Entrance, Unit Number combination must exist in IMS

FIELD NUMBER: 9
POSITION: I (Household Sheet)
LINE REFERENCE NO: 1f.

NAME: **Unit Number**
DESCRIPTION: Official number for the Public Housing unit
TYPE: Alphanumeric
SIZE: 10
COMMENTS: If 1c equals 'PR', 'T' or 'H', should be blank

EDITS:

- Fatal: • If 1c equals 'P', must be valued
- Fatal: • If 1c does not equal 'P', must be blank
- Fatal: • If valued, Project Number, Building Number, Building Number Entrance, Unit Number combination must exist in IMS

FIELD NUMBER: 10
POSITION: J (Household Sheet)
LINE REFERENCE NO: 1g.

2.3 Section 2 – MTW Action

| | |
|--------------------|---|
| NAME: | Type of Action |
| DESCRIPTION: | Indicates the reason PHA submitting a Form HUD-50058 MTW record for the family |
| TYPE: | Numeric |
| SIZE: | 2 |
| COMMENTS: | Use 1 = New Admission; 2 = Annual Reexamination; 3 = Interim Reexamination; 4 = Portability Move-in, 5 = Portability Move-out; 6 = End Participation; 7 = Other Change of Unit; 8 = FSS/MTW Self Sufficiency Program Only; 9 = Annual Reexamination Searching; 10 = Issuance of Voucher Equivalent; 11 = Expiration of Voucher Equivalent; 13 = Annual HQS Inspection Only; 14 = Historical Adjustment; 15 = Void |
| EDITS: | |
| | Fatal: • Must be valued '1', '2', '3', '4', '5', '6', '7', '8', '9', '10', '11', '13', '14' or '15' |
| | Warning: • If 1c equals 'P', cannot equal '4', '5', '9', '10', '11' or '13' |
| | Warning: • Must not equal '12' |
| FIELD NUMBER: | 12 |
| POSITION: | L (Household Sheet) |
| 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: | 10 |
| COMMENTS: | Must be in MM/DD/YYYY format. |
| EDITS: | |
| | Fatal: • Must be valued in MM/DD/YYYY format |
| | Fatal: • Cannot be earlier than the 2h, if provided |
| | Fatal: • Cannot be 4 months later than the Transmission date in the Header record |
| | Fatal: • Cannot be later than 3 months from Date Last Modified |

FIELD NUMBER: 13
POSITION: M (Household Sheet)
LINE REFERENCE NO: 2b.

NAME: Correction
DESCRIPTION: Indicate if the Form HUD-50058 MTW record is correcting the previously submitted Form HUD-50058 MTW record for the family
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes, 'N' for no
EDITS:
Warning: • Must be valued with 'Y' or 'N'
Warning: • If 2a equals '15', must equal 'N'

FIELD NUMBER: 14
POSITION: N (Household Sheet)
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 0.
EDITS:
Warning: • If 2c equals 'Y', must be valued with '1', '2', '3' or '4'

FIELD NUMBER: 15
POSITION: O (Household Sheet)
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: 10
COMMENTS: Use MM/DD/YYYY format. If 2a equals '5','6', '8','9', '10', '11', '13' or '15', should be blank
EDITS:
Warning: • If 2a equals '1', '2', '3', '4', '7', or '14', must be valued in MM/DD/YYYY format
Warning: • If 2a equals '1' or '4', must equal 2b
Warning: • If 2a equals '2', '3', '7' or '14', must be earlier than 2b
FIELD NUMBER: 16
POSITION: P (Household Sheet)
LINE REFERENCE NO: 2h.

NAME: **Projected Effective Date of Next Re-Examination**
DESCRIPTION: Projected effective date of next re-exam
TYPE: Date
SIZE: 10
COMMENTS: Use MM/DD/YYYY format. If 2a equals '5', '6', '8', '10', '11', '13', '14' or '15', should be blank.
EDITS:
Warning: • If 2a equals '1', '2', '3', '4', '7', or 9, must be valued in MM/DD/YYYY format
Warning: • If valued, must be later than 2b
FIELD NUMBER: 17
POSITION: Q (Household Sheet)
LINE REFERENCE NO: 2i.

2.4 Section 3 – MTW Household

NAME: **Member Last Name**
DESCRIPTION: Last name of the head of household
TYPE: Alpha
SIZE: 30
COMMENTS: Separate name suffixes with commas (ex.: Smith, Jr.).
EDITS:

Warning: • Must be valued

FIELD NUMBER: 19
POSITION: S (Household Sheet)
LINE REFERENCE NO: 3b.

NAME: **Member First Name**
DESCRIPTION: First name of the head of household
TYPE: Alpha
SIZE: 30
COMMENTS: Do not include name prefixes such as Mr. or Ms.
EDITS:

Warning: • Must be valued

FIELD NUMBER: 20
POSITION: T (Household Sheet)
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: 21
POSITION: U (Household Sheet)
LINE REFERENCE NO: 3d.

NAME: **SSN of Head of Household**
DESCRIPTION: Social Security Number of the Head of the household.
TYPE: Alphanumeric
SIZE: 9
COMMENTS: If tenant is eligible for assistance but does not have an SSN, obtain alternate identifier from PIC.

EDITS:

- Fatal:
 - 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', '000000000'

FIELD NUMBER: 22
POSITION: V (Household Sheet)
LINE REFERENCE NO: 3n.

NAME: **Total Number in Household**
DESCRIPTION: The total number of members in the household
TYPE: Numeric
SIZE: 4
COMMENTS: Use whole number. If 2a equals '5', '6', '8', '11', '13' or '15', should be blank.

EDITS:

- Warning:
 - If 2a equals '1', '2', '3', '4', '7', '9', '10', '14', must be valued with the sum of the number of household members
- Warning:
 - Must be greater than zero.

FIELD NUMBER: 23
POSITION: W (Household Sheet)
LINE REFERENCE NO: 3t.

2.5 Section 5 – MTW Unit to be occupied

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', should be blank.
EDITS:
Warning: • If 2a equals '1', '2', '3', '4', '7', '13' or '14', must be valued
FIELD NUMBER: 25
POSITION: Y (Household Sheet)
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', should be blank.
EDITS: None
FIELD NUMBER: 26
POSITION: Z (Household Sheet)
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', should be blank.
EDITS:

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

FIELD NUMBER: 27
POSITION: AA (Household Sheet)
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', should be blank.
EDITS:

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

FIELD NUMBER: 28
POSITION: AB (Household Sheet)
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', should be blank.
EDITS:

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

FIELD NUMBER: 29
POSITION: AC (Household Sheet)
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', should be blank.
EDITS:

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

FIELD NUMBER: 30
POSITION: AD (Household Sheet)
LINE REFERENCE NO: 5a.

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' or '15', put 0.
EDITS:

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

- Warning: • If valued, must be greater than or equal to 0 and less than or equal to 9

FIELD NUMBER: 31
POSITION: AE (Household Sheet)
LINE REFERENCE NO: 5d.

2.6 Section 18 – MTW Asset Income

| | |
|--------------------|--|
| NAME: | Final Asset Income |
| DESCRIPTION: | The final asset income of the family. |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | Use whole dollar amounts (no decimals). If 2a equals '5', '6', '8', '10', '11', '13' or '15', put 0. |
| EDITS: | <ul style="list-style-type: none">Warning: • If 2a equals '1', '2', '3', '4', '7', '9', or '14', must be valuedWarning: • Must be greater than or equal to 0 and less than or equal to 999999 |
| FIELD NUMBER: | 33 |
| POSITION: | AG (Household Sheet) |
| LINE REFERENCE NO: | 18j. |

2.7 Section 19 - Income

| | |
|--------------------|--|
| NAME: | Total Income After Exclusion |
| DESCRIPTION: | The total income after exclusions |
| TYPE: | Numeric |
| SIZE: | 6 |
| COMMENTS: | Use whole dollar amounts (no decimals). |
| EDITS: | <ul style="list-style-type: none">Warning: • Must be greater than or equal to 0 and less than or equal to 999999 |
| FIELD NUMBER: | 35 |
| POSITION: | AI (Household Sheet) |
| LINE REFERENCE NO: | 19h. |

NAME: **Total Annual Income**
DESCRIPTION: The total annual income for all family members
TYPE: Numeric
SIZE: 6
COMMENTS: Sum of 18j and 19h. Use whole dollar amount (no decimals).

EDITS:

- Warning: • Must be valued with sum of 18j and 19h
Warning: • Must be greater than or equal to 0 and less than 190000

FIELD NUMBER: 36
POSITION: AJ (Household Sheet)
LINE REFERENCE NO: 19i.

NAME: **Adjusted Annual Income**
DESCRIPTION: The total annual income of the family after adjustments
TYPE: Numeric
SIZE: 6
COMMENTS: Use whole number dollar amount (no decimals). Subtract 19j (deductions) from 19i (total annual income)

EDITS:

- Warning: • Must be greater than or equal to zero and less than or equal to 999999

FIELD NUMBER: 37
POSITION: AK (Household Sheet)
LINE REFERENCE NO: 19k.

2.8 Section 20 – Public Housing

NAME: Flat Rent or Income Based Rent Indicator

DESCRIPTION: Indicate whether the family is paying a Flat Rent or an Income Based Rent

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'F' for Flat Rent or 'I' for Income Based Rent to indicate the type of rent. If 1c equals 'PR', 'T' or 'H', should be blank.

EDITS:

Warning: • If 1c equals 'P', must be valued with 'F' or 'I'

FIELD NUMBER: 39

POSITION: AM (Household Sheet)

LINE REFERENCE NO: 20a.

NAME: Tenant Rent

DESCRIPTION: Amount of rent the tenant must pay through MTW

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole dollar amount (no decimals). If 20a equals 'F', put 0. If 1c equals 'PR', 'T' or 'H', should be blank

EDITS:

Warning: • If 1c equals 'P', must be valued with an amount greater than -2500 and less than 2500

□□

FIELD NUMBER: 40

POSITION: AN (Household Sheet)

LINE REFERENCE NO: 20b.

NAME: Mixed Family Tenant Rent

DESCRIPTION: Amount of rent the tenant must pay through MTW based on the Noncitizens Rule

TYPE: Numeric

SIZE: 6
COMMENTS: Use positive or negative numbers. If 20a equals 'F', put 0.
Use left-most position for sign. Numeric value must be
right-justified. Zero fills the remaining open positions. If 1c
equals 'PR', 'T' or 'H', should be blank

EDITS:
Warning: • If 1c equals 'P', must be valued with an amount greater
than -3500 and less than 3500

FIELD NUMBER: 41
POSITION: AO (Household Sheet)
LINE REFERENCE NO: 20c.

NAME: Utility Allowance/Estimate
DESCRIPTION: Allowance determined for utilities
TYPE: Numeric
SIZE: 4
COMMENTS: Use whole dollar amount (no decimals). If 1c equals 'P'
and there is no utility allowance, put 0. If 1c equals 'PR',
'T' or 'H', should be blank.

EDITS:
Warning: • If 1c equals 'P', must be valued with an amount greater
than or equal to 0 and less than 1400

FIELD NUMBER: 42
POSITION: AP (Household Sheet)
LINE REFERENCE NO: 20d.

NAME: Ceiling Rent Indicator
DESCRIPTION: Indicate whether the family's rent is the ceiling rent
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no. If 1c equals 'PR', 'T' or 'H', should be blank.

EDITS:

Warning: • If 1c equals 'P', must be valued with 'Y' or 'N'

FIELD NUMBER: 43
POSITION: AQ (Household Sheet)
LINE REFERENCE NO: 20e.

2.9 Section 21 – MTW Tenant or Project Based Assistance

NAME: Flat Subsidy or Income Based Subsidy Indicator
DESCRIPTION: Indicate if the family is receiving a flat subsidy or an income based subsidy
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'F' for Flat subsidy and 'I' for Income-based. If 1c equals 'P' or 'H', should be blank.
EDITS:
Warning: • If 1c equals 'PR' or 'T', must be valued with 'F' or 'I'.
FIELD NUMBER: 45
POSITION: AS (Household Sheet)
LINE REFERENCE NO: 21a.

NAME: Number of Bedrooms on Voucher/Equivalent
DESCRIPTION: The number of bedrooms listed on the voucher or equivalent
TYPE: Numeric
SIZE: 1
COMMENTS: Use whole number. If 1c equals 'P' or 'H', should be blank.
EDITS:
Warning: • If 1c equals 'PR' or 'T', must be valued
Warning: • If valued, must be greater than or equal to 0 and less than or equal to 9
FIELD NUMBER: 46
POSITION: AT (Household Sheet)
LINE REFERENCE NO: 21b.

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. If 1c equals 'P' or 'H', should be blank.
EDITS:
Warning: • If 1c equals 'PR' or 'T', must be valued with 'Y' or 'N'.
Warning: • If 2a equals '4', must equal 'Y'
FIELD NUMBER: 47
POSITION: AU (Household Sheet)
LINE REFERENCE NO: 21d.

NAME: Cost Billed per Month
DESCRIPTION: Monthly amount billed to another PHA for this family
TYPE: Numeric
SIZE: 4
COMMENTS: If 1c equals 'P' or 'H', should be blank.
EDITS:
Warning: • If 1c equals 'PR' or 'T', must be valued with an amount greater or equal to 0 and less than 3000
FIELD NUMBER: 48
POSITION: AV (Household Sheet)
LINE REFERENCE NO: 21e.

NAME: PHA Code Billed
DESCRIPTION: PHA code of the PHA billed under portability
TYPE: Alphanumeric
SIZE: 5
COMMENTS: If 1c equals 'P' or 'H', should be blank.
EDITS:

- Warning: • If valued, 1c must equal 'PR' or 'T'
Warning: • If valued, must equal a valid PHA code
Warning: • If valued, cannot equal 1b

FIELD NUMBER: 49
POSITION: AW (Household Sheet)
LINE REFERENCE NO: 21f.

NAME: Rent to Owner
DESCRIPTION: Monthly rent payable to owner
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole dollar amount (no decimals). If 1c equals 'P' or 'H', should be blank.

- EDITS:**
- Warning: • If 1c equals 'PR' or 'T', must be valued with an amount greater than or equal to 5 and less than 3000

FIELD NUMBER: 50
POSITION: AX (Household Sheet)
LINE REFERENCE NO: 21i.

NAME: Utility Allowance/Estimate
DESCRIPTION: The allowance for utilities
TYPE: Numeric
SIZE: 4
COMMENTS: Use whole dollar amount (no decimals). If 1c equals 'PR' or 'T' and there is no utility allowance, put 0. If 1c equals 'P' or 'H', should be blank.

EDITS:

- Warning: • If 1c equals 'PR' or 'T', must be valued with an amount greater than or equal to 0 and less than 1400

FIELD NUMBER: 51
POSITION: AY (Household Sheet)
LINE REFERENCE NO: 21j.

NAME: Gross Rent of Unit
DESCRIPTION: The contract rent to owner plus the utility allowance
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole dollar amount (no decimals). If 1c equals 'P' or 'H', should be blank.

EDITS:

- Warning: • If 1c equals 'PR' or 'T', must equal the sum of 21i and 21j
- Warning: • Must be greater than or equal to zero and less than 5000

FIELD NUMBER: 52
POSITION: AZ (Household Sheet)
LINE REFERENCE NO: 21k.

NAME: Flat Subsidy Amount If Any
DESCRIPTION: Provide the amount of the flat subsidy
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole dollar amount (no decimals). If 1c equals 'P' or 'H', should be blank.

EDITS:

- Warning: • If valued, 1c must equal 'PR' or 'T'
Warning: • If valued, 21a must equal 'F'
Warning: • If valued, must be greater than 0 and equal to or less than 5000

FIELD NUMBER: 53
POSITION: BA (Household Sheet)
LINE REFERENCE NO: 21m.

NAME: Tenant Rent to Owner
DESCRIPTION: Amount of tenant rent
TYPE: Numeric
SIZE: 6
COMMENTS: Use positive or negative numbers. Use left-most position for sign. Numeric value must be right-justified. Zero fills the remaining open positions. If 1c equals 'P' or 'H', should be blank.

EDITS:

- Warning: • If valued, 1c must equal 'PR' or 'T'
• If valued, must equal an amount greater than -1400 and less than 5000

FIELD NUMBER: 54
POSITION: BB (Household Sheet)
LINE REFERENCE NO: 21n.

NAME: **Mixed Family Tenant Rent to Owner**
DESCRIPTION: Tenant rent as determined by the citizenship composition of the family based on the non-citizens rule.
TYPE: Numeric
SIZE: 6
COMMENTS: Use positive or negative numbers. Use left-most position for sign. Numeric value must be right-justified. Zero fill the remaining open positions. If 1c equals 'P' or 'H', should be blank.
EDITS:
Warning: • If valued, 1c must equal 'PR' or 'T'
Warning: • If valued, must be greater than -3500 and less than 3500
FIELD NUMBER: 55
POSITION: BC (Household Sheet)
LINE REFERENCE NO: 21p.

NAME: **Ceiling Rent Indicator**
DESCRIPTION: Indicate whether the family's rent is the ceiling rent
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no. If 1c equals 'P' or 'H', should be blank.
EDITS:
Warning: • If 1c equals 'PR' or 'T', must be valued with 'Y' or 'N'
FIELD NUMBER: 56
POSITION: BD (Household Sheet)
LINE REFERENCE NO: 21q.

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NAME: Flat Subsidy or Income Based Subsidy Indicator

DESCRIPTION: Indicate if the family is receiving a flat subsidy or an Income based homeownership subsidy

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'F' for Flat subsidy and 'I' for Income-based. If 1c equals 'P', 'PR' or 'T', should be blank.

EDITS:

Warning: • If 1c equals 'H', must be valued with 'F' or 'I'

FIELD NUMBER: 58

POSITION: BF (Household Sheet)

LINE REFERENCE NO: 22a.

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. If 1c equals 'P', 'PR' or 'T', should be blank.

EDITS:

Warning: • If 1c equals 'H', must be valued with 'Y' or 'N'

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

FIELD NUMBER: 59

POSITION: BG (Household Sheet)

LINE REFERENCE NO: 22d.

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. If 1c equals 'P', 'PR' or 'T', should be blank.

EDITS:

- Warning:
 - If 1c equals 'H', must be valued with an amount greater than or equal to 0 and less than 3000

FIELD NUMBER: 60
POSITION: BH (Household Sheet)
LINE REFERENCE NO: 22e.

NAME: **PHA Code Billed**
DESCRIPTION: PHA code of the PHA billed under portability
TYPE: Alphanumeric
SIZE: 5
COMMENTS: If 1c equals 'P', 'PR' or 'T', should be blank.

EDITS:

- Warning:
 - If 1c equals 'H', must be valued with a valid PHA code

Warning:
 - If valued, cannot be equal to 1b

FIELD NUMBER: 61
POSITION: BI (Household Sheet)
LINE REFERENCE NO: 22f.

NAME: Monthly Homeownership Payment
DESCRIPTION: Provide the payment information related to homeownership
TYPE: Numeric
SIZE: 4
COMMENTS: Include PITI and MIP if applicable. If 1c equals 'P', 'PR' or 'T', should be blank.

EDITS:

- Warning: • If valued, 1c must equal 'H'
- Warning: • If valued, 22a must equal 'F'
- Warning: • If valued, must be greater than or equal to 5 and less than 3000

FIELD NUMBER: 62
POSITION: BJ (Household Sheet)
LINE REFERENCE NO: 22g.

NAME: Utility Allowance/Estimate
DESCRIPTION: Allowance determined for utilities
TYPE: Numeric
SIZE: 4
COMMENTS: Use whole dollar amount (no decimals). If 1c equals 'H' and there is no utility allowance, put 0. If 1c equals 'P', 'PR' or 'T', should be blank.

EDITS:

- Warning: • If 1c equals 'H', must be valued with an amount greater than or equal to 0 and less than 1400

FIELD NUMBER: 63
POSITION: BK (Household Sheet)
LINE REFERENCE NO: 22h.

NAME: **Other Monthly Allowance**
DESCRIPTION: Any other monthly allowances that the homeowner receives
TYPE: Numeric
SIZE: 4
COMMENTS: Use whole dollar amounts (no decimals). If 1c equals 'H' and there are no other monthly allowances, put 0. If 1c equals 'P', 'PR' or 'T', should be blank.
EDITS:
Warning: • If 1c equals 'H', must be valued with an amount greater than or equal to 0 and less than 1400
FIELD NUMBER: 64
POSITION: BL (Household Sheet)
LINE REFERENCE NO: 22i.

NAME: **Gross Homeownership Expense**
DESCRIPTION: The total amount of homeownership expenses
TYPE: Numeric
SIZE: 4
COMMENTS: Sum of monthly homeownership payment, utility allowance, and any other monthly allowances. Use whole dollar amount (no decimals). If 1c equals 'P', 'PR' or 'T', should be blank.

EDITS:

- Warning: • If 1c equals 'H', must be valued with an amount greater than or equal to zero and less than 9999

FIELD NUMBER: 65
POSITION: BM (Household Sheet)
LINE REFERENCE NO: 22j.

NAME: **Flat Subsidy Amount**
DESCRIPTION: Provide the amount of the flat subsidy
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole dollar amount (no decimals). If 1c equals 'P', 'PR' or 'T', should be blank.

EDITS:

- Warning: • If valued, 1c must equal 'H'
Warning: • If valued, 22a must equal 'F'
Warning: • If valued, must be greater than or equal to 0 and less than or equal to 5000

FIELD NUMBER: 66
POSITION: BN (Household Sheet)
LINE REFERENCE NO: 22k.

NAME: **Total Family Share**
DESCRIPTION: Amount of tenant rent
TYPE: Numeric
SIZE: 4
COMMENTS: Use positive or negative numbers. If 1c equals 'P', 'PR' or 'T', should be blank.

EDITS:

- Warning: • If valued, 1c must equal 'H'.
- Warning: • If valued, must be greater than -1400 and less than 5000.
- Warning: • If valued, must equal sum of 22g, 22h and 22i.

FIELD NUMBER: 67
POSITION: BO (Household Sheet)
LINE REFERENCE NO: 22m.

NAME: **Mixed Family Total Family Share**
DESCRIPTION: Tenant rent as determined by the citizenship composition of the family
TYPE: Numeric
SIZE: 5
COMMENTS: Determine the rent based on the Noncitizens rule. If 1c equals 'P', 'PR' or 'T', should be blank.

EDITS:

- Warning: • If valued, 1c must equal 'H'
- Warning: • If valued, must be greater than -1400 and less than 5000

FIELD NUMBER: 68
POSITION: BP (Household Sheet)
LINE REFERENCE NO: 22n.

NAME: **Ceiling Family Share Indicator**
DESCRIPTION: Indicate whether the family's share is the ceiling amount
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no. If 1c equals 'P', 'PR' or 'T', should be blank.

EDITS:

- Warning: • If 1c equals 'H', must be valued with 'Y' or 'N'

FIELD NUMBER: 69
POSITION: BQ (Household Sheet)
LINE REFERENCE NO: 22p.

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NAME: **Employed Status 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:

Warning: • If valued, must equal 'F', 'P' or 'N'

FIELD NUMBER: 71
POSITION: BS (Household Sheet)
LINE REFERENCE NO: 23h(1).

NAME: **Benefits in Current Employment – Health Indicator**
DESCRIPTION: Indicates health benefit in the current employment
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no. If 23h(1) equals 'N', must be blank

EDITS:

Warning: • If 23h(1) equals 'F' or 'P', must be valued with 'Y' or 'N'

FIELD NUMBER: 72
POSITION: BT (Household Sheet)
LINE REFERENCE NO: 23h(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 and 'N' for no. If 23h(1) equals 'N', must be blank

EDITS:

Warning: • If 23h(1) equals 'F' or 'P', must be valued with 'Y' or 'N'

FIELD NUMBER: 73

POSITION: BU(Household Sheet)

LINE REFERENCE NO: 23h(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 and 'N' for no. If 23h(1) equals 'N', must be blank.

EDITS:

Warning: • If 23h(1) equals 'F' or 'P', must be valued with 'Y' or 'N'

FIELD NUMBER: 74

POSITION: BV (Household Sheet)

LINE REFERENCE NO: 23h(3)(C).

NAME: **GED Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS or MTW
Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:

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

FIELD NUMBER: 75
POSITION: BW (Household Sheet)
LINE REFERENCE NO: 23i(2)(A).

NAME: **High School Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS or MTW
Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:

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

FIELD NUMBER: 76
POSITION: BX (Household Sheet)
LINE REFERENCE NO: 23i(2)(B).

NAME: **Post Secondary Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Warning: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 77
POSITION: BY(Household Sheet)
LINE REFERENCE NO: 23i(2)(C).

NAME: **Vocational/Job Training Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency Program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Warning: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 78
POSITION: BZ (Household Sheet)
LINE REFERENCE NO: 23i(2)(D).

NAME: **Job Search/Job Placement Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:

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

FIELD NUMBER: 79
POSITION: CA (Household Sheet)
LINE REFERENCE NO: 23i(2)(E).

NAME: **Job Retention Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:

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

FIELD NUMBER: 80
POSITION: CB (Household Sheet)
LINE REFERENCE NO: 23i(2)(F).

NAME: **Transportation Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:

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

FIELD NUMBER: 81
POSITION: CC (Household Sheet)
LINE REFERENCE NO: 23i(2)(G).

NAME: **Health Services Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:

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

FIELD NUMBER: 82
POSITION: CD (Household Sheet)
LINE REFERENCE NO: 23i(2)(H).

NAME: **Alcohol and Other Drug Abuse Prevention Services Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:

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

FIELD NUMBER: 83
POSITION: CE(Household Sheet)
LINE REFERENCE NO: 23i(2)(I).

NAME: **Mentoring Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Warning: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 84
POSITION: CF (Household Sheet)
LINE REFERENCE NO: 23i(2)(J).

NAME: **Homeownership Counseling Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Warning: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 85
POSITION: CG (Household Sheet)
LINE REFERENCE NO: 23i(2)(K).

NAME: **Individual Development Account (IDA) Needs Met Indicator**
DESCRIPTION: Indicates if the program or service was completed during the reported period
TYPE: Alpha

SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Warning: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 86
POSITION: CH (Household Sheet)
LINE REFERENCE NO: 23i(2)(L).

NAME: **Child Care Needs Met Indicator**
DESCRIPTION: Indicates if the needs were met through the FSS/MTW Self Sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Warning: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 87
POSITION: CI (Household Sheet)
LINE REFERENCE NO: 23i(2)(M).

NAME: **Selection Preference**
DESCRIPTION: Indicates whether the family received selection preference based on service program participation
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:
Warning: • If valued, must equal 'Y' or 'N'

FIELD NUMBER: 88
POSITION: CJ (Household Sheet)
LINE REFERENCE NO: 23j(5).

NAME: **Current Monthly Credit**
DESCRIPTION: The current monthly credit as of the date of action
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole dollar amount (no decimals).
EDITS:

Warning: • If valued, must be greater than or equal to 0 and less than or equal to 99999

FIELD NUMBER: 89
POSITION: CK (Household Sheet)
LINE REFERENCE NO: 23k(1).

NAME: **Current Account Balance**
DESCRIPTION: The current account balance as of the date of action
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole dollar amount (no decimals).
EDITS:

Warning: • If valued, must be greater than or equal to 0 and less than or equal to 99999

FIELD NUMBER: 90
POSITION: CL (Household Sheet)
LINE REFERENCE NO: 23k(2).

NAME: **Current Amount Disbursed to the Family**
DESCRIPTION: The current amount disbursed to the family
TYPE: Numeric
SIZE: 5
COMMENTS: Use whole dollar amount (no decimals). If none, enter 0.
EDITS:

Warning:

- If valued, must be greater than or equal to 0 and less than or equal to 99999

FIELD NUMBER: 91
POSITION: CM (Household Sheet)
LINE REFERENCE NO: 23k(3)

NAME: **Completed Contract Participation Indicator**
DESCRIPTION: Indicates if the family exited the program because of contract completion
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:

Warning:

- If valued, must equal 'Y' or 'N'

FIELD NUMBER: 92
POSITION: CN (Household Sheet)
LINE REFERENCE NO: 23m(1).

NAME: **Left Because Family Moving to Homeownership Indicator**
DESCRIPTION: Indicates if the family exited the self sufficiency program and moving to homeownership
TYPE: Alpha
SIZE: 1
COMMENTS: Use 'Y' for yes and 'N' for no.
EDITS:

Warning:

- If 23m(1) equals 'Y', must be valued

Warning: • If 23m(1) equals 'N', must be blank

FIELD NUMBER: 93
POSITION: CO (Household Sheet)
LINE REFERENCE NO: 23m(2).

NAME: Reason for Exiting Program
DESCRIPTION: Indicates the reason for the family's exit from the self sufficiency program
TYPE: Alpha
SIZE: 1
COMMENTS: Use the following values: A = Left voluntarily; B = Asked to leave program; C = Portability move out; D = Left because essential service was unavailable; E = Contract expired but family did not fulfill obligation.

EDITS:

Warning: • If 23m(1) equals 'N', must be valued

Warning: • If 23m(1) equals 'Y', must be blank

FIELD NUMBER: 94
POSITION: CP (Household Sheet)
LINE REFERENCE NO: 23m(3).

2.12 Household Member - Transmission File Format

| | |
|--------------------|---|
| NAME: | Record Number |
| DESCRIPTION: | A number to identify the household in the household sheet. |
| TYPE: | Numeric |
| SIZE: | 5 |
| COMMENTS: | This number will identify to which household these members belong to. |
| EDITS: | |
| | Fatal: • Must equal the value of the Record Number specified in the Household sheet |
| FIELD NUMBER | 1 |
| POSITION: | A |
| LINE REFERENCE NO: | n/a |

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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:

- Warning: • Must equal a numeric value
- Warning: • Highest member number must equal the total count of Family Records (members in the household)
- Warning: • The highest member number must equal 3t in the Basic Record
- Fatal: • The Head of Household member number must be equal to 01

FIELD NUMBER: 3
POSITION: C (Household Members)
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
- Warning: • If 3h equals 'H', must match the Head of Household's last name

FIELD NUMBER: 4
POSITION: D (Household Members)

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
- Warning: • If 3h (Relation Code) equals 'H', must equal the Head of Household's first name

FIELD NUMBER: 5

POSITION: E (Household Members)

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: F (Household Members)

LINE REFERENCE NO: 3d.

NAME: Member Birth Date

DESCRIPTION: Birth date of the member of the household.

TYPE: Date

SIZE: 10

COMMENTS: Use MM/DD/YYYY format. If 3h equal 'F' or 'L', may be blank.

EDITS:

- Warning: • If 3h equals 'H', 'S', 'Y', 'E', 'A', or 'K' (person is a family member), must be valued
- Warning: • If valued, must be MM/DD/YYYY format

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

FIELD NUMBER: 7
POSITION: G (Household Members)
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 and 'F' for female.
EDITS:

- Warning: • Must be valued with 'M' or 'F'

FIELD NUMBER: 8
POSITION: H (Household Members)
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:

- Warning: • Must be valued with 'H', 'S', 'K', 'F', 'Y', 'E', 'L' or 'A'
Warning: • If valued 'S', 3h for other Family Records cannot be 'K'
Warning: • If valued 'K', 3h for other Family Records cannot be 'S'
Warning: • Must equal 'H' for the first record in the file
Warning: • Only one record can be valued 'H'

FIELD NUMBER: 9
POSITION: I (Household Members)

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 non citizen, 'IN' for ineligible non citizen and 'PV' for pending verification. If 3h equal 'F' or 'L', may be blank.

EDITS:

- Warning: • If 3h equals 'H', 'S', 'K', 'Y', 'E', or 'A', must be valued with 'EC', 'EN', 'IN' or 'PV'.

FIELD NUMBER: 10

POSITION: J (Household Members)

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:

- Warning: • Must be valued with 'Y' or 'N'

FIELD NUMBER: 11

POSITION: K (Household Members)

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

EDITS:

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

FIELD NUMBER: 12
POSITION: L (Household Members)
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, 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

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

FIELD NUMBER: 13
POSITION: M (Household Members)
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, 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

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

FIELD NUMBER: 14
POSITION: N (Household Members)
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, 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

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

FIELD NUMBER: 15
POSITION: O (Household Members)
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, 'N' for no. If 3h equals 'S', 'K', 'F', 'Y', 'E', 'L' or 'A', may be blank.

EDITS:

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

FIELD NUMBER: 16
 POSITION: P (Household Members)
 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 0.

- EDITS:
- Warning: • If 3h equals 'H', must be valued
 - Warning: • If valued, must equal '0', '1' or '2'

FIELD NUMBER: 17
 POSITION: Q (Household Members)
 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.

- EDITS:
- Fatal: • If 3h equals 'H', 'S', 'K', 'Y', 'E' or 'A', must be valued
 - Fatal: • If 3h equals 'H', must equal 3n in Household Record and must be nine digits or a valid alternate identifier (AID) issued by HUD
 - Fatal: • SSN cannot be equal to 000000000, 999999999,

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

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

FIELD NUMBER: 18
POSITION: R (Household Members)
LINE REFERENCE NO: 3n.

2.14 Section 19 – Income

| | |
|--------------------|---|
| 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. Please note that member number should be entered as “01”, “02”, “03” etc and not “1”, “2”, “3” etc. |
| EDITS: | |
| | Fatal: • Must be greater or equal to 01 and less than or equal to 99 |
| | Fatal: • Must be valued |
| FIELD NUMBER: | 20 |
| POSITION: | T (Household Members) |
| LINE REFERENCE NO: | 19a. |

| | |
|--------------|--|
| 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 non wage sources, ‘SS’ for Social Security, ‘T’ for TANF, ‘C’ for child support, ‘E’ for Medical Reimbursement, ‘M’ for military pay, ‘HA’ for PHA wage, ‘U’ for unemployment benefits, ‘IW’ for annual imputed welfare income, and ‘X’ for MTW Income. Multiple Income Codes must be separated by ‘/’. |
| EDITS: | |
| | Warning: • If 19d is greater than 0, must be valued |
| | Warning: • If valued, must equal ‘P’, ‘S’, ‘G’, ‘I’, ‘B’, ‘F’, ‘W’, ‘N’, ‘SS’, |

'T', 'C', 'E', 'M', 'HA', 'U', 'IW' or 'X'

- Warning: • Number of income code values (19b) different than number of 'dollar per year' (19d) values

FIELD NUMBER: 21
POSITION: U (Household Members)
LINE REFERENCE NO: 19b.

NAME: Dollars Per Year

DESCRIPTION: Identifies the dollars per year for the income source listed in 19b

TYPE: Numeric

SIZE: 19

COMMENTS: Use whole dollar amount. Multiple Dollars Per Year must be separated by '/'.
EDITS:

- Warning: • If 19b is valued, must be greater than or equal to 0 and less than 150000

- Warning: • If valued, the number of "Dollars Per Year" (19d) values should equal the number of "Income Code" (19b) values

FIELD NUMBER: 22
POSITION: V (Household Members)
LINE REFERENCE NO: 19d.

2.15 Additional Section Fields(November 16, 2007)

This section of the technical reference guide contains specifications of new fields added to the “household” section of the MTW Templates (CSV, XLS). These fields will also be available on the MTW Online Data Entry form.

With the November 16, 2007 release, MTW templates and Online Data Entry will have the following additional fields:

| | |
|--------------------|--|
| NAME: | PHA Use Only (1) |
| DESCRIPTION: | Reserved for future use |
| TYPE: | Alpha |
| SIZE: | 30 |
| COMMENTS: | PHAs may retrieve this information from PIC. Please use this field to report Special Purpose Vouchers. |
| EDITS: | None |
| FIELD NUMBER: | 96 |
| POSITION: | CR (Household Sheet) |
| LINE REFERENCE NO: | 2q. |

| | |
|--------------------|--|
| NAME: | PHA Use Only (2) |
| DESCRIPTION: | Reserved for future use |
| TYPE: | Alpha |
| SIZE: | 30 |
| COMMENTS: | PHAs may retrieve this information from PIC. Please use this field to report Special Purpose Vouchers. |
| EDITS: | None |
| FIELD NUMBER: | 97 |
| POSITION: | CS (Household Sheet) |
| LINE REFERENCE NO: | 2r. |

NAME: PHA Use Only (3)
DESCRIPTION: Reserved for future use
TYPE: Alpha
SIZE: 30
COMMENTS: PHAs may retrieve this information from PIC. Please use this field to report Special Purpose Vouchers.
EDITS: None
FIELD NUMBER: 98
POSITION: CT (Household Sheet)
LINE REFERENCE NO: 2s.

NAME: PHA Use Only (4)
DESCRIPTION: Reserved for future use
TYPE: Alpha
SIZE: 30
COMMENTS: PHAs may retrieve this information from PIC. Please use this field to report Special Purpose Vouchers.
EDITS: None
FIELD NUMBER: 99
POSITION: CU (Household Sheet)
LINE REFERENCE NO: 2t.

NAME: PHA Use Only (5)
DESCRIPTION: Reserved for future use
TYPE: Alpha
SIZE: 30
COMMENTS: PHAs may retrieve this information from PIC. Please use this field to report Special Purpose Vouchers.
EDITS: None
FIELD NUMBER: 100
POSITION: CV (Household Sheet)
LINE REFERENCE NO: 2u.

NAME: Former HoH SSN
DESCRIPTION: If new Head of Household, this is the SSN of the former Head of Household
TYPE: Alpha
SIZE: 9
COMMENTS: When not applicable leave blank. For CSV files, when not applicable, please submit this field with one blank space, for example | |

EDITS:

- Fatal: • If valued, must be nine digit numeric or a valid alternate identified (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 of the Head of Household (3n where 3h equals H)

FIELD NUMBER: 101
POSITION: CW (Household Sheet)
LINE REFERENCE NO: 3w.

NAME: Date Unit Last Passed HQS Inspection
DESCRIPTION: The date the unit last passed inspection
TYPE: Date
SIZE: 10
COMMENTS: Use MM/DD/YYYY format
EDITS:

Fatal: • Must be in MM/DD/YYYY format

FIELD NUMBER: 102
POSITION: CX (Household Sheet)
LINE REFERENCE NO: 5h.

NAME: Date of Last Annual HQS Inspection
DESCRIPTION: The date the unit was last inspected
TYPE: Date
SIZE: 10
COMMENTS: Use MM/DD/YYYY format
EDITS:

Fatal: • Must be in MM/DD/YYYY format

FIELD NUMBER: 103
POSITION: CY (Household Sheet)
LINE REFERENCE NO: 5i.

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: • Please enter code FUPF if participant is a FUP-eligible family or code FUPY if participant is a FUP-eligible youth. The system is no longer accepting code FUP.
- Fatal: • If valued with FUPF, FUPY, Program type must be Tenant Based Voucher (TBV).
- Fatal: • If valued, must be equal to "EDSS", "ROSS", "HOPE" or "PHDEP" for Public Housing tenants.
- Fatal: • If valued, must be equal to "DHAPK", "DVIKE", "FUPF", "FUPY", "KATHU", "LIT", "MS5", "MTO", "NED", "NHT", "PHRR", "ROC", "ROSS", "TCU", "VASH" for Section 8 tenants.
- Fatal: • If valued with "MS5" and Action 1 – New Admission or 4 – Portability Move-in, 3j must equal Y for the Head, Co-head or Spouse (3h=H, S or K).

FIELD NUMBER: 104
POSITION: CY (Household Sheet)
LINE REFERENCE NO: 2n.

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: | <ul style="list-style-type: none"> Please enter code FUPF if participant is a FUP-eligible family or code FUPY if participant is a FUP-eligible youth. The system is no longer accepting code FUP. |
| | Fatal: | <ul style="list-style-type: none"> If valued with FUPF, FUPY, Program type must be Tenant Based Voucher (TBV). |
| | Fatal: | <ul style="list-style-type: none"> If valued, must be equal to "EDSS", "ROSS", "HOPE" or "PHDEP" for Public Housing tenants. |
| | Fatal: | <ul style="list-style-type: none"> If valued, must be equal to "DHAPK", "DVIKE", "FUPF", "FUPY", "KATHU", "LIT", "MS5", "MTO", "NED", "NHT", "PHRR", "ROC", "ROSS", "TCU", "VASH" for Section 8 tenants. |
| | Fatal: | <ul style="list-style-type: none"> If valued with "MS5" and Action 1 – New Admission or 4 – Portability Move-in, 3j must equal Y for the Head, Co-head or Spouse (3h=H, S or K). |
| FIELD NUMBER: | | 105 |
| POSITION: | | CZ (Household Sheet) |
| LINE REFERENCE NO: | | 2p. |

2.16 Additional Section Fields(October 2015)

This section of the technical reference guide contains specifications of new fields added to the "household" section of the MTW Templates (CSV, XLS).

With the October 2015 release, MTW templates will have the following additional fields:

| | |
|--------------------|--|
| NAME: | Date correction transmitted |
| DESCRIPTION: | The actual date that the PHA completes the correction and transmits the correct record |
| TYPE: | Date |
| SIZE: | 10 |
| COMMENTS: | |
| EDITS | |
| FIELD NUMBER: | 95 |
| POSITION: | DB(Household Sheet) |
| LINE REFERENCE NO: | 2e. |

NAME: Repayment agreement
DESCRIPTION: Indicate if the tenant has entered into a repayment agreement because the tenant previously underreported or misreported income
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 96
POSITION: DC(Household Sheet)
LINE REFERENCE NO: 2f.

NAME: Monthly amount of repayment
DESCRIPTION: Per the repayment agreement, the amount the tenant pays each month
TYPE: Numeric
SIZE: 6
COMMENTS:

EDITS

FIELD NUMBER: 97
POSITION: DD(Household Sheet)
LINE REFERENCE NO: 2g.

NAME: Date of admission to Moving to Work program
DESCRIPTION: Date the family was initially admitted to the program
TYPE: Date
SIZE: 10
COMMENTS:

EDITS

FIELD NUMBER: 98
POSITION: DE(Household Sheet)

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:

EDITS

FIELD NUMBER: 99

POSITION: DF(Household Sheet)

LINE REFERENCE NO: 2k.

NAME: **MTW self-sufficiency program participation now or in last year**

DESCRIPTION: Indicate if the family currently participates or participated in an MTW self-sufficiency program in the past year

TYPE: Alpha

SIZE: 1

COMMENTS:

EDITS

FIELD NUMBER: 100

POSITION: DG(Household Sheet)

LINE REFERENCE NO: 2m.

NAME: **Date Entered Waiting List**

DESCRIPTION: The date the family was placed on the waiting list

TYPE: Date

SIZE: 10

COMMENTS:

EDITS

FIELD NUMBER: 101

POSITION: DH(Household Sheet)
LINE REFERENCE NO: 4a.

NAME: Zip Code Before Admission
DESCRIPTION: Family's 5 digit zip code before being admitted to the program
TYPE: Numeric
SIZE: 5
COMMENTS:

EDITS

FIELD NUMBER: 102
POSITION: DI(Household Sheet)
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:

EDITS

FIELD NUMBER: 103
POSITION: DJ(Household Sheet)
LINE REFERENCE NO: 4c.

NAME: Reserved
DESCRIPTION: Reserved
TYPE: Alpha
SIZE: 5
COMMENTS:

EDITS

FIELD NUMBER: 104

POSITION: DK(Household Sheet)

LINE REFERENCE NO: 4d.

NAME: **Assisted under the 1937 Housing Act**

DESCRIPTION: Indicates if the family is continuously assisted under the 1937 Housing ACT

TYPE: Alpha

SIZE: 1

COMMENTS:

EDITS

FIELD NUMBER: 105

POSITION: DL(Household Sheet)

LINE REFERENCE NO: 4e.

NAME: **Reserved**

DESCRIPTION: Reserved

TYPE: Alpha

SIZE: 5

COMMENTS:

EDITS

FIELD NUMBER: 106

POSITION: DM(Household Sheet)

LINE REFERENCE NO: 4f.

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:

EDITS

FIELD NUMBER: 107

POSITION: DN(Household Sheet)
LINE REFERENCE NO: 5b.

NAME: **Family's Mailing Address**
DESCRIPTION: Address where family receives mail
TYPE: Alpha
SIZE: 100
COMMENTS:

EDITS

FIELD NUMBER: 108
POSITION: DO(Household Sheet)
LINE REFERENCE NO: 5c.

NAME: **Family's Mailing Apartment Number**
DESCRIPTION: Apartment number of mailing address for the family
TYPE: Alpha
SIZE: 10
COMMENTS:

EDITS

FIELD NUMBER: 109
POSITION: DP(Household Sheet)
LINE REFERENCE NO: 5c.

NAME: **Family's Mailing City**
DESCRIPTION: City of mailing address for the family
TYPE: Alpha
SIZE: 30
COMMENTS:

EDITS

FIELD NUMBER: 110
POSITION: DQ(Household Sheet)
LINE REFERENCE NO: 5c.

NAME: **Family's Mailing State**
DESCRIPTION: State code of mailing address for the family
TYPE: Alpha
SIZE: 2
COMMENTS:

EDITS

FIELD NUMBER: 111
POSITION: DR(Household Sheet)
LINE REFERENCE NO: 5c.

NAME: **Family's Mailing Zip Code**
DESCRIPTION: Zip Code of mailing address for the family
TYPE: Numeric
SIZE: 5
COMMENTS:

EDITS

FIELD NUMBER: 112
POSITION: DS(Household Sheet)
LINE REFERENCE NO: 5c.

NAME: **Family's Mailing Zip Code +4**
DESCRIPTION: Zip +4 of the mailing address for the family
TYPE: Numeric
SIZE: 4
COMMENTS:

EDITS

FIELD NUMBER: 113
POSITION: DT(Household Sheet)
LINE REFERENCE NO: 5c.

NAME: PHA Identified Accessible Unit Indicator
DESCRIPTION: Indicator of whether the PHA has identified this unit as accessible
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 114
POSITION: DU(Household Sheet)
LINE REFERENCE NO: 5e.

NAME: Family Requested Accessibility Features Indicator
DESCRIPTION: Indicator of whether the family requested accessibility features
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 115
POSITION: DV(Household Sheet)
LINE REFERENCE NO: 5f.

NAME: Family Received Requested Accessibility Features Indicator
DESCRIPTION: Indicator if the family has fully received the requested accessibility features
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 116

POSITION: DW(Household Sheet)
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:

EDITS

FIELD NUMBER: 117
POSITION: DX(Household Sheet)
LINE REFERENCE NO: 5j.

NAME: Structure Type

DESCRIPTION: The type of structure
TYPE: Numeric
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 118
POSITION: DY(Household Sheet)
LINE REFERENCE NO: 5k.

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:

EDITS

FIELD NUMBER: 119
POSITION: DZ(Household Sheet)

LINE REFERENCE NO: 18h.

NAME: Imputed Asset Income

DESCRIPTION: Product of the Total Cash Value and the Passbook Rate

TYPE: Numeric

SIZE: 6

COMMENTS:

EDITS

FIELD NUMBER: 120

POSITION: EA(Household Sheet)

LINE REFERENCE NO: 18i.

NAME: Total Permissible Deductions

DESCRIPTION: Indicates total of all permissible deductions

TYPE: Numeric

SIZE: 5

COMMENTS:

EDITS

FIELD NUMBER: 121

POSITION: EB(Household Sheet)

LINE REFERENCE NO: 19j.

NAME: Reserved

DESCRIPTION: Reserved

TYPE: Alpha

SIZE: 5

COMMENTS:

EDITS

FIELD NUMBER: 122

POSITION: EC(Household Sheet)

LINE REFERENCE NO: 20f.

NAME: Family Moving Into Home Indicator
DESCRIPTION: Indicates that the family is occupying this unit for the first
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 123
POSITION: ED(Household Sheet)
LINE REFERENCE NO: 21c

NAME: Owner name
DESCRIPTION: The unit owner's legal name
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 124
POSITION: EE(Household Sheet)
LINE REFERENCE NO: 21g

NAME: Owner TIN/SSN
DESCRIPTION: Tax identification number (TIN) or Social Security Number (SSN) of the legal unit member
TYPE: Alpha
SIZE: 9
COMMENTS:

EDITS

FIELD NUMBER: 125
POSITION: EF(Household Sheet)
LINE REFERENCE NO: 21h

NAME: Reserved
DESCRIPTION: Reserved
TYPE: Alpha
SIZE: 5
COMMENTS:

EDITS

FIELD NUMBER: 126
POSITION: EG(Household Sheet)
LINE REFERENCE NO: 21r

NAME: Family Moving Into Home Indicator
DESCRIPTION: Indicates that the family is occupying this unit for the first
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 127
POSITION: EH(Household Sheet)
LINE REFERENCE NO: 22b

NAME: Date of Initial HQS Inspection
DESCRIPTION: Date of the initial HQS inspection
TYPE: Date
SIZE: 10
COMMENTS:

EDITS

FIELD NUMBER: 128
POSITION: EI(Household Sheet)
LINE REFERENCE NO: 22c

NAME: Reserved
DESCRIPTION: Reserved
TYPE: Alpha
SIZE: 5
COMMENTS:

EDITS

FIELD NUMBER: 129
POSITION: EJ(Household Sheet)
LINE REFERENCE NO: 22q.

NAME: Special Program FSS Participation Indicator
DESCRIPTION: Indicates whether the family participates in the FSS program
TYPE: Alpha
SIZE: 5
COMMENTS:

EDITS

FIELD NUMBER: 130
POSITION: EK(Household Sheet)
LINE REFERENCE NO: 23a(1).

NAME: Special Program Welfare to Work Voucher Participation Indicator
DESCRIPTION: Indicates whether the family participates in the FSS program
TYPE: Alpha
SIZE: 5
COMMENTS:

EDITS

FIELD NUMBER: 131
POSITION: EL(Household Sheet)
LINE REFERENCE NO: 23a(2).

NAME: **FSS Report Category**
DESCRIPTION: Indicates the FSS report category
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 132
POSITION: EM(Household Sheet)
LINE REFERENCE NO: 23b.

NAME: **FSS Effective Date of Action**
DESCRIPTION: The effective date of the self-sufficiency action
TYPE: Date
SIZE: 10
COMMENTS:

EDITS

FIELD NUMBER: 133
POSITION: EN(Household Sheet)
LINE REFERENCE NO: 23c.

NAME: **PHA Code of PHA Administrating FSS Contract**
DESCRIPTION: Indicates the PHA code of PHA administering FSS contract
TYPE: Date
SIZE: 10
COMMENTS:

EDITS

FIELD NUMBER: 134
POSITION: EO(Household Sheet)
LINE REFERENCE NO: 23d.

NAME: Reserved

DESCRIPTION: Reserved

TYPE: Alpha

SIZE: 5

COMMENTS:

EDITS

FIELD NUMBER: 135

POSITION: EP(Household Sheet)

LINE REFERENCE NO: 23e.

NAME: Reserved

DESCRIPTION: Reserved

TYPE: Alpha

SIZE: 5

COMMENTS:

EDITS

FIELD NUMBER: 136

POSITION: EQ(Household Sheet)

LINE REFERENCE NO: 23f.

NAME: Reserved

DESCRIPTION: Reserved

TYPE: Alpha

SIZE: 5

COMMENTS:

EDITS

FIELD NUMBER: 137

POSITION: ER(Household Sheet)

LINE REFERENCE NO: 23g.

NAME: **Date Current Employment Began**
DESCRIPTION: Indicates the start date of the current employment
TYPE: Date
SIZE: 10
COMMENTS:

EDITS

FIELD NUMBER: 138
POSITION: ES(Household Sheet)
LINE REFERENCE NO: 23h(2).

NAME: **Reserved**
DESCRIPTION: Reserved
TYPE: Alpha
SIZE: 5
COMMENTS:

EDITS

FIELD NUMBER: 139
POSITION: ET(Household Sheet)
LINE REFERENCE NO: 23h(4).

NAME: **Family Receives TANF Income Assistance Indicator**
DESCRIPTION: Indicates if the family receives TANF Income Assistance
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 140
POSITION: EU(Household Sheet)
LINE REFERENCE NO: 23h(5)(a).

NAME: Family Receives General Assistance Indicator

DESCRIPTION: Indicates if the family receives General Assistance

TYPE: Alpha

SIZE: 1

COMMENTS:

EDITS

FIELD NUMBER: 141

POSITION: EV(Household Sheet)

LINE REFERENCE NO: 23h(5)(b).

NAME: Family Currently Receives Food Stamps Indicator

DESCRIPTION: Indicates whether the family is receiving food stamps

TYPE: Alpha

SIZE: 1

COMMENTS:

EDITS

FIELD NUMBER: 142

POSITION: EW(Household Sheet)

LINE REFERENCE NO: 23h(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:

EDITS

FIELD NUMBER: 143

POSITION: EX(Household Sheet)

LINE REFERENCE NO: 23h(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:

EDITS

FIELD NUMBER: 144

POSITION: EY(Household Sheet)

LINE REFERENCE NO: 23h(5)(e).

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

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

TYPE: Alpha

SIZE: 1

COMMENTS:

EDITS

FIELD NUMBER: 145

POSITION: EZ(Household Sheet)

LINE REFERENCE NO: 23h(6).

NAME: **GED Need Indicator**

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

TYPE: Alpha

SIZE: 1

COMMENTS:

EDITS

FIELD NUMBER: 146
POSITION: FA(Household Sheet)
LINE REFERENCE NO: 23i(1)(A).

NAME: **High School Need Indicator**
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 147
POSITION: FB(Household Sheet)
LINE REFERENCE NO: 23i(1)(B).

NAME: **Post Secondary Need Indicator**
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 148
POSITION: FC(Household Sheet)
LINE REFERENCE NO: 23i(1)(C).

NAME: **Vocational/Job Training Need Indicator**
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 149
POSITION: FD(Household Sheet)
LINE REFERENCE NO: 23i(1)(D).

NAME: Job Search/Job Placement Need Indicator
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 150
POSITION: FE(Household Sheet)
LINE REFERENCE NO: 23i(1)(E).

NAME: Job Retention Need Indicator
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 151
POSITION: FF(Household Sheet)
LINE REFERENCE NO: 23i(1)(F).

NAME: Transportation Need Indicator
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 152
POSITION: FG(Household Sheet)
LINE REFERENCE NO: 23i(1)(G).

NAME: **Health Services Need Indicator**
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 153
POSITION: FH(Household Sheet)
LINE REFERENCE NO: 23i(1)(H).

NAME: **Alcohol and Other Drug Abuse Prevention Services Need Indicator**
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 154
POSITION: FI(Household Sheet)
LINE REFERENCE NO: 23i(1)(I).

NAME: **Mentoring Need Indicator**
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE: Alpha
SIZE: 1

COMMENTS:

EDITS

FIELD NUMBER: 155
POSITION: FJ(Household Sheet)
LINE REFERENCE NO: 23i(1)(J).

NAME: Homeownership Counseling Need Indicator
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 156
POSITION: FK(Household Sheet)
LINE REFERENCE NO: 23i(1)(K).

NAME: Individual Development Account (IDA) Need Indicator
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed
TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 157
POSITION: FL(Household Sheet)
LINE REFERENCE NO: 23i(1)(L).

NAME: Child Care Need Indicator
DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that this service is needed

TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 158
POSITION: FM(Household Sheet)
LINE REFERENCE NO: 23i(1)(M).

NAME: None Need Indicator

DESCRIPTION: Indicates if the FSS contract or WtW voucher identified that no service is needed

TYPE: Alpha
SIZE: 1
COMMENTS:

EDITS

FIELD NUMBER: 159
POSITION: FN(Household Sheet)
LINE REFERENCE NO: 23i(1)(N).

NAME: GED Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs

TYPE: Alpha
SIZE: 3
COMMENTS:

EDITS

FIELD NUMBER: 160
POSITION: FO(Household Sheet)
LINE REFERENCE NO: 23i(3)(A).

NAME: High School Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs

TYPE: Alpha

SIZE: 3

COMMENTS:

EDITS

FIELD NUMBER: 161

POSITION: FP(Household Sheet)

LINE REFERENCE NO: 23i(3)(B).

NAME: **Post Secondary Service Provider**

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS:

EDITS

FIELD NUMBER: 162

POSITION: FQ(Household Sheet)

LINE REFERENCE NO: 23i(3)(C).

NAME: **Vocational/Job Training Service Provider**

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS:

EDITS

FIELD NUMBER: 163

POSITION: FR(Household Sheet)

LINE REFERENCE NO: 23i(3)(D).

NAME: **Job Search/Job Placement Service Provider**

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha
SIZE: 3
COMMENTS:

EDITS

FIELD NUMBER: 164
POSITION: FS(Household Sheet)
LINE REFERENCE NO: 23i(3)(E).

NAME: Job Retention Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha
SIZE: 3
COMMENTS:

EDITS

FIELD NUMBER: 165
POSITION: FT(Household Sheet)
LINE REFERENCE NO: 23i(3)(F).

NAME: Transportation Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha
SIZE: 3
COMMENTS:

EDITS

FIELD NUMBER: 166
POSITION: FU(Household Sheet)
LINE REFERENCE NO: 23i(3)(G).

NAME: Health Services Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW

needs.
TYPE: Alpha
SIZE: 3
COMMENTS:

EDITS

FIELD NUMBER: 167
POSITION: FV(Household Sheet)
LINE REFERENCE NO: 23i(3)(H).

NAME: Alcohol and Other Drug Abuse Prevention Services Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha
SIZE: 3
COMMENTS:

EDITS

FIELD NUMBER: 168
POSITION: FW(Household Sheet)
LINE REFERENCE NO: 23i(3)(I).

NAME: Mentoring Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha
SIZE: 3
COMMENTS:

EDITS

FIELD NUMBER: 169
POSITION: FX(Household Sheet)
LINE REFERENCE NO: 23i(3)(J).

NAME: Homeownership Counseling Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS:

EDITS

FIELD NUMBER: 170

POSITION: FY(Household Sheet)

LINE REFERENCE NO: 23i(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:

EDITS

FIELD NUMBER: 171

POSITION: FZ(Household Sheet)

LINE REFERENCE NO: 23i(3)(L).

NAME: Child Care Service Provider

DESCRIPTION: Indicates the service provider that met the FSS/WtW needs.

TYPE: Alpha

SIZE: 3

COMMENTS:

EDITS

FIELD NUMBER: 172

POSITION: GA(Household Sheet)

LINE REFERENCE NO: 23i(3)(M).

NAME: Initial Start Date of Contract of Participation

DESCRIPTION: Beginning date of the contract of FSS participation

TYPE: Date

SIZE: 10

COMMENTS:

EDITS

FIELD NUMBER: 173

POSITION: GB(Household Sheet)

LINE REFERENCE NO: 23j(1).

NAME: Initial End Date of Contract of Participation

DESCRIPTION: The original end date of the contract of FSS participation

TYPE: Date

SIZE: 10

COMMENTS:

EDITS

FIELD NUMBER: 174

POSITION: GC(Household Sheet)

LINE REFERENCE NO: 23j(2).

NAME: Contract Extension Date

DESCRIPTION: Date through which the FSS contract was extended

TYPE: Date

SIZE: 10

COMMENTS:

EDITS

FIELD NUMBER: 175

POSITION: GD(Household Sheet)

LINE REFERENCE NO: 23j(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:

EDITS

FIELD NUMBER: 176

POSITION: GE(Household Sheet)

LINE REFERENCE NO: 23j(4).

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:

EDITS

FIELD NUMBER: 177

POSITION: GF(Household Sheet)

LINE REFERENCE NO: 3u

NAME: Effective Date of Family Subsidy Status

DESCRIPTION: Original date family qualified for continuation of assistance.

TYPE: Date

SIZE: 10

COMMENTS:

EDITS

FIELD NUMBER: 178

POSITION: GG(Household Sheet)

LINE REFERENCE NO: 3v

NAME: **Total Cash Value of Assets**
DESCRIPTION: The total of the individual cash value of the assets listed
TYPE: Numeric
SIZE: 6
COMMENTS:

EDITS

FIELD NUMBER: 179
POSITION: GH(Household Sheet)
LINE REFERENCE NO: 18f

NAME: **Total Anticipated Income**
DESCRIPTION: The total of anticipated income from assets
TYPE: Numeric
SIZE: 6
COMMENTS:

EDITS

FIELD NUMBER: 180
POSITION: GI(Household Sheet)
LINE REFERENCE NO: 18g

NAME: **Total sum of 19d**
DESCRIPTION: The total dollar amounts listed in column 19d.
TYPE: Numeric
SIZE: 6
COMMENTS:

EDITS

FIELD NUMBER: 181
POSITION: GJ(Household Sheet)
LINE REFERENCE NO: 19g

2.17 Additional Section Fields

This section of the technical reference guide contains specifications of new fields added to the “household members” section of the MTW Templates (CSV, XLS).

NAME: **Alien Registration Number**

DESCRIPTION: Alien Registration Number (A-number), if applicable, for any non-citizen member of the household

TYPE: Numeric

SIZE: 10

COMMENTS:

EDITS

FIELD NUMBER: 21

POSITION: X(Household Members Sheet)

LINE REFERENCE NO: 3p

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: 2

COMMENTS:

EDITS

FIELD NUMBER: 22

POSITION: Y(Household Members Sheet)

LINE REFERENCE NO: 3q

NAME: **Total Years of School**

DESCRIPTION: Enter the highest *grade* or the *full* years of formal schooling that the household member completed (0-25). Years of schooling begin with 1st grade (do not count kindergarten or pre-school).

TYPE: Numeric
SIZE: 2
COMMENTS:

EDITS

FIELD NUMBER: 23
POSITION: Z(Household Members Sheet)
LINE REFERENCE NO: 3r

NAME: **Type of asset**

DESCRIPTION: List any asset that has a dollar value or provides a source of income to the person listed in column 18a

TYPE: Alpha
SIZE: 16
COMMENTS:

EDITS

FIELD NUMBER: 26
POSITION: AA(Household Members Sheet)
LINE REFERENCE NO: 18b

NAME: **Calculation (PHA Use only)**

DESCRIPTION: Use this column to perform asset calculations.

TYPE: Numeric
SIZE: 6
COMMENTS:

EDITS

FIELD NUMBER: 27
POSITION: AB(Household Members Sheet)
LINE REFERENCE NO: 18c

NAME: **Cash value of asset**

DESCRIPTION: Estimated, known or calculated dollar value of the asset

listed.
TYPE: Numeric
SIZE: 6
COMMENTS:

EDITS

FIELD NUMBER: 28
POSITION: AC(Household Members Sheet)
LINE REFERENCE NO: 18d

NAME: Anticipated Income

DESCRIPTION: Total amount of income the family member expects to receive in the next 12-month period from the asset listed
TYPE: Numeric
SIZE: 6
COMMENTS:

EDITS

FIELD NUMBER: 29
POSITION: AD(Household Members Sheet)
LINE REFERENCE NO: 18e

NAME: Calculation (PHA use)

DESCRIPTION: Use this column to perform income calculations.
TYPE: Numeric
SIZE: 6
COMMENTS:

EDITS

FIELD NUMBER: 32
POSITION: AE(Household Members Sheet)
LINE REFERENCE NO: 19c

NAME: Income Exclusions

DESCRIPTION: Income excluded from annual income calculations.

TYPE: Numeric
SIZE: 6
COMMENTS:

EDITS

FIELD NUMBER: 33
POSITION: AF(Household Members Sheet)
LINE REFERENCE NO: 19e

NAME: **Income after exclusions**

DESCRIPTION: Income minus exclusions. Take dollars per year (line 19d) minus income exclusions (line 19e).

TYPE: Numeric
SIZE: 6
COMMENTS:

EDITS

FIELD NUMBER: 34
POSITION: AG(Household Members Sheet)
LINE REFERENCE NO: 19f

3 File Transmission Layout

The Form HUD-50058 MTW file transmission layout is as follows:

3.1 Household Sheet

| | |
|--------------------------|----------------------|
| Record Identifier | Record Number |
|--------------------------|----------------------|

| | | | | | | | |
|-------------------------------|------------------|---------------|-------------------|---------------------|----------------------|-------------------------------|----------------------------|
| Section 1 - MTW Agency | Agency Name - 1a | PHA Code - 1b | Program Type - 1c | Project Number - 1d | Building Number - 1e | Building Entrance Number - 1f | Unit Number (PH only) - 1g |
|-------------------------------|------------------|---------------|-------------------|---------------------|----------------------|-------------------------------|----------------------------|

| | | | | | | |
|-------------------------------|------------------|-------------------------------|-----------------|----------------------|------------------------|---|
| Section 2 - MTW Action | Action Type - 2a | Effective Date of Action - 2b | Correction - 2c | Correction Code - 2d | Date of Admission - 2h | Projected Effective Date of Next Re-Exam - 2i |
|-------------------------------|------------------|-------------------------------|-----------------|----------------------|------------------------|---|

| | | | | | |
|----------------------------------|----------------|-----------------|---------------------|----------|----------------------------------|
| Section 3 - MTW Household | Last Name - 3b | First Name - 3c | Middle Initial - 3d | SSN - 3n | Number of Household Members - 3t |
|----------------------------------|----------------|-----------------|---------------------|----------|----------------------------------|

| | | | | | | | |
|--|---------------------------------------|----------------------------|----------------|-----------------|--------------------|------------------------|-------------------------|
| Section 5 - MTW Unit to be Occupied on Effective Date of Action | Unit Address (Number and Street) - 5a | Unit Apartment Number - 5a | Unit City - 5a | Unit State - 5a | Unit Zip Code - 5a | Unit Zip Code + 4 - 5a | Number of Bedrooms - 5d |
|--|---------------------------------------|----------------------------|----------------|-----------------|--------------------|------------------------|-------------------------|

| | |
|--------------------------------------|------------------------|
| Section 18 - MTW Asset Income | MTW Asset Income - 18j |
|--------------------------------------|------------------------|

| | | | |
|----------------------------|-------------------------------------|---------------------------|------------------------------|
| Section 19 - Income | Total Income After Exclusions - 19h | Total Annual Income - 19i | Adjusted Annual Income - 19k |
|----------------------------|-------------------------------------|---------------------------|------------------------------|

| | | | | | |
|------------------------------------|--------------------|-------------------|--------------------------------|--|------------------------------|
| Section 20 - Public Housing | Type of Rent - 20a | Tenant Rent - 20b | Mixed Family Tenant Rent - 20c | Utility Allowance/monthly allowances - 20d | Ceiling Rent Indicator - 20e |
|------------------------------------|--------------------|-------------------|--------------------------------|--|------------------------------|

| | | | | | | |
|--|--------------------------------------|--------------------------|-----------------------------|-----------------------------|-----------------------|---------------------|
| Section 21 - MTW Tenant Based or Project Based Assistance | Flat Subsidy or Inc. based sub - 21a | Number of Bedrooms - 21b | Portability Indicator - 21d | Cost Billed per Month - 21e | PHA Code Billed - 21f | Rent to owner - 21i |
|--|--------------------------------------|--------------------------|-----------------------------|-----------------------------|-----------------------|---------------------|

| | | | | | |
|--|--------------------------|---------------------------|----------------------------|---|------------------------------|
| Utility Allowance/monthly allowances - 21j | Gross Rent of Unit - 21k | Flat Subsidy Amount - 21m | Tenant Rent to owner - 21n | Mixed Family Tenant Rent to Owner - 21p | Ceiling Rent Indicator - 21q |
|--|--------------------------|---------------------------|----------------------------|---|------------------------------|

| | | | | | | |
|---------------------------------------|------------------------------------|-----------------------------|-----------------------------|-----------------------|-------------------------------------|-----------------------------------|
| Section 22 - MTW Homeownership | Flat Sub or Income based sub - 22a | Portability Indicator - 22d | Cost Billed per Month - 22e | PHA Code Billed - 22f | Monthly Homeownership payment - 22g | Utility Allowance/ Estimate - 22h |
|---------------------------------------|------------------------------------|-----------------------------|-----------------------------|-----------------------|-------------------------------------|-----------------------------------|

| | | | | | |
|--------------------------------|-----------------------------------|---------------------------|--------------------------|---------------------------------------|--------------------------------------|
| Other monthly allowances - 22i | Gross Homeownership expense - 22j | Flat Subsidy Amount - 22k | Total Family Share - 22m | Mixed Family Total Family Share - 22n | Ceiling Family Share Indicator - 22p |
|--------------------------------|-----------------------------------|---------------------------|--------------------------|---------------------------------------|--------------------------------------|

| | | | | | | |
|--|------------------------------------|---|---|--|-------------------------------------|---|
| Section 23 - FSS/MTW FSS Addendum | Employed Status Indicator - 23h(1) | Benefits In Current Employment - Health Indicator - 23h(3)(A) | Benefits In Current Employment - Retirement Account Indicator - 23h(3)(B) | Benefits In Current Employment - Other Indicator - 23h(3)(C) | GED Needs Met Indicator - 23i(2)(A) | High school Needs Met Indicator - 23i(2)(B) |
|--|------------------------------------|---|---|--|-------------------------------------|---|

| | | | | | | |
|--|---|--|---|--|---|--|
| Post Secondary Needs Met Indicator - 23i(2)(C) | Vocational/Job Training Needs Met Indicator - 23i(2)(D) | Job Search/Job Placement Needs Met Indicator - 23i(2)(E) | Job Retention Needs Met Indicator - 23i(2)(F) | Transportation Needs Met Indicator - 23i(2)(G) | Health Services Needs Met Indicator - 23i(2)(H) | Alcohol and Other Drug Abuse Prevention Services Needs Met Indicator - 23i(2)(I) |
|--|---|--|---|--|---|--|

| | | | | | | |
|---|--|--|--|-------------------------------|---------------------------------|----------------------------------|
| Mentoring Needs Met Indicator - 23i(2)(J) | Homeownership Counseling Needs Met Indicator - 23i(2)(K) | Individual Development Account (IDA) Needs Met Indicator - 23i(2)(L) | Child Care Needs Met Indicator - 23i(2)(M) | Selection Preference - 23j(5) | Current Monthly Credit - 23k(1) | Current Account Balance - 23k(2) |
|---|--|--|--|-------------------------------|---------------------------------|----------------------------------|

| | | | |
|---|---|--|-------------------------------------|
| Current Amount Disbursed to Family - 23k(3) | Completed Contract Participation Indicator - 23m(1) | Left Because Family Moving to Homeownership Indicator - 23m(2) | Reason for Exiting Program - 23m(3) |
|---|---|--|-------------------------------------|

| | | | | | |
|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|
| PHA use only - 2q | PHA use only - 2r | PHA use only - 2s | PHA use only - 2t | PHA use only - 2u | Former HOH SSN - 3w |
|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|

| | | | |
|---|---|--|--|
| Date Unit Last Passes HQS Inspection - 5h | Date of Last Annual HQS Inspection - 5i | Other Special Program Indicator (1) - 2n | Other Special Program Indicator (2) - 2p |
|---|---|--|--|

| | | | | |
|--------------------------|--------------------------------|------------------------|--------------------------------|-------------------------------------|
| Additional Fields | Date Correction Transmitted 2e | Repayment agreement 2f | Monthly amount of repayment 2g | Date of admission to MTW program 2j |
|--------------------------|--------------------------------|------------------------|--------------------------------|-------------------------------------|

| | | | | | |
|--|---|------------------------------|------------------------------|--------------------------|-------------|
| FSS participation now or in last year 2k | MTW self-sufficiency participation now or in last year 2m | Date entered waiting list 4a | ZIP code before admission 4b | Homeless at admission 4c | Reserved 4d |
|--|---|------------------------------|------------------------------|--------------------------|-------------|

| | | | | | | | |
|--|-------------|------------------------------|---------------------------|------------------------------------|------------------------|-------------------------|----------------------------|
| Assisted under the 1937 Housing Act 4e | Reserved 4f | Mailing same as unit address | Family mailing address 5c | Family mailing apartment number 5c | Family mailing city 5c | Family mailing state 5c | Family mailing zip code 5c |
|--|-------------|------------------------------|---------------------------|------------------------------------|------------------------|-------------------------|----------------------------|

| | | | | | | |
|-------------------------------|---------------------------------------|--|---|------------------------|-------------------|-------------------|
| Family mailing zip code +4 5c | Unit identified as accessible unit 5e | Family Requested Accessibility Features Indicator 5f | Family Received Requested Accessibility Features Indicator 5g | Year Unit Was Built 5j | Structure type 5k | Passbook rate 18h |
|-------------------------------|---------------------------------------|--|---|------------------------|-------------------|-------------------|

| | | | | | | | |
|--------------------------|----------------|--------------|---------------------------------------|----------------|-------------------|--------------|---------------------------------------|
| Imputed asset income 18i | Deductions 19j | Reserved 20f | Is family now moving to this unit 21c | Owner name 21g | Owner TIN/SSN 21h | Reserved 21r | Is family now moving to this home 22b |
|--------------------------|----------------|--------------|---------------------------------------|----------------|-------------------|--------------|---------------------------------------|

| | | | | | | | |
|------------------------------------|--------------|---------------------------------------|---------------------------------------|-------------------------|----------------------------------|--|--------------|
| Date of initial HQS inspection 22c | Reserved 22q | Participant in special program 23a(1) | Participant in special program 23a(2) | FSS Report Category 23b | FSS Effective date of Action 23c | PHA code of PHA administering contract 23d | Reserved 23e |
|------------------------------------|--------------|---------------------------------------|---------------------------------------|-------------------------|----------------------------------|--|--------------|

| | | | | | |
|--------------|--------------|--------------------------------------|-----------------|----------------------------------|-------------------------------|
| Reserved 23f | Reserved 23g | Date current employment began 23h(2) | Reserved 23h(4) | TANF Income Assistance 23h(5)(a) | General Assistance? 23h(5)(b) |
|--------------|--------------|--------------------------------------|-----------------|----------------------------------|-------------------------------|

| | | | | | |
|-----------------------|---|------------------------------------|---|--------------------------------|--|
| Food Stamps 23h(5)(c) | Medicaid/Children's Health Insurance Program? 23h(5)(d) | Earned Income Tax Credit 23h(5)(e) | Number of children receiving child care services 23h(6) | GED Need Indicator - 23i(1)(A) | High school Need Indicator - 23i(1)(B) |
|-----------------------|---|------------------------------------|---|--------------------------------|--|

| | | | | | | |
|---|--|---|--|---|--|---|
| Post Secondary Need Indicator - 23i(1)(C) | Vocational/Job Training Need Indicator - 23i(1)(D) | Job Search/Job Placement Need Indicator - 23i(1)(E) | Job Retention Need Indicator - 23i(1)(F) | Transportation Need Indicator - 23i(1)(G) | Health Services Need Indicator - 23i(1)(H) | Alcohol and Other Drug Abuse Prevention Services Need Indicator - 23i(1)(I) |
|---|--|---|--|---|--|---|

| | | | | | |
|--------------------------------------|---|---|---------------------------------------|---------------------------------|----------------------------------|
| Mentoring Need Indicator - 23i(1)(J) | Homeownership Counseling Need Indicator - 23i(1)(K) | Individual Development Account (IDA) Need Indicator - 23i(1)(L) | Child Care Need Indicator - 23i(1)(M) | None Need Indicator - 23i(1)(N) | GED Service Provider - 23i(3)(A) |
|--------------------------------------|---|---|---------------------------------------|---------------------------------|----------------------------------|

| | | | | | |
|--|---|--|---|--|---|
| High school Service Provider - 23i(3)(B) | Post Secondary Service Provider - 23i(3)(C) | Vocational/Job Training Service Provider - 23i(3)(D) | Job Search/Job Placement Service Provider - 23i(3)(E) | Job Retention Service Provider - 23i(3)(F) | Transportation Service Provider - 23i(3)(G) |
|--|---|--|---|--|---|

| | | | | |
|--|---|--|---|---|
| Health Services Service Provider - 23i(3)(H) | Alcohol and Other Drug Abuse Prevention Services Service Provider - 23i(3)(I) | Mentoring Service Provider - 23i(3)(J) | Homeownership Counseling Service Provider - 23i(3)(K) | Individual Development Account (IDA) Service Provider - 23i(3)(L) |
|--|---|--|---|---|

| | | | | |
|---|---|---------------------------------------|---------------------------------|--|
| Child Care Service Provider - 23i(3)(M) | Initial start date of contract - 23j(1) | Initial end date of contract - 23j(2) | Contract date extended - 23j(3) | Number of family members with Individual Training and Services Plan - 23j(4) |
|---|---|---------------------------------------|---------------------------------|--|

| | | | | |
|--|--|-------------------------------|------------------------------|----------------------|
| Family subsidy status under noncitizen rule 3u | Eligibility effective date (mm/dd/yyyy) if qualified for continuation of full assistance (3u = C) 3v | Total Cash value of Asset 18f | Total Anticipated Income 18g | Total sum of 19d 19g |
|--|--|-------------------------------|------------------------------|----------------------|

3.2 Household Member Sheet

Record Number

| | | | | | | |
|----------------------------------|--------------------|----------------|-----------------|---------------------|--------------------|----------|
| Section 3 - MTW Household | Member Number - 3a | Last Name - 3b | First Name - 3c | Middle Initial - 3d | Date of Birth - 3e | Sex - 3g |
|----------------------------------|--------------------|----------------|-----------------|---------------------|--------------------|----------|

| | | | | | |
|---------------------------|------------------|-----------------|------------------------------|---|--|
| Member Relation Code - 3h | Citizenship - 3i | Disability - 3j | Race White Indicator - 3k(1) | Race Black / African American Indicator - 3k(2) | Race American Indian / Alaska Native Indicator - 3k(3) |
|---------------------------|------------------|-----------------|------------------------------|---|--|

| | | | |
|------------------------------|---|----------------|----------|
| Race Asian Indicator - 3k(4) | Race Native Hawaiian / other Pacific Islander Indicator - 3k(5) | Ethnicity - 3m | SSN - 3n |
|------------------------------|---|----------------|----------|

| | | |
|----------------------------|-------------------|------------------------|
| Section 19 - Income | Income Code - 19b | Dollars per Year - 19d |
|----------------------------|-------------------|------------------------|

| | | | |
|--------------------------|-----------------------------------|---|--------------------------|
| Additional Fields | Alien Registration Number (A#) 3p | Meeting community service requirement? (Public Housing only) 3q | Total years of school 3r |
|--------------------------|-----------------------------------|---|--------------------------|

| | | | |
|-------------------|--------------------------------|-------------------------|------------------------|
| Type of asset 18b | Calculation (PHA Use only) 18c | Cash value of asset 18d | Anticipated Income 18e |
|-------------------|--------------------------------|-------------------------|------------------------|

| | | |
|---------------------------|-----------------------|-----------------------------|
| Calculation (PHA use) 19c | Income exclusions 19e | Income after exclusions 19f |
|---------------------------|-----------------------|-----------------------------|