

UNIT STATUS UPDATE FORM

EMAIL or FAX this form to your TRACS Specialist (check one):

Attention:	<input type="checkbox"/> Matissa Burnip	<input type="checkbox"/> Tara Bukovatz	Montrea Broadway- Deberry
	<input type="checkbox"/> Pam Hayes	<input type="checkbox"/> Washington Nguyen	

Property Name: _____ Contract Number: _____

Date submitted through TRACS: _____ Unit Number: _____

Tenant Name: _____

Household assistance terminated effective date: _____

AVOID ERRORS: submit form PRIOR to submitting information via TRACS
Call your TRACS Specialist if manually entry is needed.

Reason for Termination	<input type="checkbox"/> TTP exceeds Gross Rent <input type="checkbox"/> Natural disaster or unhabitable <input type="checkbox"/> Did not provide citizenship documents <input type="checkbox"/> HUD abate unit <input type="checkbox"/> Tenant did not recertify on time and is required to pay market rent <input type="checkbox"/> Resident unqualified for subsidy at MI or IC (not double subsidy) <input type="checkbox"/> Tenant refuses to transfer <input type="checkbox"/> Double subsidy <input type="checkbox"/> Contract expired <input type="checkbox"/> Ineligible student <input type="checkbox"/> Other (please explain in space provided below) <input type="checkbox"/> Rehab or repair - tenant to return _____ _____
Unit removed from Section 8 contract <small>(developments containing multiple contracts with floating susidy)</small>	Effective date: _____ Subsidy going to unit number: _____ Unit size: _____ Contract Rent: _____
Unit changed contract	From contract: _____ To contract: _____
Market rate renter moved out	Effective date: _____
Change in household information	New Head of Household name: _____ Old Head of Household name: _____
Change in Social Security number	Member number: _____ Old Social Security number: _____ New Social Security number: _____ Other: (please explain) _____ _____ Effective date: _____

Submitted by _____ Date _____