

**AHTC EXTENDED USE PERIOD Form 200  
UNIT STATUS REPORT**

**Project and Building Information**

Project No.:	Name:	City:	Report Year:
Building No.:	Address:	Building Identification Number (BIN): WI	
Submitted By:	Title:	Phone No.:	Date:

**Unit Events** – list only the units that had reportable events for the report year

Unit No.	Unit Type	Event Type	Event Date	Household Name	Hshld. Type	No. of Hshld. Members	Gross Annual Income	Monthly Tenant Rent Payment	Utility Allowance	Type Rental Assist.(RA)	RA Amount	Student Status
Program Type		TC ___ 30% ___ 40% ___ 50% ___	HOME ___ 50% ___ 60% ___ 80% ___ OI ___		Tax Exempt ___ 50% ___ 60% ___ 80% ___ OI ___			AHDP ___ 50% ___ 80% ___ OI ___				
Household Member No.	Last Name	First Name	Middle Initial	Relationship to Head of Household	Date of Birth	Full-time Student	Last 4 digits SSN	Race	Ethnicity	Disability		
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See AHTC Form 201 for instructions

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