Repayment Agreements

- Brief Overview
- CA Challenges
- Voucher Fields
- Agreement Change Amount
- Reversing Agreements/Payments

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Repayment Agreements HUD Handbook 4350.3, REV-1, Chg. 4., Chapter 8

Overpaid Subsidy

Tenants are obligated to reimburse HUD if they are charged less rent than required due to underreporting or failure to report proper income.

- Incorrect/false information on any application, certification, or recertification.
- Pay back the difference in Subsidy/Rent.
- Based on changes in:
- TTP
- Income
- Family Composition, etc.

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Repayment Agreements

The owner is not required to reimburse HUD immediately for overpayments of assistance caused by the Tenants' failure to report accurately.

- 50059s are corrected, signed, and submitted electronically.
- Creates the Retroactive Adjustments on the Voucher.
 - Returning the overpaid subsidy back to HUD.
- Supports the total Agreement Amount.
 - Requested in the Agreements section of the Voucher.

Public

Public

Repayment Agreements HUD Handbook 4350.3, REV-1, Chg. 4., Chapter 8



Notification and Meeting with the Tenant

Owners must notify and meet with the tenant to discuss the situation, and both agree to the terms of the Repayment Agreement.

The Tenant must sign all required certifications (50059s) and the Repayment Agreement.



Certification(s) and Voucher Processing

Transmit the signed 50059s, the Voucher, & the signed Agreement to your CCS for processing.

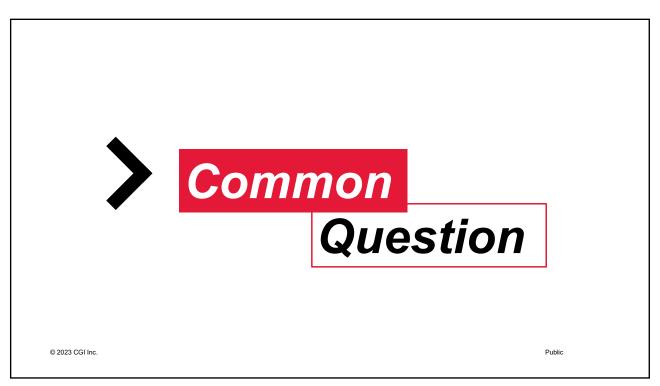
Prior to transmitting, **review the 52670** to ensure accuracy. Certifications processed would generate a Retroactive Adjustment amount generally equal to the total amount owed by the tenant.



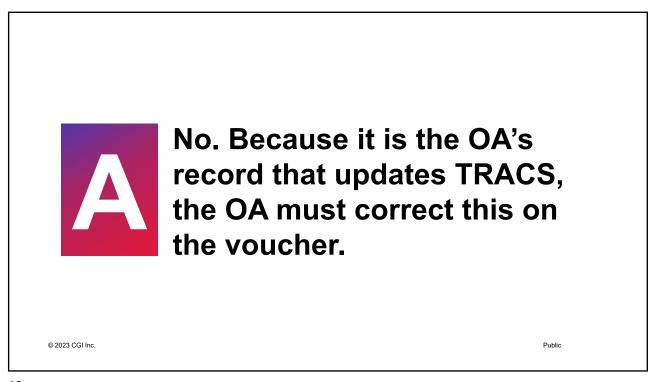
Reimbursement to HUD for Overpayment

Tenants begin to make payments. Payments less OA Costs are placed on the voucher to be returned to HUD.

To help offset some of the costs incurred, Owners may retain **the lesser of their actual cost, or 20% percent (rounded down)** of the payment amount collected.

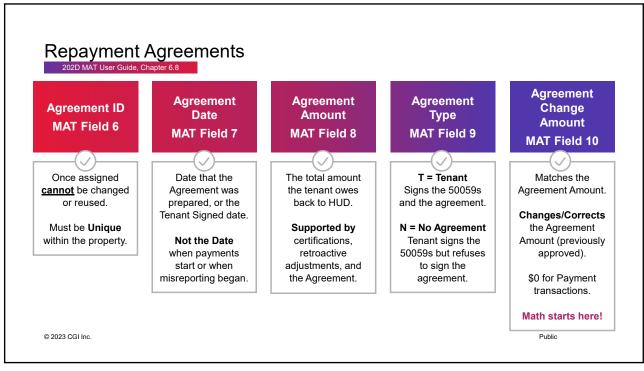


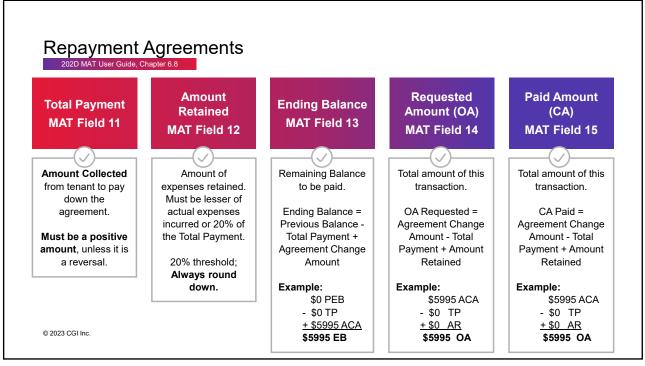


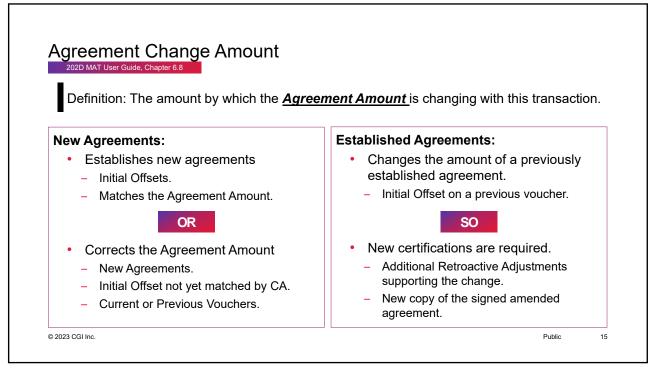


| Origination of Data | |
|--|---|
| • | ibility for the correction of errors rests with the OA. |
| v | review, and notify the OA of any errors. |
| It is the OAs responsibility to submit a | |
| | |
| CAs cannot update TRACS on the | DA's behalf. |
| · | |
| OA's Record – Updates TRACS. | |
| CAs only control the Approved Amo | <i>unt</i> field. |
| | <u></u> |
| IAT User Guide | Chater 7 Required Subsidy Data Reporting |

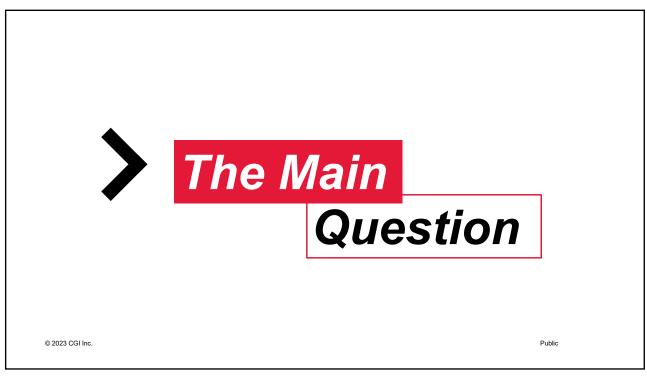
| Repayment Agreeme Tenant Assistance Pa Before completing this form, read | ayments Due and follow the instru | e ctions in the Month | | (Federal nission (MAT) | | g iissioner iee the stateme | nts on the form I | | | (E blic burden. | al No. 2502-01 Exp. 06/30/201 |
|--|--------------------------------------|--------------------------|-----------|-------------------------------|---------------|-----------------------------------|------------------------|----------------------------|---|--------------------------|----------------------------------|
| 1. Asst. Pymts Due For (mm/yyyy) 09/2023 | | ABC Apartments | 3 | 3. FHA / EH / | Non-Insured F | roj. No: | 4. Section 8 / P/ C | AC / PRAC Co A123456789 | | 5. Type of Subsi 1: S | · • |
| 6. Head of Household Name (Last, First) 7. Unit Number 8. Agreement ID Agreement ID Date 10. Agreement ID Date 10. Date 10. Agreement Type Amount 11. Type Amount 11. Agreement Agreement Change Amount 12. Agreement Change Amount 13. Total Payment Balance 14. Total Payment Balance 15. Total Payment Balance 15. Total Payment Balance 15. Retained 15. Retained 16. Last, First 16. | | | | | | | | | | | |
| Ball, Crystal | 102 | u02much | 8/15/2023 | т | 5995 | 5995 | 0 | 5995 | 0 | 5995 | 599 |
| 03A – Further | | | | | | | | | | | |





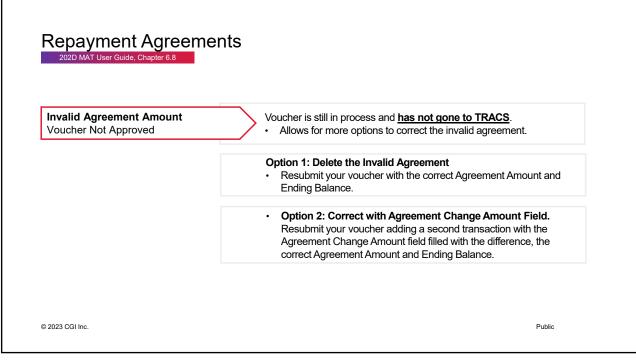




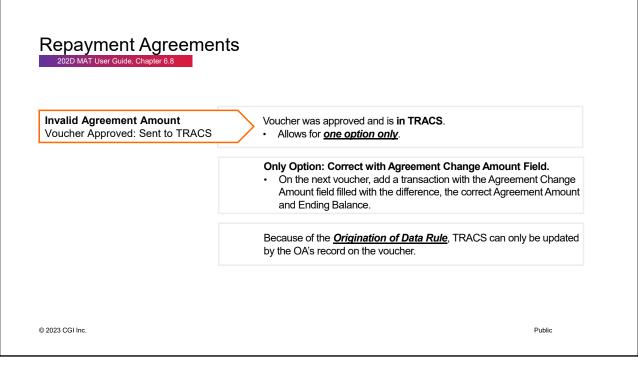


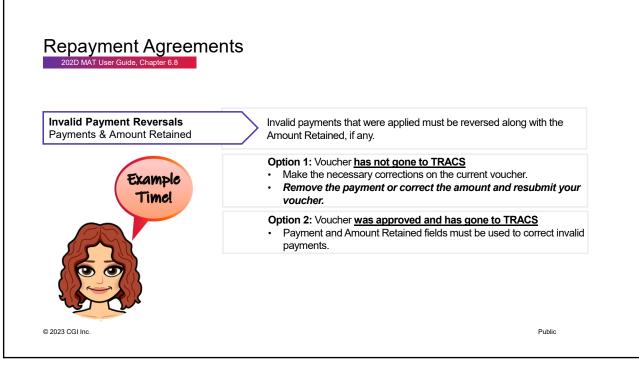










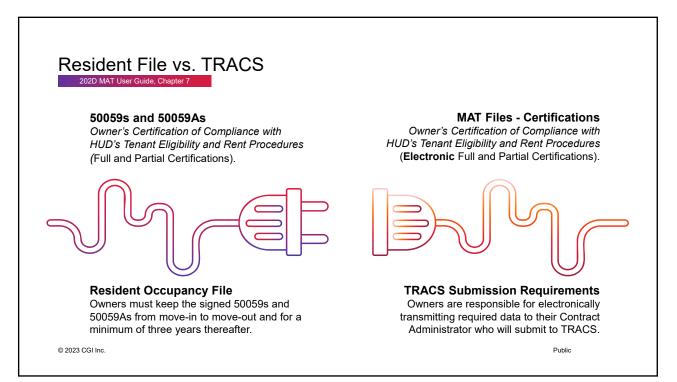


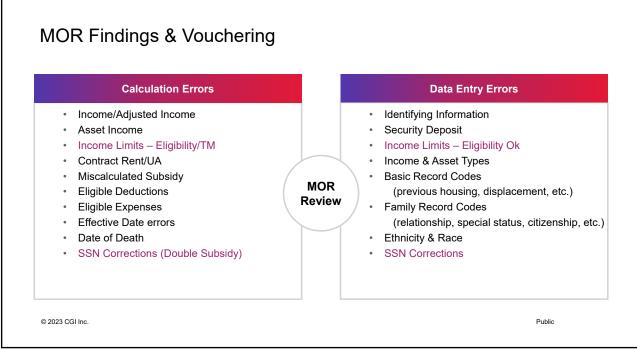


MORs: Impact on Vouchering

- Resident File vs. TRACS
- Common MOR Findings
- Retroactive SSN Changes
- TRACS Concept of Sequencing

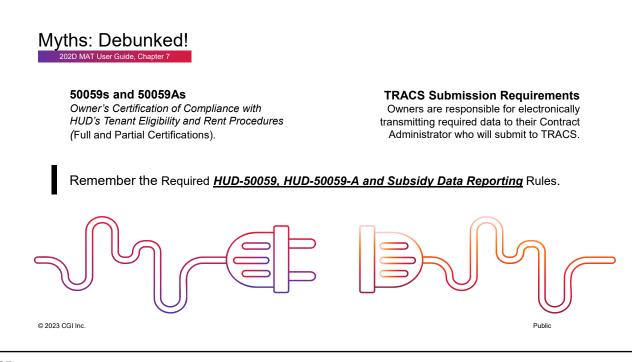


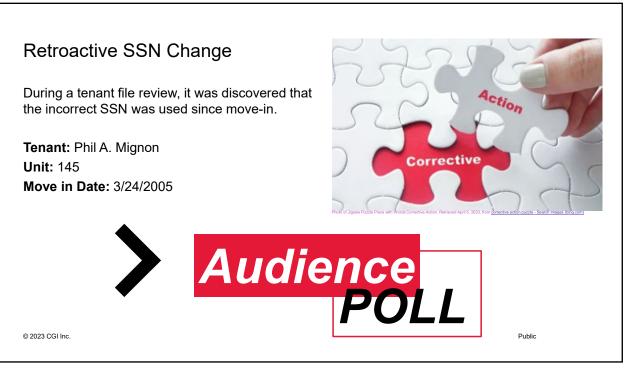


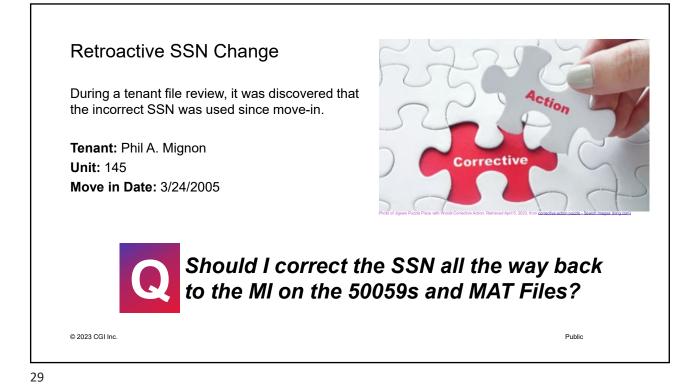












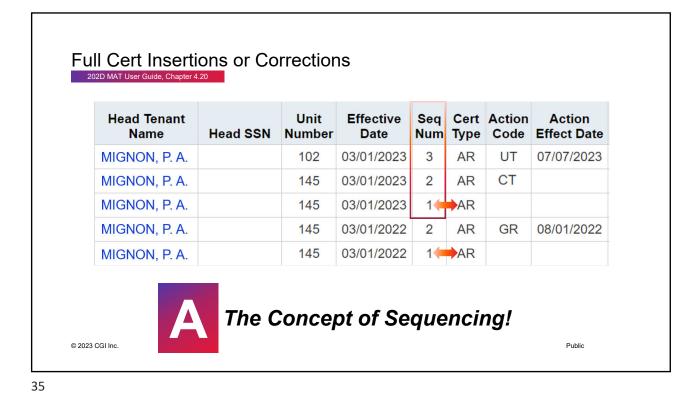


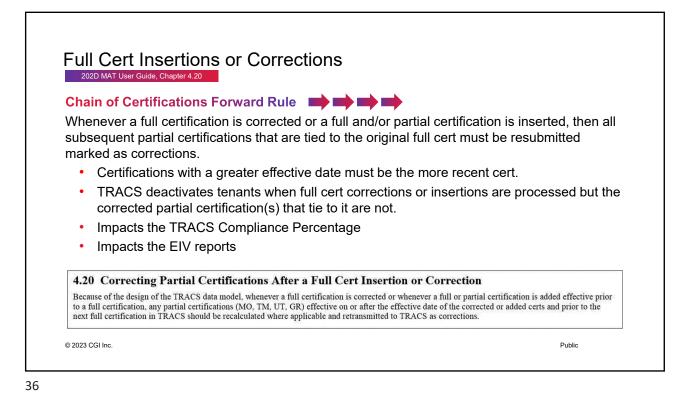
| Retroactive S 202D MAT User Guide, Chap TRACS is not desig | U | ion of SSNs retroactively. |
|--|---|--|
| Change/correct information (Nat | ous HOH fields: C - Fields 60-65 the HOH identifying me, DOB, SSN). rent HOH to another | Active Full Cert Effective Date: 50059 - Section C - Fields 63 Intended to point to the current and active MAT10 in TRACS—not to any earlier cert. <u>Main reason</u> why retroactive SSN changes do not work in TRACS. |
| | Section C. Hou | sehold Information |
| 60. Previous Head Last Name 61. Previous Head First Name | | 63. Active Full Cert. Effective Date |
| | | 64. Previous Head ID 65. Previous Head Birth Date |

| | | ter 4.16 | | | | | | |
|---|------------|---------------------|-------------------|-------|------|----------------|---------------|---|
| | | | Se | ction | С. Н | ouseh | old Informati | ion |
| 60. Previous Head 61. Previous Head 62. Previous Head | First Name | MIGNON PHIL A | | | | | | 63 Active Full Cert. Effective Date 03/01/2023 64. Previous Head ID XXX-XXXXX 65. Previous Head Birth Date 01-23-4567 |
| Head Tenant Name | Head SSN | Unit Number | Effective Date | | | Action Code | | |
| MIGNON, P. A. | | 102 | 03/01/2023 | 3 | AR | UT | 07/07/2023 | |
| MIGNON, P. A. | | 145 | 03/01/2023 | 2 | AR | CŢ | | What else is |
| MIGNON, P. A. | | 145 | 03/01/2023 | 1 | AR | | | important? |
| MIGNON, P. A. | | 145 | 03/01/2022 | 2 | AR | GR | 08/01/2022 | |
| MIGNON, P. A. | | 145 | 03/01/2022 | 1 | AR | | | |
| MIGNON, P. A. | | 145 | 03/01/2021 | 3 | AR | GR | 08/01/2021 | |
| MIGNON, P. A. | | 145 | 03/01/2021 | 2 | AR | СТ | 03/01/2021 | |
| MIGNON, P. A. | | 145 | 03/01/2021 | 1 | AR | | | |
| MIGNON, P. A. | | 145 | 03/01/2015 | 1 | AR | | | |
| MIGNON, P. A. | | 145 | 03/01/2010 | 1 | *AR* | | | |
| MIGNON, P. A. | | 145 | 03/24/2005 | 1 | *MI* | | | Public |

| | | | Se | ction | С. Н | ouseh | old Informati | on | | |
|---|------------|---------------------|------------------------|-------|------|----------------|-----------------------|---|-------------|-----------------------------------|
| 60. Previous Head 61. Previous Head 62. Previous Head | First Name | MIGNON PHIL A | | | | | | 63. Active Full C 64. Previous He 65. Previous He | ad ID XXX-X | 3/01/2023 XX-XXXX -23-4567 |
| Head Tenant Name | Head SSN | Unit Number | Effective Date | | | Action Code | Action Effect Date | | | |
| MIGNON, P. A. | | 102 🗲 | 03/01/2023 | З | AR | UT | 07/07/2023 | | | |
| MIGNON, P. A. | | 145 🔶 | 03 /01/2023 | 2 | AR | СТ | | | What els | e is |
| MIGNON, P. A. | | 145 | 03/01/2023 | 1 | AR | | | | importar | nt? |
| MIGNON, P. A. | | 145 | 03/01/2022 | 2 | AR | GR | 08/01/2022 | | importan | 11; |
| MIGNON, P. A. | | 145 | 03/01/2022 | 1 | AR | | | | | |
| MIGNON, P. A. | | 145 | 03/01/2021 | 3 | AR | GR | 08/01/2021 | | The Unit | |
| MIGNON, P. A. | | 145 | 03/01/2021 | 2 | AR | СТ | 03/01/2021 | | | |
| MIGNON, P. A. | | 145 | 03/01/2021 | 1 | AR | | | | Transfer | ! |
| MIGNON, P. A. | | 145 | 03/01/2015 | 1 | AR | | | | | |
| MIGNON, P. A. | | 145 | 03/01/2010 | 1 | *AR* | | | | | |
| MIGNON, P. A. | | 145 | 03/24/2005 | 1 | *MI* | | | | Public | |

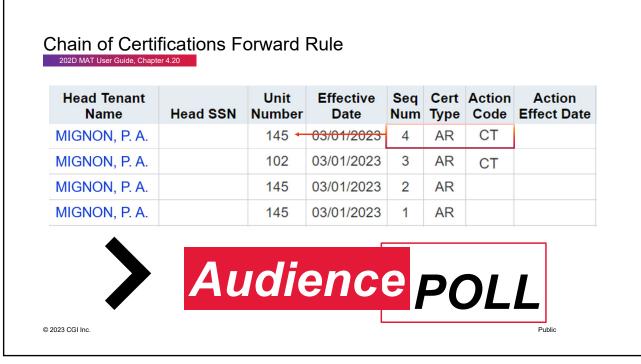
| Head Tenant Name | Head SSN | Unit Number | Effective Date | | Cert Type | Action Code | Action Effect Date |
|---------------------|----------|----------------|-------------------|---|--------------|----------------|-----------------------|
| MIGNON, P. A. | | 102 | 03/01/2023 | 3 | AR | UT | 07/07/2023 |
| MIGNON, P. A. | | 145 | 03/01/2023 | 2 | AR | СТ | |
| MIGNON, P. A. | | 145 | 03/01/2023 | 1 | AR | | |
| MIGNON, P. A. | | 145 | 03/01/2022 | 2 | AR | GR | 08/01/2022 |
| MIGNON, P. A. | | 145 | 03/01/2022 | 1 | AR | | |





| Head SSN | Unit Number | Effective Date | | | Action Code | Action Effect Date |
|----------|----------------|---|---|---|---|---|
| | 145 | 03/01/2023 | | AR | СТ | |
| | 102 | 03/01/2023 | 3 | AR | СТ | |
| | 145 | 03/01/2023 | 2 | AR | | |
| | 145 | 03/01/2023 | 1 | AR | | |
| | Head SSN | Head SSN Number 145 102 145 145 | Head SSN Number Date 145 03/01/2023 102 03/01/2023 145 03/01/2023 | Head SSN Number Date Num 145 03/01/2023 4 102 03/01/2023 3 145 03/01/2023 2 | Head SSN Number Date Num Type 145 03/01/2023 4 AR 102 03/01/2023 3 AR 145 03/01/2023 2 AR | Head SSN Number Date Num Type Code 145 03/01/2023 4 AR CT 102 03/01/2023 3 AR CT 145 03/01/2023 3 AR CT |

| Head Tenant Name | Head SSN | Unit Number | Effective Date | Seq Num | | Action Code | Action Effect Date |
|---------------------|---------------|----------------|-------------------|------------|-------|----------------|-----------------------|
| MIGNON, P. A. | | 145 🛨 | 03/01/2023 | 4 | AR | СТ | |
| MIGNON, P. A. | | 102 | 03/01/2023 | 3 | AR | СТ | |
| MIGNON, P. A. | | 145 | 03/01/2023 | 2 | AR | | |
| MIGNON, P. A. | | 145 | 03/01/2023 | 1 | AR | | |
| ļ | Oh n The t | | is back | in tl | ne ol | ld un | it. |

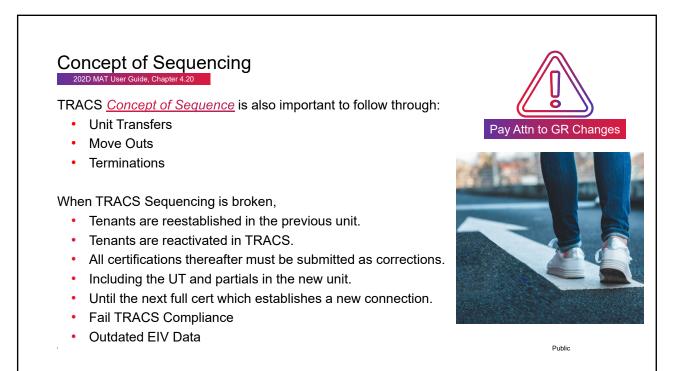


| 145 ← 102 | 03/01/2023 | 4 | Type AR | Code CT | |
|--------------|------------|------------------------|---------------------------|-------------------------------|-------------------------------------|
| 102 | | | | CI | |
| 102 | 03/01/2023 | 3 | AR | СТ | |
| 145 | 03/01/2023 | 2 | AR | | |
| 145 | 03/01/2023 | 1 | AR | | |
| | this and | d wh | ıy di | d this | s happe |
| | | do we correct this and | do we correct this and wh | do we correct this and why di | do we correct this and why did this |

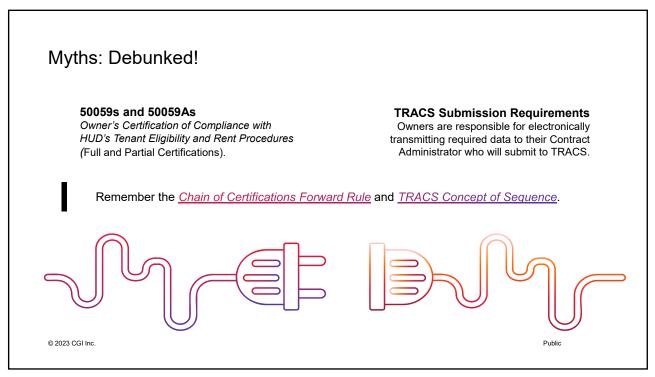
| Head Tenant Name | Head SSN | Unit Number | Effective Date | | | Action Code | Action Effect Date |
|---------------------|----------|----------------|-------------------|---|----|----------------|-----------------------|
| MIGNON, P. A. | | 102 | 03/01/2023 | 5 | AR | UT | 07/07/2023 |
| MIGNON, P. A. | | 145 | 03/01/2023 | 4 | AR | СТ | |
| MIGNON, P. A. | | 102 | 03/01/2023 | 3 | AR | СТ | |
| MIGNON, P. A. | | 145 | 03/01/2023 | 2 | AR | | |
| MIGNON, P. A. | | 145 | 03/01/2023 | 1 | AR | | |



A correction UT to follow the Chain of Certifications Forward Rule adding Sequence #5, which brings the tenant back into the proper unit.







TRACS Identification Number (T-ID) 202D MAT User Guide, Chapter 4.16 No Valid SSN: **Retrieve the T-ID:** Submit cert with all 999s. Log into Enterprise Income Verification • • Use the proper Exception Code. Access the Identity Verification Report • • TRACS will issue a T-ID. Review the Failed EIV Pre-Screening • Report Use it on all certs... going forward. • • T-ID will be in the Reported Error TRACS already has the T-ID stored. Messages. Contact TRACS Helpdesk **Chain of Certifications Forward Rule** Section C. Household Information 41. 42. 43. Special Stdnt 44. 45. 46. SSN Ctzn 47. Alien Reg. 49. 36. 37. 38. 39. 33. 34. 35. 40. 48. Birth ID Code Work No. Last Name First Name MI Rel. Sex Race Eth Age Date Status Stat. (SSN) Excp Code Number Codes 01 Pendous 02 Pendous H M D M Stu 0 10102001 123456789 22 XX м E Unstu 0 10102022 00000000000 1 © 2023 CGI Inc. Public

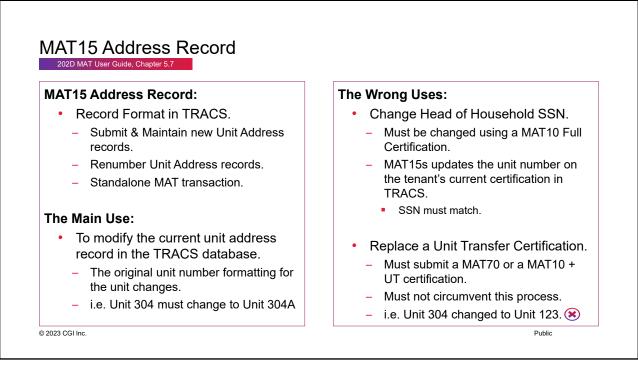


MAT15 Address Record

- Renumbering Unit Numbers
- The Main Uses
- The Wrong Uses
- Proper Processing Order

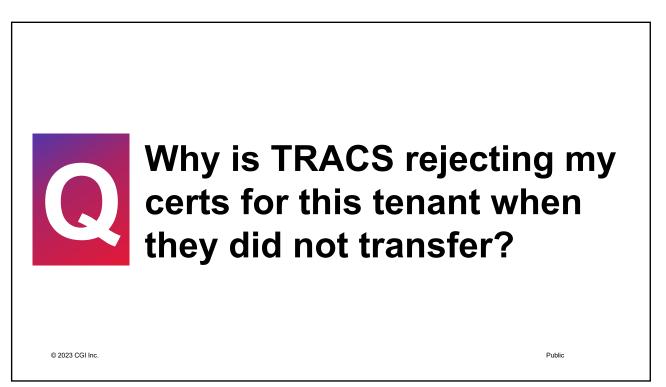


Public



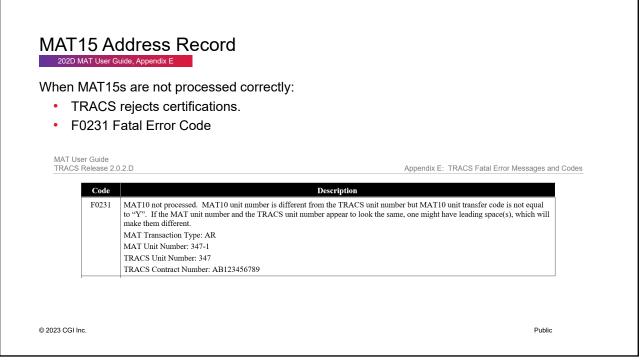


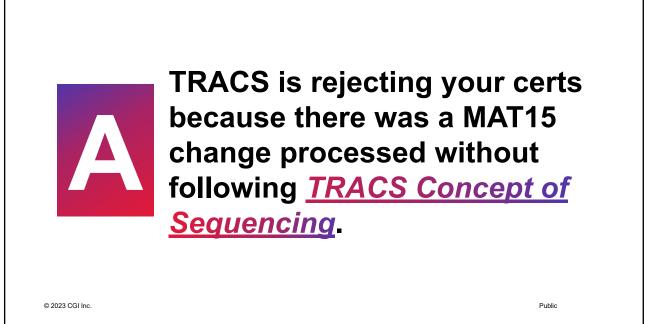


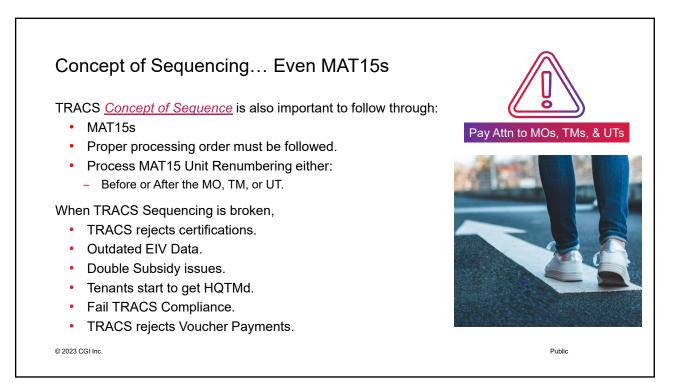


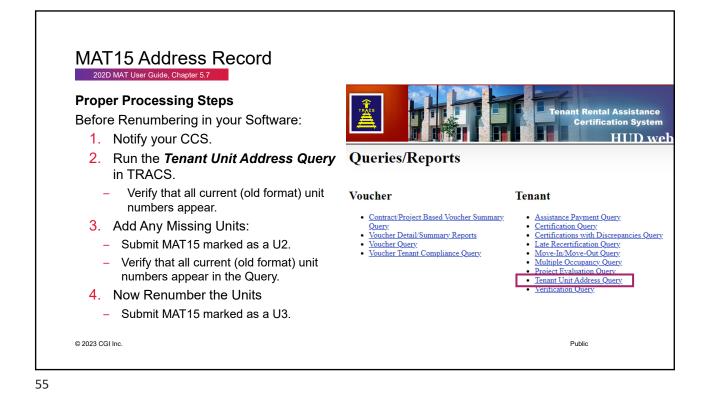














MAT15 Address Record

Best Practices:

- Do not change unit number formatting, unless it is required.
 - Example: LIHTC (Low Income Housing Tax Credit)
 - Generally, requires a change in unit number formatting.
- Software Changes
 - Generally, does not require a change in unit number formatting.
 - Confirm with your Software Vendor.
- Consider MOs, TMs, and UTs
 - Process MAT15s either before or after.
 - Previous Unit Number field must match TRACS.

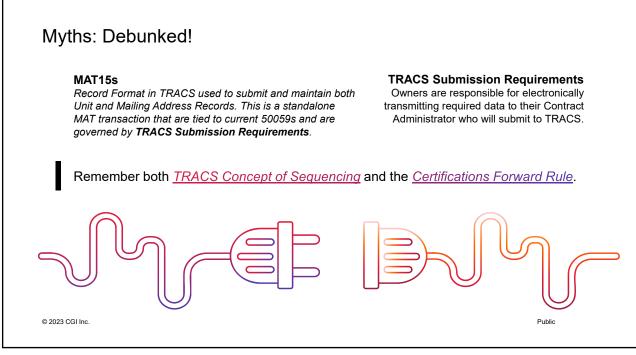
© 2023 CGI Inc.







Public

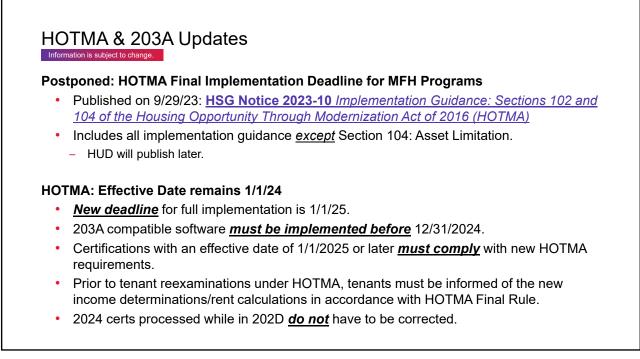




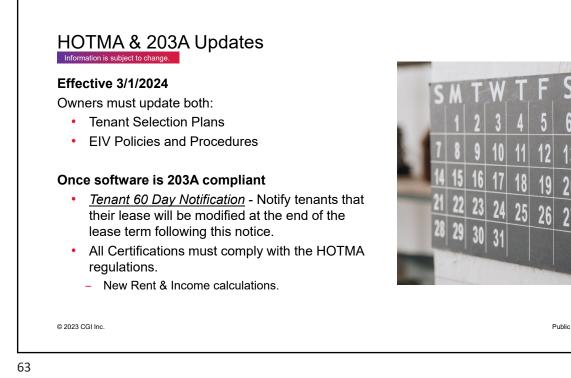
HOTMA & 203A Updates

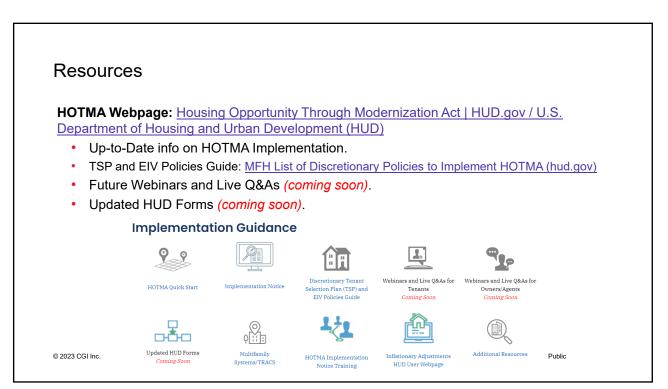
- Supplemental Notice for HOTMA Implementation
- Deadlines Extended
- Resources

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Repayment Agreements for Schedule of Tenant Assistance Payments Due

U.S. Department of Housing and Urban Development

Example 1 3 Approval No. 2502-0182 (Exp. 06/30/2016)

Office of Housing Federal Housing Commissioner

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide. See the statements on the form HUD-52670 information on public burden.

| 1. Asst. Pymts Due For (mm/yyyy): | 2. Project Name | : | | 3. FHA / EH / | Non-Insured P | roj. No: | 4. Section 8 / P | AC / PRAC Co | ntract No: | 5. Type of Subsid | dy: |
|---|-------------------|--------------------|-------------------------|--------------------------|----------------------------|--------------------------------------|----------------------|--------------------------|---------------------------|-----------------------------|--|
| 09/2023 | | ABC Apartments | 3 | | | | 0 | CA123456789 | 9 | 1: Se | ec 8 |
| 6. Head of Household Name (Last, First) | 7. Unit Number | 8. Agreement ID | 9. Agreement Date | 10. Agreement Type | 11. Agreement Amount | 12. Agreement Change Amount | 13. Total Payment | 14. Ending Balance | 15. Amount Retained | 16a. Amount Requested | 16b. Approved (HUD/CA use only) |
| Ball, Crystal | 102 | u02much | 8/15/2023 | Т | 5995 | 5995 | 0 | 5995 | 0 | 5995 | |
| | | | | | | | | \uparrow | | \uparrow | |
| | | | | | | | Math | Amounts | Math | Amounts | |
| | | | | | | | PB | 0 | ACA | 5995 | |
| | | | | | | | - TP | 0 | - TP | 0 | |
| | | | | | | | + ACA | 5995 | + AR | 0 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

17. Totals for this page

| | | | Not Approved |
|--------------|-------------------|------------------------------------|--------------------|
| MAT Field | Math | Item No & Field Name | Sept/23 Voucher |
| 3 | Identifying Entry | 6. Head Last Name | Ball |
| 4 | Identifying Entry | 6. Head First Name | Crystal |
| 5 | Identifying Entry | 7. Unit Number | 102 |
| 6 | Identifying Entry | 8. Agreement ID | u02much |
| 7 | Identifying Entry | 9. Agreement Date | 8/15/2023 |
| 8 | Identifying Entry | 11. Agreement Amount | \$5,995 |
| 9 | Identifying Entry | 10. Agreement Type (T or N) | Т |
| 10 | Math Entry | 12. Agreement Change Amount | \$5,995 |
| 11 | Math Entry | 13. Total Payment | \$0 |
| 12 | Math Entry | 15. Amount Retained (< 20% of TP) | \$0 |
| 13 | PB* - TP + ACA | 14. Ending Balance | \$5,995 |
| 14 | ACA - TP + AR | 16a. Amount Requested (OA) | \$5,995 |
| 15 | ACA - TP + AR | 16b. Amount Paid (CA) | \$0 |

Previous Ending Balance* \$0

| Money Transaction | Sept/23 Voucher |
|-------------------------|--------------------|
| Retroactive Adjustments | (\$5,490) |
| Offsetting | \$0 |
| Payment Collected | \$0 |
| OA Retained | \$0 |
| Send to HUD | \$0 |
| Total Money on Voucher | \$0 |

Repayment Agreements for Schedule of Tenant Assistance Payments Due

U.S. Department of Housing and Urban Development Office of Housing

Example 2 3 Appr

3 Approval No. 2502-0182 (Exp. 06/30/2016)

Federal Housing Commissioner

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide. See the statements on the form HUD-52670 information on public burden.

| 1. Asst. Pymts Due For (mm/yyyy): 2. Project Name: | | | | | | 4. Section 8 / F | 8 / PAC / PRAC Contract No: | | 5. Type of Subsidy: | | |
|--|-------------------|--------------------|-------------------------|--------------------------|----------------------------|--------------------------------------|-----------------------------|--------------------------|---------------------------|-----------------------------|--|
| 10/2023 | | ABC Apartments | 3 | | | | (| CA123456789 | 9 | 1: Se | ec 8 |
| 6. Head of Household Name (Last, First) | 7. Unit Number | 8. Agreement ID | 9. Agreement Date | 10. Agreement Type | 11. Agreement Amount | 12. Agreement Change Amount | 13. Total Payment | 14. Ending Balance | 15. Amount Retained | 16a. Amount Requested | 16b. Approved (HUD/CA use only) |
| Ball, Crystal | 102 | u02much | 8/15/2023 | Т | 5490 | -505 | 0 | 5490 | 0 | -505 | 549 |
| | | | | | | | Math | Amounts | Math | Amounts | |
| | | | | | | | PB | 5995 | ACA | -505 | |
| | | | | | | | - TP | 0 | - TP | 0 | |
| | | | | | | | + ACA | -505 | + AR | 0 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | 1 | 1 | 1 | 1 | | 1 | 17. Totals for th | nis page | | |

| | | | Not Approved | Approved: ACA & CA |
|--------------|-------------------|------------------------------------|--------------------|-----------------------|
| MAT Field | Math | Item No & Field Name | Sept/23 Voucher | Oct/23 Voucher |
| 3 | Identifying Entry | 6. Head Last Name | Ball | Ball |
| 4 | Identifying Entry | 6. Head First Name | Crystal | Crystal |
| 5 | Identifying Entry | 7. Unit Number | 102 | 102 |
| 6 | Identifying Entry | 8. Agreement ID | u02much | u02much |
| 7 | Identifying Entry | 9. Agreement Date | 8/15/2023 | 8/15/2023 |
| 8 | Identifying Entry | 11. Agreement Amount | \$5,995 | \$5,490 |
| 9 | Identifying Entry | 10. Agreement Type (T or N) | Т | Т |
| 10 | Math Entry | 12. Agreement Change Amount | \$5,995 | (\$505) |
| 11 | Math Entry | 13. Total Payment | \$0 | \$0 |
| 12 | Math Entry | 15. Amount Retained (< 20% of TP) | \$0 | \$0 |
| 13 | PB* - TP + ACA | 14. Ending Balance | \$5,995 | \$5,490 |
| 14 | ACA - TP + AR | 16a. Amount Requested (OA) | \$5,995 | (\$505) |
| 15 | ACA - TP + AR | 16b. Amount Paid (CA) | \$0 | \$5,490 |
| | | | | <u> </u> |

Previous Ending Balance*\$0\$5,995

| Money Transaction | Sept/23 Voucher | Oct/23 Voucher |
|-------------------------|--------------------|-------------------|
| Retroactive Adjustments | (\$5,490) | \$0 |
| Offsetting | \$0 | \$5,490 |
| Payment Collected | \$0 | \$0 |
| OA Retained | \$0 | \$0 |
| Send to HUD | \$0 | \$0 |
| Total Money on Voucher | \$0 | \$5,490 |

Repayment Agreements for Schedule of Tenant Assistance Payments Due

U.S. Department of Housing and Urban Development Office of Housing

Example 3

3 Approval No. 2502-0182 (Exp. 06/30/2016)

Federal Housing Commissioner

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide. See the statements on the form HUD-52670 information on public burden.

| | | | 3. FHA / EH / Non-Insured Proj. No: 4. Section 8 / | | | 4. Section 8 / P | on 8 / PAC / PRAC Contract No: | | 5. Type of Subsidy: | | |
|---|-------------------|--------------------|--|--------------------------|----------------------------|--------------------------------------|--------------------------------|--------------------------|---------------------------|-----------------------------|--|
| 11/2023 | | ABC Apartments | 5 | | | | (| CA123456789 |) | 1: Sec 8 | |
| 6. Head of Household Name (Last, First) | 7. Unit Number | 8. Agreement ID | 9. Agreement Date | 10. Agreement Type | 11. Agreement Amount | 12. Agreement Change Amount | 13. Total Payment | 14. Ending Balance | 15. Amount Retained | 16a. Amount Requested | 16b. Approved (HUD/CA use only) |
| Ball, Crystal | 102 | u02much | 8/15/2023 | Т | 5490 | 0 | 200 | 5290 | 40 | -160 | -16 |
| | | | | | | | Math | Amounts | Math | Amounts | |
| | | | | | | | PB | 5490 | ACA | 0 | |
| | | | | | | | - TP | 200 | - TP | 200 | |
| | | | | | | | + ACA | 0 | + AR | 40 | |
| | | | | | | | | | | | |

| | | | Not Approved | Approved: ACA & CA | Payment |
|--------------|-------------------|-----------------------------------|--------------------|-----------------------|-------------------|
| MAT Field | Math | Item No & Field Name | Sept/23 Voucher | Oct/23 Voucher | Nov/23 Voucher |
| 3 | Identifying Entry | 6. Head Last Name | Ball | Ball | Ball |
| 4 | Identifying Entry | 6. Head First Name | Crystal | Crystal | Crystal |
| 5 | Identifying Entry | 7. Unit Number | 102 | 102 | 102 |
| 6 | Identifying Entry | 8. Agreement ID | u02much | u02much | u02much |
| 7 | Identifying Entry | 9. Agreement Date | 8/15/2023 | 8/15/2023 | 8/15/2023 |
| 8 | Identifying Entry | 11. Agreement Amount | \$5,995 | \$5,490 | \$5,490 |
| 9 | Identifying Entry | 10. Agreement Type (T or N) | Т | Т | Т |
| 10 | Math Entry | 12. Agreement Change Amount | \$5,995 | (\$505) | \$0 |
| 11 | Math Entry | 13. Total Payment | \$0 | \$ 0 | \$200 |
| 12 | Math Entry | 15. Amount Retained (< 20% of TP) | \$0 | \$0 | \$40 |
| 13 | PB* - TP + ACA | 14. Ending Balance | \$5,995 | \$5,490 | \$5,290 |
| 14 | ACA - TP + AR | 16a. Amount Requested (OA) | \$5,995 | (\$505) | (\$160) |
| 15 | ACA - TP + AR | 16b. Amount Paid (CA) | \$0 | \$5,490 | (\$160) |
| | | | | | |
| | | Previous Ending Balance* | \$0 | \$5,995 | \$5,490 |

| Money Transaction | Sept/23 Voucher | Oct/23 Voucher | Nov/23 Voucher |
|-------------------------|--------------------|-------------------|-------------------|
| Retroactive Adjustments | (\$5,490) | \$0 | \$0 |
| Offsetting | \$0 | \$5,490 | \$0 |
| Payment Collected | \$0 | \$0 | \$200 |
| OA Retained | \$0 | \$0 | \$40 |
| Send to HUD | \$0 | \$0 | \$160 |
| Total Money on Voucher | \$0 | \$5,490 | (\$160) |

U.S. Department of Housing and Urban Development Office of Housing

Example 4 3 Appro

3 Approval No. 2502-0182 (Exp. 06/30/2016)

Federal Housing Commissioner

| 1. Asst. Pymts Due For (mm/yyyy): | 2. Project Name | | | 3. FHA / EH / | / Non-Insured P | roj. No: | 4. Section 8 / P | AC / PRAC Co | ntract No: | 5. Type of Subsidy: | |
|---|-------------------|--------------------|-------------------------|--------------------------|----------------------------|--------------------------------------|----------------------|--------------------------|---------------------------|-----------------------------|--|
| 12/2023 | | ABC Apartments | ; | | | | C | CA123456789 | 9 | 1: Se | ec 8 |
| 6. Head of Household Name (Last, First) | 7. Unit Number | 8. Agreement ID | 9. Agreement Date | 10. Agreement Type | 11. Agreement Amount | 12. Agreement Change Amount | 13. Total Payment | 14. Ending Balance | 15. Amount Retained | 16a. Amount Requested | 16b. Approved (HUD/CA use only) |
| Ball, Crystal | 102 | u02much | 8/15/2023 | Т | 5490 | 0 | -100 | 5390 | -20 | 80 | 8 |
| | | | | | | | Math | Amounts | Math | Amounts | |
| | | | | | | | PB | 5290 | ACA | 0 | |
| | | | | | | | - TP | -100 | - TP | -100 | |
| | | | | | | | + ACA | 0 | + AR | -20 | |
| | | | | | | | | | | | |

| | | | Not Approved | Approved: ACA & CA | Payment | Reversal: Partial |
|--------------|-------------------|-----------------------------------|--------------------|-----------------------|-------------------|----------------------|
| MAT Field | Math | Item No & Field Name | Sept/23 Voucher | Oct/23 Voucher | Nov/23 Voucher | Dec/23 Voucher |
| 3 | Identifying Entry | 6. Head Last Name | Ball | Ball | Ball | Ball |
| 4 | Identifying Entry | 6. Head First Name | Crystal | Crystal | Crystal | Crystal |
| 5 | Identifying Entry | 7. Unit Number | 102 | 102 | 102 | 102 |
| 6 | Identifying Entry | 8. Agreement ID | u02much | u02much | u02much | u02much |
| 7 | Identifying Entry | 9. Agreement Date | 8/15/2023 | 8/15/2023 | 8/15/2023 | 8/15/2023 |
| 8 | Identifying Entry | 11. Agreement Amount | \$5,995 | \$5,490 | \$5,490 | \$5,490 |
| 9 | Identifying Entry | 10. Agreement Type (T or N) | Т | Т | Т | Т |
| 10 | Math Entry | 12. Agreement Change Amount | \$5,995 | (\$505) | \$0 | \$0 |
| 11 | Math Entry | 13. Total Payment | \$0 | \$0 | \$200 | (\$100) |
| 12 | Math Entry | 15. Amount Retained (< 20% of TP) | \$0 | \$0 | \$40 | (\$20) |
| 13 | PB* - TP + ACA | 14. Ending Balance | \$5,995 | \$5,490 | \$5,290 | \$5,390 |
| 14 | ACA - TP + AR | 16a. Amount Requested (OA) | \$5,995 | (\$505) | (\$160) | \$80 |
| 15 | ACA - TP + AR | 16b. Amount Paid (CA) | \$0 | \$5,490 | (\$160) | \$80 |
| | | Previous Ending Balance* | \$0 | \$5,995 | \$5,490 | \$5.290 |

| Money Transaction | Sept/23 Voucher | Oct/23 Voucher | Nov/23 Voucher | Dec/23 Voucher |
|-------------------------|--------------------|-------------------|-------------------|-------------------|
| Retroactive Adjustments | (\$5,490) | \$0 | \$0 | \$0 |
| Offsetting | \$0 | \$5,490 | \$0 | \$0 |
| Payment Collected | \$0 | \$0 | \$200 | (\$100) |
| OA Retained | \$0 | \$0 | \$40 | (\$20) |
| Send to HUD | \$0 | \$0 | \$160 | (\$80) |
| Total Money on Voucher | \$0 | \$5,490 | (\$160) | \$80 |

U.S. Department of Housing and Urban Development Office of Housing

Example 5 3 Apr

3 Approval No. 2502-0182 (Exp. 06/30/2016)

Federal Housing Commissioner

| 1. Asst. Pymts Due For (mm/yyyy): | 2. Project Name: | | | 3. FHA / EH / | Non-Insured P | roj. No: | 4. Section 8 / PAC / PRAC Contract No: 5. Type of Subsidy: | | | | |
|---|-------------------|--------------------|-------------------------|--------------------------|----------------------------|--------------------------------------|--|--------------------------|---------------------------|-----------------------------|--|
| 09/2023 | | ABC Apartments | ; | | | | C | CA123456789 | | 1: Se | ec 8 |
| 6. Head of Household Name (Last, First) | 7. Unit Number | 8. Agreement ID | 9. Agreement Date | 10. Agreement Type | 11. Agreement Amount | 12. Agreement Change Amount | 13. Total Payment | 14. Ending Balance | 15. Amount Retained | 16a. Amount Requested | 16b. Approved (HUD/CA use only) |
| Voyance, Claire | 202 | i02much2 | 8/7/2023 | Т | 1899 | 1899 | 100 | 1799 | 20 | 1819 | 181 |
| | | | | | | | Math | Amounts | Math | Amounts | |
| | | | | | | | PB | 0 | ACA | 1899 | |
| | | | | | | | - TP | 100 | - TP | 100 | |
| | | | | | | | + ACA | 1899 | + AR | 20 | |
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| | | | Approved: CA/OA Match |
|-------|-------------------|------------------------------------|--------------------------|
| MAT | Math | Item No & Field Name | Sept/23 |
| Field | | | Voucher |
| 3 | Identifying Entry | 6. Head Last Name | Voyance |
| 4 | Identifying Entry | 6. Head First Name | Claire |
| 5 | Identifying Entry | 7. Unit Number | 202 |
| 6 | Identifying Entry | 8. Agreement ID | i02much2 |
| 7 | Identifying Entry | 9. Agreement Date | 8/7/2023 |
| 8 | Identifying Entry | 11. Agreement Amount | \$1,899 |
| 9 | Identifying Entry | 10. Agreement Type (T or N) | Т |
| 10 | Math Entry | 12. Agreement Change Amount | \$1,899 |
| 11 | Math Entry | 13. Total Payment | \$100 |
| 12 | Math Entry | 15. Amount Retained (< 20% of TP) | \$20 |
| 13 | PB* - TP + ACA | 14. Ending Balance | \$1,799 |
| 14 | ACA - TP + AR | 16a. Amount Requested (OA) | \$1,819 |
| 15 | ACA - TP + AR | 16b. Amount Paid (CA) | \$1,819 |

| Previous Ending Balance* | \$0 | |
|--------------------------|-----|--|
|--------------------------|-----|--|

| Money Transaction | Sept/23 Voucher |
|-------------------------|--------------------|
| Retroactive Adjustments | (\$1,899) |
| Offsetting | \$1,899 |
| Payment Collected | \$100 |
| OA Retained | \$20 |
| Send to HUD | \$80 |
| Total Money on Voucher | \$1,819 |

U.S. Department of Housing and Urban Development Office of Housing

Example 6

3 Approval No. 2502-0182 (Exp. 06/30/2016)

Federal Housing Commissioner

| 1. Asst. Pymts Due For (mm/yyyy): | 2. Project Name | : | | 3. FHA / EH / | Non-Insured P | roj. No: | 4. Section 8 / F | AC / PRAC Co | ntract No: | 5. Type of Subsid | dy: |
|---|-------------------|--------------------|-------------------------|--------------------------|----------------------------|--------------------------------------|----------------------|--------------------------|---------------------------|-----------------------------|--|
| 12/2023 | | ABC Apartments | | | | | (| CA123456789 | 9 | 1: Se | ec 8 |
| 6. Head of Household Name (Last, First) | 7. Unit Number | 8. Agreement ID | 9. Agreement Date | 10. Agreement Type | 11. Agreement Amount | 12. Agreement Change Amount | 13. Total Payment | 14. Ending Balance | 15. Amount Retained | 16a. Amount Requested | 16b. Approved (HUD/CA use only) |
| Voyance, Claire | 202 | i02much2 | 8/7/2023 | T | 2119 | 220 | 0 | ??? | 0 | 220 | <u>22</u> |
| | | | | | | | | 17. Totals for th | | | |

| | | | Approved: CA/OA Match | EIV: Additional |
|--------------|-------------------|------------------------------------|--------------------------|--------------------|
| MAT Field | Math | Item No & Field Name | Sept/23 Voucher | Dec/23 Voucher |
| 3 | Identifying Entry | 6. Head Last Name | Voyance | Voyance |
| 4 | Identifying Entry | 6. Head First Name | Claire | Claire |
| 5 | Identifying Entry | 7. Unit Number | 202 | 202 |
| 6 | Identifying Entry | 8. Agreement ID | i02much2 | i02much2 |
| 7 | Identifying Entry | 9. Agreement Date | 8/7/2023 | 8/7/2023 |
| 8 | Identifying Entry | 11. Agreement Amount | \$1,899 | \$2,119 |
| 9 | Identifying Entry | 10. Agreement Type (T or N) | Т | Т |
| 10 | Math Entry | 12. Agreement Change Amount | \$1,899 | \$220 |
| 11 | Math Entry | 13. Total Payment | \$100 | \$0 |
| 12 | Math Entry | 15. Amount Retained (< 20% of TP) | \$20 | \$0 |
| 13 | PB* - TP + ACA | 14. Ending Balance | \$1,799 | ??? |
| 14 | ACA - TP + AR | 16a. Amount Requested (OA) | \$1,819 | \$220 |
| 15 | ACA - TP + AR | 16b. Amount Paid (CA) | \$1,819 | \$220 |

| Previous Ending Balance* | \$0 | |
|--------------------------|-----|--|
| | • | |

| Money Transaction | Sept/23 Voucher | Dec/23 Voucher |
|-------------------------|--------------------|-------------------|
| Retroactive Adjustments | (\$1,899) | (\$220) |
| Offsetting | \$1,899 | \$220 |
| Payment Collected | \$100 | \$0 |
| OA Retained | \$20 | \$0 |
| Send to HUD | \$80 | \$0 |
| Total Money on Voucher | \$1,819 | \$220 |

U.S. Department of Housing and Urban Development Office of Housing

Example 6A 3 Approval No. 2502-0182

(Exp. 06/30/2016)

Federal Housing Commissioner

| . Asst. Pymts Due For (mm/yyyy): | 2. Project Name: | : | | 3. FHA / EH / | Non-Insured P | roj. No: | 4. Section 8 / P | ection 8 / PAC / PRAC Contract No: 5. Type of Subsidy: | | | |
|---|-------------------|--------------------|-------------------------|--------------------------|----------------------------|--------------------------------------|----------------------|--|---------------------------|-----------------------------|--|
| 12/2023 | | ABC Apartments | i | | | | (| CA123456789 | 9 | 1: Se | ec 8 |
| 6. Head of Household Name (Last, First) | 7. Unit Number | 8. Agreement ID | 9. Agreement Date | 10. Agreement Type | 11. Agreement Amount | 12. Agreement Change Amount | 13. Total Payment | 14. Ending Balance | 15. Amount Retained | 16a. Amount Requested | 16b. Approved (HUD/CA use only) |
| Voyance, Claire | 202 | i02much2 | 8/7/2023 | Т | 2119 | 220 | 0 | 2019 | 0 | 220 | 22 |
| | | | | | | | Math | Amounts | Math | Amounts | |
| | | | | | | | PB | 1799 | ACA | 220 | |
| | | | | | | | - TP | 0 | - TP | 0 | |
| | | | | | | | + ACA | 220 | + AR | 0 | |
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| | | | | | | | | 17. Totals for th | | | |

| | | | Approved: CA/OA Match | EIV: Additional |
|--------------|-------------------|------------------------------------|--------------------------|--------------------|
| MAT Field | Math | Item No & Field Name | Sept/23 Voucher | Dec/23 Voucher |
| 3 | Identifying Entry | 6. Head Last Name | Voyance | Voyance |
| 4 | Identifying Entry | 6. Head First Name | Claire | Claire |
| 5 | Identifying Entry | 7. Unit Number | 202 | 202 |
| 6 | Identifying Entry | 8. Agreement ID | i02much2 | i02much2 |
| 7 | Identifying Entry | 9. Agreement Date | 8/7/2023 | 8/7/2023 |
| 8 | Identifying Entry | 11. Agreement Amount | \$1,899 | \$2,119 |
| 9 | Identifying Entry | 10. Agreement Type (T or N) | Т | Т |
| 10 | Math Entry | 12. Agreement Change Amount | \$1,899 | \$220 |
| 11 | Math Entry | 13. Total Payment | \$100 | \$0 |
| 12 | Math Entry | 15. Amount Retained (< 20% of TP) | \$20 | \$0 |
| 13 | PB* - TP + ACA | 14. Ending Balance | \$1,799 | \$2,019 |
| 14 | ACA - TP + AR | 16a. Amount Requested (OA) | \$1,819 | \$220 |
| 15 | ACA - TP + AR | 16b. Amount Paid (CA) | \$1,819 | \$220 |
| | | | | |

| Previous Ending Balance* | \$0 | \$1,799 |
|--------------------------|-----|---------|

| Money Transaction | Sept/23 Voucher | Dec/23 Voucher |
|-------------------------|--------------------|-------------------|
| Retroactive Adjustments | (\$1,899) | (\$220) |
| Offsetting | \$1,899 | \$220 |
| Payment Collected | \$100 | \$0 |
| OA Retained | \$20 | \$0 |
| Send to HUD | \$80 | \$0 |
| Total Money on Voucher | \$1,819 | \$220 |

U.S. Department of Housing and Urban Development

Example 7 3 Approval No. 2502-0182

Office of Housing Federal Housing Commissioner (Exp. 06/30/2016)

| 1. Asst. Pymts Due For (mm/yyyy): | 2. Project Name | : | | 3. FHA / EH / | Non-Insured P | roj. No: | 4. Section 8 / F | PAC / PRAC Co | ontract No: | 5. Type of Subsid | ly: |
|---|-------------------|--------------------|-------------------------|--------------------------|----------------------------|--------------------------------------|----------------------|--------------------------|---------------------------|-----------------------------|--|
| 12/2023 | | ABC Apartments | i | | | | 0 | CA123456789 | 9 | 1: Se | ec 8 |
| 6. Head of Household Name (Last, First) | 7. Unit Number | 8. Agreement ID | 9. Agreement Date | 10. Agreement Type | 11. Agreement Amount | 12. Agreement Change Amount | 13. Total Payment | 14. Ending Balance | 15. Amount Retained | 16a. Amount Requested | 16b. Approved (HUD/CA use only) |
| Voyance, Claire | 202 | i02much2 | 8/7/2023 | Т | 2119 | 220 | 0 | 2019 | 0 | 220 | 22 |
| Voyance, Claire | 202 | i02much2 | 8/7/2023 | Т | 2119 | 0 | 100 | 1919 | 0 | -100 | -1(|
| Combined Example: | | | | | | | | | | | |
| Voyance, Claire | 202 | i02much2 | 8/7/2023 | т | 2119 | 220 | 100 | 1919 | 0 | 120 | 12 |
| | | | | | | | Math | Amounts | Math | Amounts | |
| | | | | | | | PB | 1799 | ACA | 220 | |
| | | | | | | | - TP | - 100 | - TP | - 100 | |
| | | | | | | | + ACA | + 220 | + AR | + 0 | |
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| | | | Approved: CA/OA Match | EIV: Additional | Payment |
|--------------|-------------------|------------------------------------|--------------------------|--------------------|----------|
| MAT Math | | Item No & Field Name | Sept/23 | Dec/23 | Dec/23 |
| Field | Wath | item no & Field Name | Voucher | Voucher | Voucher |
| 3 | Identifying Entry | 6. Head Last Name | Voyance | Voyance | Voyance |
| 4 | Identifying Entry | 6. Head First Name | Claire | Claire | Claire |
| 5 | Identifying Entry | 7. Unit Number | 202 | 202 | 202 |
| 6 | Identifying Entry | 8. Agreement ID | i02much2 | i02much2 | i02much2 |
| 7 | Identifying Entry | 9. Agreement Date | 8/7/2023 | 8/7/2023 | 8/7/2023 |
| 8 | Identifying Entry | 11. Agreement Amount | \$1,899 | \$2,119 | \$2,119 |
| 9 | Identifying Entry | 10. Agreement Type (T or N) | Т | Т | Т |
| 10 | Math Entry | 12. Agreement Change Amount | \$1,899 | \$220 | \$0 |
| 11 | Math Entry | 13. Total Payment | \$100 | \$ 0 | \$100 |
| 12 | Math Entry | 15. Amount Retained (< 20% of TP) | \$20 | \$ 0 | \$0 |
| 13 | PB* - TP + ACA | 14. Ending Balance | \$1,799 | \$2,019 | \$1,919 |
| 14 | ACA - TP + AR | 16a. Amount Requested (OA) | \$1,819 | \$220 | (\$100) |
| 15 | ACA - TP + AR | 16b. Amount Paid (CA) | \$1,819 | \$220 | (\$100) |
| | | | | | <u> </u> |
| | | | * • | | *** |

| Previous Ending Balance* | \$0 | \$1,799 | \$2,019 |
|--------------------------|-----|---------|---------|
|--------------------------|-----|---------|---------|

| Manay Transaction | Sept/23 | Dec/23 | Dec/23 |
|-------------------------|-----------|---------|---------|
| Money Transaction | Voucher | Voucher | Voucher |
| Retroactive Adjustments | (\$1,899) | (\$220) | \$0 |
| Offsetting | \$1,899 | \$220 | \$0 |
| Payment Collected | \$100 | \$0 | \$100 |
| OA Retained | \$20 | \$0 | \$0 |
| Send to HUD | \$80 | \$0 | \$100 |
| Total Money on Voucher | \$1,819 | \$220 | (\$100) |

7.5 Owner Submission Requirements

A. Electronic Data Processing and Transmission

- 1. Owners of all properties covered by this handbook are responsible for processing tenant certifications, tenant recertifications, and subsidy billings using automated software that conforms to HUD specifications. Owners are responsible for electronically transmitting required data either directly or through a service provider to HUD or their respective Contract Administrator.
- 2. TRACS-compliant software used to produce certifications and subsidy billings must be obtained from a vendor who certifies that the software is compliant with HUD requirements. As HUD requirements are updated to reflect changes or revisions in legislation, regulations, handbooks, notices, or HUD-format electronic data transmission requirements, owners are responsible for ensuring that the software they use to complete, review, and transmit data is updated accordingly.
 - a. HUD does not certify TRACS-compliant software products nor endorse individual TRACS vendors.
 - b. The software requirements to which software vendors must certify are located on the TRACS website at: http://www.hud.gov/offices/hsg/mfh/trx/trxsum.cfm
- 3. Owners are responsible for the electronic submission of the following HUD forms. A separate submission must be prepared and submitted for each of the property assistance contracts.
 - a. *HUD-50059, Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures and HUD-50059-A, Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures Partial Certification. For information on the data requirements for the HUD-50059 and HUD-50059-A, *refer to the instructions posted with the forms on HUDCLIPS at http://www.hud.gov/offices/adm/hudclips/forms/ or the Monthly Activity Transmission (MAT) User's Guide on the TRACS website at http://www.hud.gov/offices/hsg/mfh/trx/trxmatg.cfm
 - b. Form HUD-52670, *Housing Owner's Certification & Application for Housing Assistance Payments*. For information on the data requirements for the HUD-52670 and related forms listed below, refer to the MAT User's Guide. Data submitted from form HUD-52670 must be properly supported by the following forms, where applicable:

Note: Forms instructions are found on HUDClips along with the forms. The link is: http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/forms/

- (1) Form HUD-52670-A part 1, Schedule of Tenant Assistance Payments Due;
- (2) Form HUD-52670-A part 2, Schedule of Section 8 Special Claims;
- (3) *Form HUD-52670-A part 3, Adjustments to Schedule of Tenant Assistance Payments Due

- (4) Form HUD-52670-A part 4, Misc. Accounting Request for Schedule of Tenant Assistance Payments Due;
- (5) Form HUD-52670-A part 5, Approved Special Claims for Schedule of Tenant Assistance Payments Due;
- (6) Form HUD-52670-A part 6, Repayment Agreements for Schedule of Tenant Assistance Payments Due; and
- (7) Forms HUD-52671-A through D, Special Claims Worksheets.
- 4. Owners may obtain TRACS-compliant software and process their certifications and subsidy billings directly. Alternatively, owners may make arrangements to submit data to service providers who will use TRACS-compliant software to complete recertifications and billing submissions, and transmit them to HUD or the Contract Administrator on the owner's behalf.
 - a. In cases where an owner uses a service provider, that company must provide the owner with printed copies of form HUD-50059, *form HUD-50059-A*, form HUD-52670, and related forms that were transmitted to HUD.
 - b. The owner must sign and obtain the signature of the head, spouse, co-head, and all adult family members on the copy of the HUD-50059 certifying to the information that is transmitted to HUD or the Contract Administrator, whether the HUD-50059 was produced on site or received from a service provider. The owner may consider extenuating circumstances when an adult family member is not available to sign the HUD-50059, for example, an adult serving in the military, students away at college, adults who are hospitalized for an extended period of time, or a family member who is permanently confined to a nursing home or hospital. In these instances, the owner must document the file why the signature(s) was not obtained and, if applicable, when the signature(s) will be obtained. The owner must provide the tenant a copy of the signed HUD-50059 and retain a copy in the tenant's file.
 - c. *For actions requiring preparation of a HUD-50059-A, the owner must sign and date the completed HUD-50059-A. The head of household must sign and date the completed HUD-50059-A when there is a change in the amount of rent the household must pay, a change in the utility reimbursement, when there is a unit *transfer and when required by state or local law. In all instances where a HUD-50059-A is prepared, the owner must provide the head of household with a copy and a copy must be retained in the tenant file.
 - d. The owner must also sign and retain copies of the facsimile of the voucher (form HUD-52670), forms HUD-52670-A parts 1, 2, 3, 4, 5 or 6 and other related forms or supporting documentation.*
 - e. Owners that contract out or centralize the electronic-submission function must retain the ability to monitor the day-to-day operations of the property at the property site and be able to demonstrate that ability to HUD.
- 5. Service providers are organizations that provide electronic data transmission functions for owners.
 - a. Service providers include but are not limited to the following:
 - (1) Service bureaus,

- (2) Local management agents,
- (3) Local management associations, and
- (4) Management agents with centralized facilities.
- b. Service bureaus are organizations that provide a number of different services and are paid a fee to do so. Services provided by service bureaus generally include:
 - (1) *Preparation of the HUD-50059 and HUD-50059-A based on information provided by the owner or management agent. Their users (owners and management agents) are responsible for verification of the information they provide to the service bureau.
 - (2) Transmission of the HUD-50059 or HUD-50059-A to TRACS or Contract Administrator.
 - (3) Providing a copy of the HUD-50059 or HUD-50059-A to the owner for the owner's signature and for signature(s) by the family, if required. The HUD-50059 and HUD-50059-A provided by the service bureau must be signed, when applicable, and a copy must be provided to the tenant and a copy must also be filed in the tenant file. The owner should compare the data on the HUD-50059 or HUD-50059-A to the data provided to the service bureau to ensure that the information the tenant and the owner have certified to and the data transmitted to TRACS or the Contract Administrator is accurate.
 - (4) Preparation of electronic monthly subsidy voucher based on the HUD-50059 and HUD-50059-A information.
 - (5) Transmission of the monthly subsidy voucher to TRACS or the Contract Administrator for payment.
 - (6) Providing a copy of the monthly subsidy voucher to the owner for signature and for filing in the property files.
 - (7) Preparation of special claims.
 - (8) Transmission of approved special claims to the Contract Administrator or TRACS for payment.
 - (9) *Providing their users with the income and verification reports obtained from the Enterprise Income Verification (EIV) system.*
- 6. Refer to Figure 7-2 for a discussion of deadlines for TRACS submissions.
- 7. Owners that contract out or centralize the electronic-submission function must retain the ability to monitor the day-to-day operations of the property at the property site and be able to demonstrate that ability to the relevant HUD Field Office.

Figure 7-2: Deadlines for TRACS Submissions

Section 8, PAC, and PRAC Properties. The deadline for transmission of vouchers (form HUD-52670) and all related TRACS files supporting the voucher is <u>the 10^{th} calendar day of the month</u> directly preceding the voucher payment month. For example, the February voucher (the February billing) TRACS transmission would be due on January 10.

RAP and Rent Supplement Properties. The deadline for transmission of vouchers (form HUD-52670) and all related TRACS files supporting the voucher is <u>the 10th calendar day of the voucher payment month</u>. For example, the February RAP or Rent Supplement voucher TRACS transmission would be due on February 10.

Vouchers submitted after this deadline date may risk late payment.

Note: Contract Administrators may not set an earlier deadline for submission.

The voucher requesting payment for assistance must be submitted within 60 calendar days from the due date. An approved special claim must be submitted within 90 calendar days of the approval date. Payment of both the voucher and approved special claims are subject to the availability of funds for the applicable subsidy year, as determined by HUD.

HUD-50059s/HUD-50059-As should be submitted throughout the month as the completed data is available. HUD-50059s/HUD-50059-As supporting a voucher must be transmitted prior to voucher transmission.

B. Internet Applications

TRACS Internet applications provide authorized users with the capability to access summary and status information on submissions to the TRACS databases. Owners should refer to the Internet queries to confirm their TRACS transmissions and to monitor processing of voucher payments as necessary. Refer to the "Industry User Guide for TRACS Internet Applications" posted to the *TRACS website at http://www.hud.gov/offices/hsg/mfh/trx/trxngde.cfm for * detailed information on using these applications.

C. Funding the Costs of Implementing TRACS

- 1. HUD considers the costs of the electronic transmission to be eligible property-operating costs payable from property income. These costs are also considered property-operating costs for the purpose of processing requests for HUD approval of a rent increase. Eligible costs include the purchase and maintenance of hardware and/or software, the cost of contracting for those services, the cost of centralizing the electronic transmission function, and the cost of Internet access. At the owner's option, the cost of computer software may include service contracts to provide maintenance and/or training.
- 2. Sources of funds that owners may use to purchase hardware and/or software or to contract with an appropriate service provider may include the following:
 - a. Current property operating income;

- b. Expense item in processing rent increases (For additional information, refer to HUD Handbook 4350.1, *Multifamily Asset Management and Project Servicing.*);
- c. Loan from the Reserve for Replacement Account. In addition, some purchases are allowable expenses from the Reserve for Replacement Account that can be directly reimbursed and do not have to be structured as a loan. For example, an improvement for hardware or software, in accordance with local, state, and federal regulations, is an allowable Reserve for Replacement expense. (For additional information about a loan from the Reserve for Replacement account, refer to HUD Handbook 4350.1, *Multifamily Asset Management and Project Servicing.*); and
- d. Release from the Residual Receipts Account (For additional information, refer to HUD Handbook 4350.1, *Multifamily Asset Management and Project Servicing*.).
- 3. A loan from the Reserve for Replacement Account must be repaid within a five-year period from the release date.
- 4. Owners may determine that the purchase of hardware and/or software is not cost effective. In such cases, they may contract out the electronic data transmission function to organizations that provide those services. See paragraph 7-5 *A 5* for a discussion of service providers.

7.6 Contract Administrator Requirements

- A. All Contract Administrators must support receipt of electronic transmissions of certification/recertification and voucher data from the projects they administer. The Contract Administrator may develop custom TRACS-compliant software or purchase software from commercial vendors who offer Contract Administrator versions of TRACS-compliant software packages, or make arrangements to receive transmissions through a service provider.
- B. Contract Administrators must review and identify data errors to be corrected by the owner. To accomplish this review and reconciliation, the Contract Administrators may request copies of supporting documentation for TRACS transmissions, *such as forms HUD-52670-A part 1, 2, 3, 4, 5 and 6 with original * signatures from the projects they administer.
- C. After the owners have reviewed and corrected any errors in the data and resubmitted the information to their Contract Administrator, the Contract Administrator must electronically transmit data to HUD in the required format.
- D. Contract Administrators are not allowed to require electronic submissions from owners that go beyond TRACS data submission requirements.
- E. *Contract Administrators should submit to HUD throughout the month, certifications/re-certifications that the contract administrator has reviewed and approved. *
- F. These requirements apply to Contract Administrators, both Performance-Based Contract Administrators and Traditional Contract Administrators.

| | 1. Add Unit: Missing from Address Query | | | | | |
|-------|---|-------------------------|----------------|--|--|--|
| MAT | Field | | | | | |
| Field | Rules | Field Name | Field Value | | | |
| 1 | М | Record Identifier | MAT15 | | | |
| 2 | М | Release/ Version Number | 2.0.2.D | | | |
| 3 | М | Record Number | 0001 | | | |
| 4 | М | Head Of Household ID | 123-45-6789 | | | |
| 5 | М | Head Last Name | Gator | | | |
| 6 | М | Head First Name | Al | | | |
| 7 | М | Head Middle Initial | E | | | |
| 8 | М | Head Birth Date | 10/10/2001 | | | |
| 9 | F* | Building ID | Future - Blank | | | |
| 10 | М | Unit Number | 304 | | | |
| 11 | MOC | Previous Unit Number | | | | |
| 12 | М | Address Type | U | | | |
| 13 | М | Transaction Type | 2 | | | |



M = Mandatory Field F = Future Field; Currently not in use.

MOC = Mandatory on Condition

| 2. Renumber the Unit | | | | | |
|----------------------|-------|-------------------------|----------------|--|--|
| MAT | Field | | | | |
| Field | Rules | Field Name | Field Value | | |
| 1 | М | Record Identifier | MAT15 | | |
| 2 | М | Release/ Version Number | 2.0.2.D | | |
| 3 | М | Record Number | 0001 | | |
| 4 | М | Head Of Household ID | 123-45-6789 | | |
| 5 | М | Head Last Name | Gator | | |
| 6 | М | Head First Name | AI | | |
| 7 | М | Head Middle Initial | E | | |
| 8 | М | Head Birth Date | 10/10/2001 | | |
| 9 | F* | Building ID | Future - Blank | | |
| 10 | М | Unit Number | 304A | | |
| 11 | MOC | Previous Unit Number | 304 | | |
| 12 | М | Address Type | U | | |
| 13 | М | Transaction Type | 3 | | |

| Issue: Moved Out or Teminated Tenant | | | | | |
|--------------------------------------|-------|-------------------------|----------------|--|--|
| MAT | Field | | | | |
| Field | Rules | Field Name | Field Value | | |
| 1 | М | Record Identifier | MAT15 | | |
| 2 | М | Release/ Version Number | 2.0.2.D | | |
| 3 | М | Record Number | 0001 | | |
| 4 | М | Head Of Household ID | !!!! | | |
| 5 | М | Head Last Name | | | |
| 6 | М | Head First Name | !!!! | | |
| 7 | М | Head Middle Initial | !!!! | | |
| 8 | М | Head Birth Date | !!!! | | |
| 9 | F* | Building ID | Future - Blank | | |
| 10 | М | Unit Number | 304A | | |
| 11 | MOC | Previous Unit Number | 304 | | |
| 12 | М | Address Type | U | | |
| 13 | М | Transaction Type | 3 | | |

M = Mandatory Field

F = Future Field; Currently not in use.



MOC = Mandatory on Condition

| | Solution: Moved Out or Teminated Tenant | | | | | |
|---|---|-------------------------|----------------|--|--|--|
| MAT | Field | | | | | |
| Field | Rules | Field Name | Field Value | | | |
| 1 | М | Record Identifier | MAT15 | | | |
| 2 | М | Release/ Version Number | 2.0.2.D | | | |
| 3 | М | Record Number | 0001 | | | |
| 4 | М | Head Of Household ID | 123-45-6789 | | | |
| 5 | М | Head Last Name | Gator | | | |
| 6 | М | Head First Name | AI | | | |
| 7 | М | Head Middle Initial | E | | | |
| 8 | М | Head Birth Date | 10/10/2001 | | | |
| 9 | F* | Building ID | Future - Blank | | | |
| 10 | М | Unit Number | 304A | | | |
| 11 | MOC | Previous Unit Number | 304 | | | |
| 12 | М | Address Type | U | | | |
| 13 | М | Transaction Type | 3 | | | |
| Solution 1: Process the MAT15 first, then the MO or TM | | | | | | |
| Solution 2: Process the MO or TM in the previous Unit; no | | | | | | |
| MAT15 r | needed. | | | | | |