TrackPro® Organizer

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SECTION 42 COMPLIANCE REPORT

DEVELOPMENT NAME:_____ MANAGEMENT COMPANY:_____ ☐ PRE 1990 ☐ POST 1989

CITY/STATE:_____ TELEPHONE: (_____)_____ ☐ 20/50 ☐ 40/60

COUNTY:_____ CONTACT PERSON:_____ TARGET APPLICABLE FRACTION:_____

BUILDING:_____ OF _____ REVIEW DATE:_____ PERIOD ENDING:_____

A APT. NO	B TENANT NAME	C NO. OF BDRMS.	D NO. OF PRSNS IN UNIT	E DATE OF LEASE	F DATE OF LAST CERT.	G ANNUAL GROSS INCOME	H MAXIMUM ELIGIBLE INCOME	I* G<OR=H YES OR NO	J OUT-OF-POCKET TENANT RENT	K APPROVED UTILITY ALLOW.	L J+K	M MAX. LIHC RENT	N** L<OR=M YES OR NO	O*** TYPE OF VERIF.	P HSG. ASST. PYMT.

* G Must be equal to or less than H

** L Must be equal to or less than M

*** Key: **T** = Third-Party, **S** = Second-Party, **F** = First-Party

EQUAL HOUSING OPPORTUNITY

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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04/01/04 **HPI 421**