Household Characteristics Report, Rents for the Month of:	
Project Name and File #:	
Prepared by/phone #:	
Submitted on:	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			16	17	18
Number	Client Name (Last Name first)	Property Owner Name	Complete Address of the Unit assisted	Certification Date	Re-Certification Date	Lease Start Date	Lease Expiration Date	HQS Date	HQS Expiration Date	RR Date	Rent per Lease	Gross Rent	Participant's Rent Amount	Subsidy Amount Requested			Security Deposit	Total Subsidy Requested	Comments
														CDBG-DR	HOME	CoC			
									Total		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	