### CCPC BOND PART B

**Property Name:**

**Report Period (Choose One):**
- [ ] ANNUAL: ______________________ to ______________________
- [ ] QUARTERLY: ______________________ and ______________________

**Prepared by:** ______________________
**E-Mail:** ______________________
**Date:** ______________________

**Telephone:** ______________________

**Special Needs Set-Asides (If Applicable):**

ON THIS PAGE at the end of the reporting period:

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Number of set-aside units ON THIS PAGE at the end of the reporting period:

**SPREADSHEET (See sample & read instructions before entering data.)**

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>Resident Name</th>
<th>Move-In Date</th>
<th>Re-Cert Date *</th>
<th>Move-Out Date</th>
<th>Qualified Vacant</th>
<th>Special-Needs Set-Asides</th>
<th>%</th>
<th>Household Size</th>
<th>Maximum Annual Household Income</th>
<th>Household Annual Gross Income</th>
<th>Over 140% *</th>
<th>No. Bdrms.</th>
<th>Resident Rent</th>
<th>Rent Subsidy?</th>
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WSHFC BOND Certificate of Continuing Project Compliance

Property Name: ___________________________ 

Report Period (Choose One):  

☐ ANNUAL: ___________________________ to ___________________________ 

☐ QUARTERLY: ___________________________ and ___________________________ 

Prepared by: ___________________________ 

E-Mail: ___________________________ Date: ___________________________ 

Telephone: ___________________________ 

Re-Cert Date: ___________________________ 

Move-In Date: ___________________________ 

Move-Out Date: ___________________________ 

Special Needs Set-Asides (If Applicable) 

ON THIS PAGE at the end of the reporting period: 

L: ___________________________ D: ___________________________ 

Number of set-aside units ON THIS PAGE at the end of the reporting period: ___________________________ 

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CCPC BOND PART B 

Updated: September 13, 2007
### CCPC BOND PART B

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**OID/OAR#:**

**Report Period (Choose One):**

- **ANNUAL:**
- **QUARTERLY:**

**Prepared by:**

- **E-Mail:**
- **Date:**

**Beginning**

**Ending**

**Telephone:**

**Date:**

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**Special Needs Set-Asides (If Applicable)**

**ON THIS PAGE at the end of the reporting period:**

- **L**
- **D**

**Number of set-aside units ON THIS PAGE**

**at the end of the reporting period:**

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