Property Name: _____ **OID/OAR#:** _____

Report Period (Choose One): ☐ **ANNUAL:** _____ to _____

☐ **QUARTERLY:** _____ and _____

Beginning Ending

CCPC BOND PART B

WASHINGTON STATE HOUSING FINANCE COMMISSION

Prepared by: _____ **E-Mail:** _____ **Telephone:** _____ **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: _____

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

Unit Number	Resident Name	Move-In Date	Re-Cert Date *	Move-Out Date	Qualified Vacant	Special-Needs Set-Aside	%	Household Size	Maximum Annual Household Income	Household Annual Gross Income	Over 140% *	No. Bdrms.	Resident Rent	Rent Subsidy?
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Property Name: _____ **OID/OAR#:** _____

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