SECTION 8 MODERATE REHABILITATION PROGRAM
MONTHLY REPORT OF RECEIPTS AND EXPENDITURES

Contractor: ___________________________________________ Reporting Month: ______________________

Total Amount Received From State for Prior Month: __________ Date Received: ______________________

HOUSING ASSISTANCE PAYMENTS/UTILITY ALLOWANCE PAYMENTS FOR REPORT MONTH:

<table>
<thead>
<tr>
<th>PROJECT NUMBER</th>
<th>REPORTING PERIOD</th>
<th>VACANCY AND/OR DAMAGE CLAIM</th>
<th>OTHER EXPENDITURES AND/OR REIMBURSEMENTS</th>
<th>TOTAL BY PROJECT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Units Leased</td>
<td>HAP/UAP Amount</td>
<td>Units (+ or -) Amount (+ or -)</td>
<td>HAP/UAP Units Amount</td>
</tr>
<tr>
<td></td>
<td>As of the 1st</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Earned Administrative Fees: $ ________ X ________ = ________

Rate Total Units Total Fee Amount

Signature: ___________________________ Date: ___________________________

REPORT IS DUE BY THE 7TH OF EACH MONTH

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