Department of Housing and Urban Development

Form HUD-50058 Family Report
MTCS Transmission File Layout
09-May-00

Office of Public and Indian Housing
Office of Information Technology

Field Number	Form Line #	Field Name	Start Position	Field Length	DB Field Name
1	n/a	Record Identifier	1	5	
2	n/a	Record Number	6	6	
3	n/a	Owner/PHA Mailbox ID	12	10	
4	n/a	Service/Return ID	22	10	
5	n/a	Transmission Date	32	8	
6	n/a	Transmission Time	40	6	
7	n/a	Software Vendor ID	46	5	
8	n/a	Vendor Software	51	10	
9	n/a	HUD-50058 Form Version Date	61	8	
10	n/a	Vendor Defined Data	69	10	
11	n/a	Old/New Form Indicator	79	1	

Field Number	Old Form Line #	New Form Line #	Field Name	Start Position	Field Length	DB Field Name
1	n/a	n/a	Record Identifier	1	1	**n/a**
2	n/a	n/a	Record Number	2	6	**n/a**
3	n/a	n/a	Date Last Modified	8	8	***DATE-MODFD**
4	1b+1c	1b	PHA Code	16	5	**HACD(1-2)**
5	1d	1c	Program	21	2	**PROG-TYPE**
6	1e+1f+1g	1d(1)	Project Number (Public/Indian Housing only)	23	8	**PRJCD(6-8)**
7	1h	1d(2)	Suffix	31	3	**PRJCDEXT**
8	n/a	1e	Building number (Public/Indian Housing only)	34	6	
9	n/a	1f	Unit number (Public/Indian Housing only)	40	5	
10	2a	2a	Type of Action	45	2	**TRANS-TYPE**
11	2b	2b	Effective date of action	47	8	**EFF-DT**
12	n/a	2c	Correction? (Y or N)	55	1	
13	n/a	2d	Primary reason for correction	56	1	
14	n/a	2e	Correction date	57	8	
15	n/a	2f	Back rent agreement? (Y or N)	65	1	
16	n/a	2g	Monthly amount of back rent payment	66	4	
17	2c	2h	Date of Admission to the Program	70	8	**ADMSN-DT**
18	2d	2i	Projected Next Re-exam Date	78	8	***NEXT-RXDT**
19	n/a	2j	Projected Date of Next Flat Rent Re-exam	86	8	
20	2e	2k	FSS Participant now or in the last year Indicator	94	1	**FAM-SUFFCY**
21	n/a	2m	Special Program	95	2	
22	n/a	2n(1)	Other special program 1	97	30	
23	n/a	2n(2)	Other special program 2	127	30	
24	n/a	2n(3)	Other special program 3	157	30	
25	n/a	2n(4)	Other special program 4	187	30	
26	n/a	2n(5)	Other special program 5	217	30	
27	2f	2p	Use if instructed by HUD	247	5	**n/a**
28	2g	2q	PHA use only 1	252	5	
29	n/a	2r	PHA use only 2	257	5	
30	n/a	2s	PHA use only 3	262	5	
31	n/a	2t	PHA use only 4	267	5	
32	n/a	2u	PHA use only 5	272	5	
33	3n	3n	SSN of head of household	277	9	**SSN**
34	n/a	3r	Reserved	286	5	
35	3r	3t	Total Number in Household	291	2	**HH-MBR-CNT**
36	3s	3u	Family Subsidy Status Under Noncitizen Rule	293	1	***SUB-NCTIZR**
37	3t	3v	Effective Date of Family Subsidy	294	8	***SUBS-DATE**
38	3u	3w	Former Head of Household SSN	302	9	**SSN-PREV**
39	4a	4a	Date Entered Waiting List	311	8	**WAITING-DT**
40	4b.	4b	Zip Code before admission	319	5	**ZIPCD (1-5)**

Field Number	Old Form Line #	New Form Line #	Field Name	Start Position	Field Length	DB Field Name
41	4b.	4b	Zip Code +4 before admission	324	4	**ZIPCD (6-9)**
42	4c	4c	Homeless at Admission Indicator	328	1	***HLESS-IND**
43	4d	4d	Very Low Income Limit Exception Indicator	329	1	***VLOW-IND**
44	n/a	4e	Continually Assisted Indicator	330	1	**n/a**
45	n/a	4f	Is There a HUD Approved Income Target Waiver Indicator	331	1	**n/a**
46	5a	5a	Unit Address	332	100	***UNIT-ADDR**
47	5a	5a	Unit Apartment Number	432	10	***UNIT-APTNB**
48	5a	5a	Unit City	442	30	***UNIT-CITY**
49	5a	5a	Unit State	472	2	***UNIT-STCD**
50	5a	5a	Unit Zip Code	474	5	***UNIT-ZIPCD(1-5)**
51	5a	5a	Unit Zip Code Plus 4	479	4	***UNIT-ZIPCD(6-9)**
52	n/a	5b	Mailing address same as unit address indicator	483	1	**n/a**
53	5b	5c	Family Mailing Address	484	100	***FAMLY-ADDR**
54	5b	5c	Family Mailing Apartment Number	584	10	***FAMLY-APTN**
55	5b	5c	Family Mailing City	594	30	***FAMLY-CITY**
56	5b	5c	Family Mailing State	624	2	***FAMLY-STCD**
57	5b	5c	Family Mailing Zip Code	626	5	***FAMLY-ZIP(1-5)**
58	5b	5c	Family Mailing Zip Code Plus 4	631	4	***FAMLY-ZIP(6-9)**
59	5c	5d	Number of Bedrooms in Unit	635	1	**BDRM-NBR**
60	5d	5e	PHA Identified Unit As Accessible Indicator	636	1	***HA-ACCIND**
61	5e	5f	Family Requested Accesibility Features Indicator	637	1	***REQ-ACCESS**
62	5f	5g	Has the Family Received Requested Accessibility Features	638	1	**n/a**
63	6f	6f	Total Cash Value of Assets	639	6	***TCASH-ASST**
64	6g	6g	Total Anticipated Income	645	6	***TANT-INCOM**
65	6h	6h	Passbook Rate	651	4	***PASS-RATE**
66	6i	6i	Imputed Asset Income	655	6	***IMP-INCOM**
67	6j	6j	Final Asset Income	661	6	**NET-FM-ASS**
68	7k	7h	Reserved	667	5	**n/a**
69	7m	7i	Total Annual Income	672	6	**HH-TOT-INC**
70	n/a	8e	Total Permissive Deductions	678	5	**n/a**
71	8c	8f	Medical/Disability Threshold	683	5	**M-COST-STD**
72	8d	8g	Total Unreimbursed Disability Assistance Expense	688	5	***DIS-ASSEXP**
73	8d(1)	8h	Maximum Disability Allowance	693	5	**n/a**
74	8e	8i	Earnings in 7d made possible by disability assistance expense	698	5	***EARN-DASST**
75	8f	8j	Allowable Disability Assistance Expense	703	5	***DIS-DEDUCT**
76	8g	8k	Total Out of Pocket Medical Expense	708	6	**YEARLY-MED**

Field Number	Old Form Line #	New Form Line #	Field Name	Start Position	Field Length	DB Field Name
77	8h	8m	Total disability assistance and medical expenses	714	5	**HAND-ASST**
78	8i	8n	Medical/Disability Assistance Allowance	719	5	**M-ALLOWNCE**
79	8j	8p	Elderly/Disability Allowance	724	4	**ELD-ALLWNCE**
80	8k	8q	Number of Dependents	728	2	**HH-DEPNDNT**
81	8m	8r	Allowance per Dependent	730	3	***PDENP-ALLW**
82	8n	8s	Dependent Allowance	733	5	**DENP-ALLW**
83	8p	8t	Yearly Child Care Cost that is not reimbursed	738	5	**CHILD-EXPS**
84	8q	8u	Travel Cost to Work/School	743	4	**TRAVL-COST**
85	n/a	8v	Reserved	747	4	**n/a**
86	8t	8w	Reserved	751	4	
87	8u	8x	Total Allowances	755	6	**TOT-ALLWCE**
88	n/a	8y	Total Annual Income Less Total Allowances	761	6	
89	n/a	8z	Annual Imputed Welfare Income	767	6	
90	8v	8aa	Adjusted Annual Income	773	6	**ADJ-AN-INC**
91	9a	9a	Total Monthly Income	779	6	***TOT-MINC**
92	9b	9b	Reserved (% of monthly income as decimal)	785	4	**n/a**
93	9c	9c	TTP if based on annual income	789	6	***TTP-ANLINC**
94	9d	9d	Adjusted Monthly Income	795	6	**ADJ-INC-30**
95	9e	9e	Percent of Monthly adjusted income	801	4	**n/a**
96	9f	9f	TTP If Based on Adjusted Annual Income	805	5	***TTP-ADJINC**
97	9g	9g	Welfare Rent per Month	810	5	**WELFR-RENT**
98	n/a	9h	Minimum rent	815	3	***TTP-MINMUM**
99	n/a	9i	Enhanced Voucher TTP	818	5	**n/a**
100	9j	9j	TTP	823	5	**HIGH-11-13**
101	9k	9k	Most Recent TTP	828	5	***TTP-RECENT**
102	n/a	9m	Qualify for minimum rent hardship indicator	833	1	**n/a**

Field Number	Form Line #	New Form Line #	Field Name	Start Position	Field Length	DB Field Name
1	n/a	n/a	Section Indicator	1	1	**n/a**
2	n/a	n/a	Record Number	2	6	**n/a**
3	3a.	3a	Member Number	8	2	**MEMBER-NBR**
4	3b.	3b	Member Last Name	10	30	**MBR-LNAME**
5	3c.	3c	Member First Name	40	30	**MBR-FNAME**
6	3d.	3d	Member Middle Initial	70	1	***MBR-INITL**
7	3e	3e	Member Birth Date	71	8	**MBR-BDATE**
8	3g.	3g	Member Sex Code	79	1	**MEMBER-SEX**
9	3h.	3h	Member Relation Code	80	1	**PERSON-TYP**
10	3i.	3i	Member Citizenship Code	81	2	***CITIZEN-CD**
11	3j.	3j	Member Disability Indicator	83	1	**DISABILITY**
12	3k.	3k(1)	Member Race Code white indicator	84	1	***RACE**
13	3k.	3k(2)	Member Race Code Black/African American Indicator	85	1	***RACE**
14	3k.	3k(3)	Member Race Code American Indian/Alaska Native Indicator	86	1	***RACE**
15	3k.	3k(4)	Member Race Code Asian Indicator	87	1	***RACE**
16	3k.	3k(5)	Member Race Code Native Hawaiian/other Pacific Islander Indicator	88	1	***RACE**
17	3m.	3m	Member Ethnicity Code	89	1	***ETHNICITY**
18	3n.	3n	Member SSN	90	9	**MEMBER-SSN**
19	3q	n/a	Meeting Community Service Requirement (Public Housing only)	99	1	**n/a**

Field Number	Form Line #	New Form Line#	Field Name	Start Position	Field Length	DB Field Name
1	n/a	n/a	Section Indicator	1	1	**n/a**
2	n/a	n/a	Record Number	2	6	**n/a**
3	7a.	7a	Member Number	8	2	**MEMBER-NBR**
4	7b.	7b	Income Code	10	3	**INCOME-SRC**
5	7d.	7d	Dollars Per Year	13	6	**MBR-INCOME**
6	7e	7e	Income exclusions	19	6	***INC-EXCLUD**

Field Number	Form Line #	New Form Line#	Field Name	Start Position	Field Length	DB Field Name
1	n/a	n/a	Section Indicator	1	1	**n/a**
2	n/a	n/a	Record Number	2	6	**n/a**
3	n/a	10b	Flat Rent	8	5	**n/a**
4	10b.	10c	Ceiling Rent	13	5	**CLNG-RENT**
5	10c.	10d	Lower Rent	18	5	**LOWR-RENT**
6	10d.	10e	Utility Allowance	23	4	**UTIL-ALOW**
7	10e.	10f	Tenant Rent	27	6	**TNANT-RENT**
8	10f.	10g	Reserved	33	5	**n/a**
9	10h.	10h	Public/Indian Housing Maximum Rent	38	6	***MAX-RENT**
10	10i.	10i	Family Maximum Subsidy	44	6	***MAX-SUBSDY**
11	10j.	10j	Total Number Eligible	50	2	***TOT-ELIGIB**
12	10k.	10k	Total Number in Family	52	2	***TOT-NBR**
13	10m.	10m	Reserved	54	2	**n/a**
14	10n.	10n	Eligible Subsidy	56	6	***ELIG-SUBSDY**
15	10p.	10p	Mixed Family Total Tenant Payment	62	5	***PRO-TTP**
16	10q.	10q	Reserved	67	5	**n/a**
17	10r.	10r	Utility Allowance	72	4	***P-UTIL**
18	10s.	10s	Mixed Family Tenant Rent	76	6	***PRO-RENT**
19	10t.	10t	Reserved	82	5	**n/a**
20	10u.	10u	Type of Rent	87	1	**n/a**
21	n/a	10v	Reserved	88	5	**n/a**

Field Number	Form Line #	New Form Line#	Field Name	Start Position	Field Length	DB Field Name
1	n/a	n/a	Section Indicator	1	1	**n/a**
2	n/a	n/a	Record Number	2	6	**n/a**
3	15b.	16b	Number between 0.15 and 0.30 corresponding to the % in the Mutual Help agreement	8	4	**MUTLHLPCT**
4	15c.	16c	Gross Family Cost	12	6	**GR-FML-CST**
5	15d.	16d	Utility Allowance	18	4	**UTIL-ALOW**
6	15e.	16e	Net Cost	22	5	**NET-COST**
7	15f.	16f	Administration Charge	27	5	**ADMIN-CHRG**
8	15g.	16g	Maximum Monthly Payment in Agreement	32	5	**MAX-MPYMNT**
9	15h.	16g	Family Cost	37	5	**FMLY-COST**

Field Number	Form Line #	New Line #	Field Name	Start Position	Field Length	DB Field Name
1	n/a	n/a	Section Indicator	1	1	**n/a**
2	n/a	n/a	Record Number	2	6	**n/a**
3	5g.	5h	Date Unit Last Passed Inspection	8	8	**INSP-DT**
4	5h.	5i	Date Unit Last Inspected	16	8	***PASS-INSDT**
5	11a.	11a	Number of Bedrooms on Certificate	24	1	**BDRM-NBR**
6	11b.	11b	Family Moving into Unit Indicator	25	1	**MOVING-IND**
7	11c.	11c	Reserved	26	1	***HARD-IND**
8	11d.	11d	Portability Indicator	27	1	**PORT-IND**
9	11e.	11e	Cost Billed per Month	28	5	**COST-BILLD**
10	11f.	11f	PHA Code Billed	33	5	**HA-BILLED**
11	11g(a).	11g(a)	Project Based Certificate Program Unit Indicator	38	1	**PROJ-BASD**
12	11g(b).	11g(b)	SRO Indicator	39	1	**SP-HS-SRO**
13	11g(c).	11g(c)	IGR Indicator	40	1	**SP-HS-IGR**
14	11h.	11h	Owner Name	41	35	**OWNR-NAME**
15	11i.	11i	Owner TIN/SSN	76	9	**OWNR-SSN**
16	11j.	11j	Reserved	85	5	**n/a**
17	11k.	11k	Contract Rent to Owner	90	5	**CONT-RENT**
18	11m.	11m	Utility Allowance	95	4	**UTIL-ALOW**
19	11n.	11n	Gross Rent of Unit	99	5	**GROSS-RENT**
20	11p.	11p	Reserved	104	5	***MAXSBSD**
21	11r.	11r	Total HAP	109	6	***TOT-HAP**
22	11s.	11s	Tenant Rent	115	6	**TNT-RENT**
23	11t.	11t	HAP to Owner	121	5	**HAP**
24	11aa.	11aa	Prorated Normal Total HAP	126	6	***PRO-NTHAP**
25	11ab.	11ab	Reserved	132	5	**n/a**
26	11ac.	11ac	Reserved	137	5	**n/a**
27	11ad.	11ad	Reserved	142	5	**n/a**
28	11ae.	11ae	Total Number Eligible	147	2	***NBR-ELIGB**
29	11af.	11af	Total Number in Family	149	2	***NBR-FAMLY**
30	11ag.	11ag	Proration Percentage	151	2	***PRO-FRACT**
31	11ah.	11ah	Prorated Total HAP	153	5	***PRO-HAP**
32	11ai.	11ai	Mixed Family TTP	158	5	***PRO-TTP**
33	11ak.	11ak	Mixed Family Tenant Rent	163	5	***PRO-TRENT**
34	11am.	11am	Reserved	168	5	**n/a**
35	11an.	11an	Prorated HAP to Owner	173	5	***PRO-HAPOWN**

Field Number	Form Line #	New Form Line#	Field Name	Start Position	Field Length	DB Field Name
1	n/a	n/a	Section Indicator	1	1	**n/a**
2	n/a	n/a	Record Number	2	6	**n/a**
3	5g.	5h	Date Unit Last Passed Inspection	8	8	**INSP-DT**
4	5h.	5i	Date Unit Last Inspected	16	8	***PASS-INSDT**
5	12a.	12a	Number of Bedrooms on Voucher	24	1	**BDRM-NBR**
6	12b.	12b	Family Moving into Unit Indicator	25	1	**MOVING-IND**
7	12c.	12c	Does the Family qualify as Hard to House?	26	1	***HARD-IND**
8	12d.	12d	Portability Indicator	27	1	**PORT-IND**
9	12e.	12e	Cost Billed per Month	28	4	**COST-BILLD**
10	12f.	12f	PHA code Billed	32	5	**HA-BILLED**
11	12g(b)	12g(1)	IGR Indicator	37	1	**SP-HS-IGR**
12	n/a	12g(2)	Project Based Indicator	38	1	
13	n/a	12g(3)	Own Manufactured home, space rent	39	1	
14	12g(a).	12g(4)	SRO Indicator	40	1	**SP-HS-SRO**
15	12h.	12h	Owner Name	41	35	**OWNR-NAME**
16	12i.	12i	Owner TIN/SSN	76	9	**OWNR-SSN**
17	12j.	12j	Voucher Payment Standard	85	4	**PAYMNT-STD**
18	12p.	12k	Rent to Owner	89	4	**RNT-2-OWNR**
19	12n.	12m	Utility Allowance	93	4	**UTIL-ALOW**
20	12q.	12n	Gross Rent of Unit	97	4	**GROSS-RENT**
21	n/a	12p	Lower of 12j or 12n	101	4	**n/a**
22	n/a	12r	Total HAP 12p minus 9j	105	4	**n/a**
23	12t.	12s	Total Family share	109	4	**TOTFMLYCNT**
24	12w.	12t	HAP to Owner Lower of 12k or 12r	113	4	**HAP**
25	12x.	12u	Tenant Rent to Owner	117	4	**FMLRNTOWNR**
26	12y.	12v	Utility Reimbursement to Family	121	4	**UTIL-REIMB**
27	12aa.	12aa	Reserved	125	5	***ALT-HAP**
28	12ac.	12ac	Total Number Eligible	130	2	***NBR-ELIGB**
29	12ad.	12ad	Total Number in Family	132	2	***NBR-FAMLY**
30	12ae.	12ae	Proration Percentage	134	2	***PRO-FRACT**
31	12af.	12af	Prorated Total HAP	136	4	***PRO-HAP**

Field Number	Form Line #	New Form Line#	Field Name	Start Position	Field Length	DB Field Name
32	12ag.	12ag	Mixed Family Total Family Contribution	140	4	***PRO-TTP**
33	12ai.	12ai	Mixed Family Tenant Rent	144	5	***PRO-RENT**
34	12ak	12aj	Prorated HAP to Owner	149	4	***PRO-HAPOWN**
35	n/a	12ak	Reserved	153	5	**n/a**

Field Number	Form Line #	New Form Line #	Field Name	Start Position	Field Length	DB Field Name
1	n/a	n/a	Section Indicator	1	1	**n/a**
2	n/a	n/a	Record Number	2	6	**n/a**
3	5g.	5h	Date Unit Last Passed Inspection	8	8	**INSP-DT**
4	5h.	5i	Date Unit Last Inspected	16	8	***PASS-INSDT**
5	13a.	13a	HAP Contract Number	24	14	**HAP-NUMBER**
6	13b.	13b	Mod Rehab SRO Program for Homeless Indicator	38	1	**HLESS-IND**
7	13c.	13c	Mod Rehab SRO Unit Indicator	39	1	***MRHAB-SRO**
8	13d.	13d	Owner Name	40	35	**OWNR-NAME**
9	13e.	13e	Owner TIN/SSN	75	9	**OWNR-SSN**
10	13f.	13f	Current Base Rent	84	4	**CURR-RENT**
11	13g.	13g	Rehabilitation Debt Service	88	4	**REHAB-DEBT**
12	13h.	13h	Contract Rent to Owner	92	5	**CONTR-RENT**
13	13i.	13i	Utility Allowance	97	4	**UTIL-ALLOW**
14	13k.	13k	Tenant Rent	101	6	**TENT-RENT**
15	13m.	13m	HAP to Owner	107	5	**HAP**
16	13n.	13n	Reserved	112	5	**n/a**
17	13p.	13p	Gross Rent	117	6	***GROSS-RENT**
18	13q.	13q	Normal Total HAP	123	5	***NOR-TTP**
19	13r.	13r	Total Number Eligible	128	2	***NBR-ELIGIB**
20	13s.	13s	Total Number in Family	130	2	***NBR-FAMLY**
21	13t.	13t	Proration Percentage	132	2	***PRO-FRACT**
22	13u.	13u	Prorated Total HAP	134	5	***PRO-HAP**
23	13v.	13v	Mixed Family TTP	139	5	***PRO-TTP**
24	13x.	13x	Mixed Family Tenant Rent	144	6	***PRO-TRENT**
25	13y.	13y	Reserved	150	5	**n/a**
26	13z.	13z	Prorated HAP to Owner	155	5	***PRO-HOWNR**

Field Number	Form Line #	New Form Line #	Field Name	Start Position	Field Length	DB Field Name
1	n/a	n/a	Section Indicator	1	1	**n/a**
2	n/a	n/a	Record Number	2	6	**n/a**
3	5g.	5h	Date Unit Last Passed Inspection	8	8	**INSP-DT**
4	5h.	5i	Date Unit Last Inspected	16	8	***PASS-INSDT**
5	14a.	14a	Number of Bedrooms on Certificate	24	1	**BDRM-NBR**
6	14b.	14b	Reserved	25	5	**n/a**
7	14c.	14c	Portability Indicator	30	1	**PORT-IND**
8	14d.	14d	Cost Billed per Month	31	5	**COST-MONTH**
9	14e.	14e	PHA Code Billed	36	5	**HA-BILLED**
10	14f.	14f	Reserved	41	5	**n/a**
11	14g.	14g	Space Owner Name	46	35	**OWNR-NAME**
12	14h.	14h	Space Owner TIN/SSN	81	9	**OWNR-SSN**
13	14i.	14i	Reserved	90	5	**n/a**
14	14j.	14j	Furniture Included in Purchase Price Indicator	95	1	**FURN-IND**
15	14k.	14k	Monthly Amortization Payment	96	5	**AMORT-PAYM**
16	14m.	14m	Deduction	101	5	**DEDUCTION**
17	14n.	14n	Adjusted Amortization	106	5	**ADJ-AMORT**
18	14p.	14p	Utility Allowance	111	4	**UTIL-ALLOW**
19	14q.	14q	Rent to Owner (space rent)	115	5	**CONTR-RENT**
20	14r.	14r	Gross Rent	120	5	**GROSS-RENT**
21	14t.	14t	Gross Rent Minus TTP	125	5	**MINUS-TTP**
22	14u.	14u	Reserved	130	5	***MINUS-FCON**
23	14v.	14v	HAP to Owner	135	5	**HAP**
24	14w.	14w	Tenant Rent	140	5	**TENT-RENT**
25	14x.	14x	Reserved	145	5	**n/a**
26	14aa.	14aa	Total Number Eligible	150	2	***NBR-ELIGIB**
27	14ab.	14ab	Total Number in Family	152	2	***NBR-FAMLY**
28	14ac.	14ac	Proration Percentage	154	2	***PRO-FRACT**
29	14ad.	14ad	Prorated HAP to Owner	156	5	***PRO-HAP**
30	14ae.	14ae	Mixed Family TTP	161	5	***PRO-TTP**
31	14af	14af	Reserved	166	5	**n/a**
32	14ag.	14ag	Mixed Family Tenant Rent	171	5	***PRO-TRENT**

Field Number	Form Line #	New Form Line #	Field Name	Start Position	Field Length	DB Field Name
1	n/a	n/a	Section Indicator	1	1	**n/a**
2	n/a	n/a	Record Number	2	6	**n/a**
3	n/a	15a	Is Family now moving to this home	8	1	
4	n/a	15b	Date (mm/dd/yyyy) of initial Inspection	9	8	
5	n/a	15c	Portability	17	1	
6	n/a	15d	Cost billed per month	18	4	
7	n/a	15e	PHA Code Billed	22	5	
8	n/a	15f	Monthly Homeownership expense	27	4	
9	n/a	15g	Utility Allowance	31	4	
10	n/a	15h	Monthly Maintenance allowance	35	4	
11	n/a	15i	Monthly major repair/replacement allowance	39	4	
12	n/a	15j	Monthly Co-op.Condominium Charge	43	4	
13	n/a	15k	Monthly principal and interest on debt for improvements, if any	47	4	
14	n/a	15m	Gross homeownership expense	51	4	
15	n/a	15n	Payment standard	55	4	
16	n/a	15p	Lower of 15k or 15m	59	4	
17	n/a	15r	HAP	63	4	
18	n/a	15s	Total Family share	67	4	
19	n/a	15ab	Total number eligible	71	2	
20	n/a	15ac	Total number in family	73	2	
21	n/a	15ad	Proration percentage	75	2	
22	n/a	15ae	Prorated HAP	77	4	
23	n/a	15af	Mixed family total family share	81	5	
24	n/a	15ag	Reserved	86	5	
25	n/a	15ah	Reserved	91	5	

Field Number	Form Line #	New Form Line #	Field Name	Start Position	Field Length	DB Field Name
1	n/a	n/a	Section Indicator	1	1	**n/a**
2	n/a	n/a	Record Number	2	6	**n/a**
3	n/a	17a(1)	Participate in Special Program - FSS	8	1	
4	n/a	17a(2)	Participate in Special Program - WtW	9	1	
5	16a.	17b	FSS report category	10	1	**ENROLL-RPT**
6		17c	FSS effective date (mm/dd/yyyy) of action	11	8	
7		17d	PHA code of PHA administering FSS contract	19	5	
8		17e	Welfare to work report category	24	1	
9		17f	Welfare to work effective date (mm/dd/yyyy) of action	25	8	
10		17g	PHA code of PHA administering WtW Contract	33	5	
11		17h(1)	Current employment status	38	1	
12		17h(2)	Date (mm/yyyy) current employment began	39	6	
13		17h(3)(a)	Benefits in the current employment - Health	45	1	
14		17h(3)(b)	Benefits in the current employment - Retirement account	46	1	
15		17h(3)(c)	Benefits in the current employment - Other	47	1	
16	16b (3).	17h(4)	Years of School Completed by the Head of Household	48	2	
17		17h(5)(a)	Family Receiving TANF Income Assistance Indicator	50	1	
18		17h(5)(b)	Family Receiving General Assistance Indicator	51	1	
19		17h(5)(c)	Family currently Receiving food stamps Indicator	52	1	
20		17h(5)(d)	Family currently Receiving Medicaid/Children's Health Insurance Program Indicator	53	1	
21		17h(5)(e)	Family Receiving Earned Income Tax Credit Indicator	54	1	
22		17h(6)	Number of Children Receiving Child Care Services	55	1	
23	16e (a)	17i(1)(a)	GED Needs Indicator(Y/N)	56	1	**GED-NDS**
24	16e (a)	17i(1)(b)	High School Needs Indicator (Y/N)	57	1	**HS-NDS**
25	16e (a)	17i(1)(c)	Post-Secondary Needs Indicator(Y/N)	58	1	**SEC-NDS**
26	16e (a)	17i(1)(d)	Vocational/Job Training Needs Indicator (Y/N)	59	1	**VOC-NDS**

Field Number	Form Line #	New Form Line #	Field Name	Start Position	Field Length	DB Field Name
27	16e (a)	17i(1)(e)	Job Search/Job Placement Needs Indicator(Y/N)	60	1	**JS-NDS**
28	n/a	17i(1)(f)	Job Retention Needs Indicator	61	1	
29	16e (a)	17i(1)(g)	Transportation Needs Indicator (Y/N)	62	1	**TRANS-NDS**
30	16e (a)	17i(1)(h)	Health Services Needs Indicator (Y/N)	63	1	***HSRV-NDS**
31	n/a	17i(1)(i)	Alcohol and other Drug Abuse Preventions Needs Indicator	64	1	
32	n/a	17i(1)(j)	Mentoring Needs Indicator	65	1	
33	n/a	17i(1)(k)	Homeownership Counseling Needs Indicator	66	1	
34	n/a	17i(1)(L)	Individual Development Account Needs Indicator	67	1	
35	16e (a)	17i(1)(m)	Child Care Needs Indicator	68	1	**CC-NDS**
36		17i(1)(n)	No Needs Indicator	69	1	
37	16e (b)	17i(2)(a)	GED Needs Met Indicator (Y/N)	70	1	**GED-RCV**
38	16e (b)	17i(2)(b)	High School Needs Met Indicator(Y/N)	71	1	**HS-RCV**
39	16e (b)	17i(2)©	Post-Secondary Needs Met Indicator(Y/N)	72	1	**SEC-RCV**
40	16e (b)	17i(2)(d)	Vocational/Job Training Needs Met Indicator(Y/N)	73	1	**VOC-RCV**
41	16e (b)	17i(2)(e)	Job Search/Job Placement Needs Met Indicator(Y/N)	74	1	**JS-RCV**
42	n/a	17i(2)(f)	Job Retention Needs Met Indicator	75	1	
43	16e (b)	17i(2)(g)	Transportation Needs Met Indicator(Y/N)	76	1	**TRANS-RCV**
44	16e (b)	17i(2)(h)	Health Services Needs Met Indicator(Y/N)	77	1	***HSRV-RCV**
45	n/a	17i(2)(I)	Drug Treatment/Rehabilitation Needs Met	78	1	
46	n/a	17i(2)(j)	Mentoring Needs Met	79	1	
47	n/a	17i(2)(k)	Homeownership Counseling Needs Met Indicator	80	1	
48	n/a	17i(2)(L)	Individual Development Account Needs Met Indicator	81	1	
49	16e (b)	17i(2)(m)	Child Care Needs Met	82	1	**CC-RCV**
50		17i(3)(a)	GED Needs Service Provider	83	3	
51		17i(3)(b)	High School Needs Service Provider	86	3	
52		17i(3)©	Post Secondary Needs Service Provider	89	3	
53		17i(3)(d)	Vocational/Job Training Needs Service Provider	92	3	
54		17i(3)(e)	Job Search/Job Placement Needs Service Provider	95	3	

Field Number	Form Line #	New Form Line #	Field Name	Start Position	Field Length	DB Field Name
55		17i(3)(f)	Job Retention Needs Service Provider	98	3	
56	n/a	17i(3)(g)	Transportation Needs Service Provider	101	3	
57	n/a	17i(3)(h)	Health Services Needs Service Provider	104	3	
58	n/a	17i(3)(I)	Drug Treatment/Rehabilitation Needs Service Provider	107	3	
59	n/a	17i(3)(j)	Mentoring Needs Service Provider	110	3	
60	n/a	17i(3)(k)	Homeownership Counseling Needs Service Provider	113	3	
61	n/a	17i(3)(L)	Individual Development Account Service Provider	116	3	
62	n/a	17i(3)(m)	Child Care Needs Service Provider	119	3	
63	16c (1).	17j(1)	Initial Start Date of Contract of Participation	122	6	**START-DATE**
64	16c (2).	17j(2)	Initial End Date of Contract of Participation	128	6	**END-DATE**
65	16c (3).	17j(3)	Contract Extension Date	134	6	**EXT-DATE**
66	16c (4).	17j(4)	Number of Family Members with Individual Training and Services Plan	140	2	**FAMILY-NBR**
67		17j(5)	Selection Preference	142	1	
68	16d (1).	17k(1)	Current FSS Account Monthly Credit	143	5	**ACCT-MTHCR**
69	16d (2).	17k(2)	Current FSS Account Balance	148	5	**ACCT-BAL**
70	16d (3).	17k(3)	Current FSS Amount Disbursed to the Family	153	5	**AMT-DISBUR**
71	16f(1)	17m(1)	Completed Contract Participation Indicator	158	1	
72	16f(2)	17m(2)	Left Because Family Moving to Homeownership Indicator	159	1	
73	16f(3)	17m(3)	Reason for Exiting FSS	160	1	
74	n/a	17n(1)	Date WtW Voucher Issued	161	8	**n/a**
75	n/a	17n(2)	Request for a Unit Leased Approval Date	169	8	**n/a**
76	n/a	17n(3)(a)	Help in Housing Search - TANF Agency Indicator	177	1	**n/a**
77	n/a	17n(3)(b)	Help in Housing Search - Other Indicator	178	1	**n/a**
78	n/a	17p(1)	Reason for Assisted in Different Unit - Closer to Day Care Indicator	179	1	**n/a**

Field Number	Form Line #	New Form Line #	Field Name	Start Position	Field Length	DB Field Name
79	n/a	17p(2)	Reason for Assisted in Different Unit - Transportation Indicator	180	1	**n/a**
80	n/a	17p(3)	Reason for Assisted in Different Unit - Pre-Program Unit Would not meet HQS Indicator	181	1	**n/a**
81	n/a	17p(4)	Reason for Assisted in Different Unit - Pre-Program Unit Rent Above Payment Standard, Tenant Rent too high Indicator	182	1	**n/a**
82	n/a	17p(5)	Reason for Assisted in Different Unit - Owner of Pre-Program Unit Unwilling to Participate Indicator	183	1	**n/a**
83	n/a	17p(6)	Reason for Assisted in Different Unit - Closer to Other Services Indicator	184	1	**n/a**
84	n/a	17p(7)	Reason for Assisted in Different Unit - Employment Indicator	185	1	**n/a**
85	n/a	17q(1)	Is the Family Moving to Homeownership ?	186	1	**n/a**
86	n/a	17q(2)	Reason for leaving Wtw Program	187	1	**n/a**

Field Number	Form Line #	Field Name	Start Position	Field Length	DB Field Name
1	n/a	Record Identifier	1	5	
2	n/a	Record Number	6	6	
3	n/a	Number of Forms in Submission	12	6	