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Leave blank if the receiving HA absorbs the family.

Indicate if the family resides in OFTO housing, i.e., the HA approved a space rent *above* the Fair Market Rent (FMR).

OFTO *only* applies to the Section 8 Certificate program.

The family may not receive assistance under the OFTO program if the effective date (line 2b) is on or after October 1, 1999.

The space owner's legal name.

The legal space owner's tax identification number (TIN) or the social security number (SSN).

Indicate the FMR (Fair Market Rent) that applies to the unit size and locality.

Leave blank if the effective date (line 2b) is on or after October 1, 1999.

If the family is not under a Voucher, OFTO, New Admission, or move, leave blank.

Indicate whether or not the manufactured home's purchase price included the cost of furniture.

N = No

The monthly amount paid for principle and interest to amortize the manufactured home's purchase price. Include any set-up charges for assembling, skirting, and anchoring the manufactured home.

If there is no monthly amortization payment, enter 0 (zero).

The deduction amount for furniture cost from the monthly amortization payment. If the manufactured home's purchase price *included* furniture, multiply the monthly amortization payment (line 14k) by 0.15.

If the manufactured home's purchase price did not include furniture, as indicated in line 14j, enter 0 (zero).

