Note: Leave blank if the receiving HA absorbs the family. 14f. Indicate if the family resides in OFTO housing, i.e., **Check if Over-FMR Tenancy** the HA approved a space rent above the Fair Market Option (OFTO): Rent (FMR). Note: OFTO only applies to the Section 8 Certificate program. Note: The family may not receive assistance under the OFTO program if the effective date (line 2b) is on or after October 1, 1999. 14g. The space owner's legal name. Space Owner name: 14h. The legal space owner's tax identification number Space Owner TIN/SSN: (TIN) or the social security number (SSN). 14i. Indicate the FMR (Fair Market Rent) that applies to FMR fill if: Voucher, OFTO, New admission, or Move: the unit size and locality. Note: Leave blank if the effective date (line 2b) is on or after October 1, 1999. Note: If the family is not under a Voucher, OFTO, New Admission, or move, leave blank. 14j. Furniture included in Indicate whether or not the manufactured home's purchase price included the cost of furniture. purchase price?: Y = YesN = No14k. Monthly amortization The monthly amount paid for principle and interest to amortize the manufactured home's purchase payment: price. Include any set-up charges for assembling, skirting, and anchoring the manufactured home. Note: If there is no monthly amortization payment, enter 0 (zero). 14m. Deduction: if 14j = Y, 14k xThe deduction amount for furniture cost from the 0.15; If 14j = N, put 0: monthly amortization payment. If the manufactured home's purchase price included furniture, multiply the monthly amortization payment (line 14k) by 0.15. Note: If the manufactured home's purchase price did not include furniture, as indicated in line 14j, enter 0 (zero).



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