Adjustments to Schedule of Tenant Assistance Payments Due

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0182
(exp. mm/dd/yyyy)

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide.

The public reporting burden for this collection of information is estimated to average 2.2498 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Because respondents complete HUD-52670-A Parts 1-6 as a single submission, the parts are combined and reported as one form with a total average time of 2.2498 hours. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. HUD collects this information to improve financial controls over HUD's Multifamily Housing programs. HUD uses this information to review the accuracy of funds requested by owners/agents for special claims payments related to unpaid rent and/or tenant damages. This information is mandatory pursuant to the U.S. Housing Act of 1937, as amended. This information collected will not be held confidential. No assurances of confidentiality are provided for this information collection, but HUD will not disclose data on a specific project or tenant, except as required by law.

Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §§ 3729, 3802).

1. Asst. Pymts Due for (mm/yyyy):	2. Project Name:	3. Project Number:	4. Contract Number:	5. Type of Subsidy:

6. Head of Household Name Last, First, Initial	7. Unit Number	8.Adjusting Certification					9.Adjustment Period		10.Calculation Detail							11a. Requested	11b. Approved (HUD/CA use only)
		Prior or New Billing?	New Cert?	Cert Type	Effective Date	Asst. Pmt.	Beginning Date	Ending Date	Beginning Partial Month		Full Months		Ending Partial Month		Amount		
									No. of Days	Daily Rate	No. of Months	Monthly Rate	No. of Days	Daily Rate			
												12. Totals for this page					

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