**FDIC AFFORDABLE HOUSING DISPOSITION PROGRAM**
**Monitoring Agency: Phoenix Revitalization Corporation**

# PART B - UNIT STATUS REPORT

Period Begin Date: _____ Period End Date: _____

Property Name: _____

**ALL UNITS ON PROPERTY MUST BE LISTED IN NUMERICAL ORDER**

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| | | | | | | | Qualified Units Only | | | | | |
| BLDG. ADDRESS | UNIT NUMBER | TENANT LAST NAME | NO. BR'S | NO. PERS. | DATE OF LEASE OR MOVEOUT | UNIT DESIGNATION 1= VLI 2=LI 3=OI-VLI 4=OI-LI 5= UNRESTRICTED | TENANT'S ANN. GROSS INCOME | MAX ANN. ELIGIBLE INCOME | MONTHLY UNIT RENT | MAX AHDP RENT | DATE OF LAST INC. CERT. | UNIT STATUS |
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| | | | | | | | **You are not required to complete Columns H-L The information required will be reviewed on each TIC.** | | | | | |
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