

**Voucher Adjustment Examples - TRACS 202D**  
**Supplement to MAT Guide, Appendix H**  
**Last Updated: 4/5/2011**

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# Adjustments to Schedule of Tenant Assistance Payments Due

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

OMB Approval No. xxxx-xxxx  
(xx/xx/xxxx)

Office of Housing

Federal Housing Commissioner

Before completing this form, read and follow the instructions in the Monthly Activity Transmission (MAT) User's Guide. See the statements on the form HUD-52670 information on public burden.

1. Asst. Pymts Due For (mm/yyyy):		2. Project Name:					3. FHA / EH / Non-Insured Proj. No:			4. Section 8 / PAC / PRAC Contract No:				5. Type of Subsidy:			
4/2011		Shady Valley Apartments					999XX000			XX000000000				Section 8			
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			
Normal Move-In	101	New	Y	MI	2/12/11	350	2/12/11	3/31/11	17	12.50	1	350			563	563	563
Normal Move-Out	102	Prior		AR	11/1/10	500	2/1/11	3/31/11			2	500			-1,000		-1,000
Normal Move-Out	102	New		AR	11/1/10	500	2/1/11	2/4/11	4	17.86					71		71
Normal Move-Out	102	New	Y	MO	2/4/11	0	2/5/11	3/31/11	24	0.00	1	0			0		-929
Normal Termination	103	Prior		IR	7/1/10	125	2/1/11	3/31/11			2	125			-250		-250
Normal Termination	103	New		IR	7/1/10	125	2/1/11	2/15/11	15	4.46					67		67
Normal Termination	103	New	Y	TM	2/15/11	0	2/16/11	3/31/11	13	0.00	1	0			0		-183
DS Termination	104	Prior		MI	1/18/11	380	1/18/11	3/31/11	14	12.26	2	380			-932		-932
DS Termination	104	New	Y	TM-DS	1/18/11	0	1/18/11	1/31/11	14	0.00					0		0
DS Termination	104	New	Y	IC	2/1/11	380	2/1/11	3/31/11			2	380			760		760
Normal Unit Transfer	105	Prior		AR	11/1/10	318	2/1/11	3/31/11			2	318			-636		-636
Normal Unit Transfer	105	New		AR	11/1/10	318	2/1/11	2/12/11	12	11.36					136		136
Normal Unit Transfer	105	New	Y	UT-O	2/12/11	0	2/13/11	3/31/11	16	0.00	1	0			0		-500
Normal Gross Rent Change	106	Prior		AR	6/1/10	415	6/1/10	3/31/11			4	415			-1,660		-1,660
Normal Gross Rent Change	106	New		AR	6/1/10	415	6/1/10	12/11/10	11	13.83					152		152
Normal Gross Rent Change	106	New	Y	GR	12/12/10	418	12/12/10	3/31/11	20	13.48	3	418			1,524	16	1,524
Multiple Retro Corrections	107	Prior		AR	6/1/10	228	6/1/10	7/17/10			1	228	17	7.35	-353		-353
Multiple Retro Corrections	107	Prior		GR	7/18/10	230	7/18/10	12/11/10	14	7.42	4	230	11	7.42	-1,106		-1,106
Multiple Retro Corrections	107	Prior		GR	12/12/10	232	12/12/10	12/31/10	20	7.48					-150		-150
Multiple Retro Corrections	107	Prior		IR	1/1/11	250	1/1/11	3/31/11			3	250			-750		-750
Multiple Retro Corrections	107	New	Y	AR*	6/1/10	230	6/1/10	7/17/10			1	230	17	7.42	356		356
Multiple Retro Corrections	107	New	Y	GR	7/18/10	232	7/18/10	12/11/10	14	7.48	4	232	11	7.48	1,115		1,115
Multiple Retro Corrections	107	New	Y	GR	12/12/10	234	12/12/10	12/31/10	20	7.55					151		151
Multiple Retro Corrections	107	New	Y	IR*	1/1/11	252	1/1/11	3/31/11			3	252			756	19	756
Normal Unit Transfer	108	New	Y	UT-I	2/13/11	323	2/13/11	3/31/11	16	11.54	1	323			508		508
12. Totals for this page																-678	-678

**Example: Insertion of a retroactive IR that does not impact subsequent certifications**

Certification Sequence				
Seq. No.	Cert Type	Effective Date	Asst. Pmt.	Voucher Date
1	GR	2/1/10	627	
2	AR	9/1/10	355	
3	AR*	9/1/10	505	
4	IR	10/1/10	627	
5	IR	3/1/10	505	5/2011
6	GR	2/1/11	651	5/2011

**Adjustments**

1. Asst. Pymts Due For (mm/yyyy): 5/2011		2. Project Name:			3. FHA / EH / Non-Insured Proj. No:			4. Section 8 / PAC / PRAC Contract No:			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			
		Prior		GR	2/1/10	627	3/1/10	8/31/10			6	627			-3,762		
		Prior		AR*	9/1/10	505	9/1/10	9/30/10			1	505			-505		
		Prior		IR	10/1/10	627	10/1/10	4/30/11			7	627			-4,389		
		New	Y	IR	3/1/10	505	3/1/10	8/31/10			6	505			3,030		
		New		AR*	9/1/10	505	9/1/10	9/30/10			1	505			505		
		New		IR	10/1/10	627	10/1/10	1/31/11			4	627			2,508		
		New	Y	GR	2/1/11	651	2/1/11	4/30/11			3	651			1,953	-660	

**Example: Changing Move-Out Date to the Following Month**

Certification Sequence				
Seq. No.	Cert Type	Effective Date	Asst. Pmt.	Voucher Date
1	AR	1/1/10	500	1/2010
2	AR	1/1/11	600	1/2011
3	MO	12/23/10	0	2/2011
4	AR*	1/1/11	600	3/2011
5	MO*	1/6/11	0	3/2011

**Original Adjustment**

1. Asst. Pymts Due For (mm/yyyy): 2/2011		2. Project Name:			3. FHA / EH / Non-Insured Proj. No:				4. Section 8 / PAC / PRAC Contract No:				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			
		Prior		AR	1/1/10	500	12/1/10	12/31/10			1	500			-500		
		Prior		AR	1/1/11	600	1/1/11	1/31/11			1	600			-600		
		New		AR	1/1/10	500	12/1/10	12/23/10	23	16.13					371		
		New	Y	MO	12/23/10	0	12/24/10	1/31/11	8	0.00	1	0			0		-729

**Correction Adjustment**

1. Asst. Pymts Due For (mm/yyyy): 3/2011		2. Project Name:			3. FHA / EH / Non-Insured Proj. No:				4. Section 8 / PAC / PRAC Contract No:				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			
		Prior		AR	1/1/10	500	12/1/10	12/23/10	23	16.13					-371		
		Prior		MO	12/23/10	0	12/24/10	2/28/11	8	0.00	1	0			0		
		New		AR	1/1/10	500	12/1/10	12/31/10			1	500			500		
		New	Y	AR*	1/1/11	600	1/1/11	1/6/11	6	19.35					116		
		New	Y	MO*	1/6/11	0	1/7/11	2/28/11	25	0.00	1	0			0		245

**Example: Changing Move-Out Date to the Previous Month**

Certification Sequence				
Seq. No.	Cert Type	Effective Date	Asst. Pmt.	Voucher Date
1	AR	1/1/10	500	1/2010
2	AR	1/1/11	600	1/2011
3	MO	1/6/11	0	3/2011
4	MO*	12/23/10	0	4/2011

**Original Adjustment**

1. Asst. Pymts Due For (mm/yyyy): 3/2011		2. Project Name:			3. FHA / EH / Non-Insured Proj. No:				4. Section 8 / PAC / PRAC Contract No:				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			
		Prior New New	 Y	AR AR MO	1/1/11 1/1/11 1/6/11	600 600 0	1/1/11 1/1/11 1/7/11	2/28/11 1/6/11 2/28/11	6 25	19.35 0.00	2 1	600 0			-1,200 116 0	-1,084	

**Correction Adjustment**

1. Asst. Pymts Due For (mm/yyyy): 4/2011		2. Project Name:			3. FHA / EH / Non-Insured Proj. No:				4. Section 8 / PAC / PRAC Contract No:				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			
		Prior Prior Prior New New	  Y	AR AR MO AR MO*	1/1/10 1/1/11 1/6/11 1/1/10 12/23/10	500 600 0 500 0	12/1/10 1/1/11 1/7/11 12/1/10 12/24/10	12/31/10 1/6/11 3/31/11 12/23/10 3/31/11	6 25 23 8	19.35 0.00 16.13 0.00	1 2 2	500 0 0			-500 -116 0 371 0	-245	

**Example: Transfer Correction to a Different Unit on an Earlier Date**

Certification Sequence					
Seq. No.	Unit No.	Cert Type	Effective Date	Asst. Pmt.	Voucher Date
1	100	AR	1/1/11	600	1/2011
2	101	UT	3/10/11	620	5/2011
3	104	UT*	3/5/11	615	6/2011

**Original Adjustment**

1. Asst. Pymts Due For (mm/yyyy):		2. Project Name:			3. FHA / EH / Non-Insured Proj. No:				4. Section 8 / PAC / PRAC Contract No:				5. Type of Subsidy:				
5/2011																	
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			
	100	Prior		AR	1/1/11	600	3/1/11	4/30/11			2	600			-1,200		
	100	New		AR	1/1/11	600	3/1/11	3/9/11	9	19.35					174		
	100	New	Y	UT-O	3/9/11	0	3/10/11	4/30/11	22	0.00	1	0			0	-1,026	
	101	New	Y	UT-I	3/10/11	620	3/10/11	4/30/11	22	20.00	1	620			1,060	1,060	

**Correction Adjustment**

1. Asst. Pymts Due For (mm/yyyy):		2. Project Name:			3. FHA / EH / Non-Insured Proj. No:				4. Section 8 / PAC / PRAC Contract No:				5. Type of Subsidy:				
6/2011																	
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			
	100	Prior		AR	1/1/11	600	3/1/11	3/9/11	9	19.35					-174		
	100	Prior		UT-O	3/9/11	0	3/10/11	5/31/11	22	0.00	2	0			0		
	100	New		AR	1/1/11	600	3/1/11	3/4/11	4	19.35					77		
	100	New	Y	UT-O*	3/4/11	0	3/5/11	5/31/11	27	0.00	2	0			0	-97	
	101	Prior		UT-I	3/10/11	620	3/10/11	5/31/11	22	20.00	2	620			-1,680		
	101	New		UT-I	3/10/11	0	3/10/11	5/31/11	22	0.00	2	0			0	-1,680	
	104	New	Y	UT-I*	3/5/11	615	3/5/11	5/31/11	27	19.84	2	615			1,766	1,766	