

# Adjustments to Schedule of Tenant Assistance Payments Due

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

Office of Housing  
Federal Housing Commissioner

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

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:			
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																	