

Recipient: business - 5
 Funding Agreement:
 Project Name: Amberwood (15)
 Project Number: 15

Project Managers Name: Parent Management Office
 Address: business - 6
 436 South River Road
 Bedford NH 03110
 Email:
 Phone/Fax:

Report Effective Date: 06/25/09

Address	Unit #	# Bdrms	Occu- pancy	MONTHLY RENT				INCOME DATA		HOUSEHOLD DATA					
				Tenant Contrib +	Subsidy Amt +	Tenant Pd Utility Allowance	= Total Rent	Monthly Gross Income	% Of Area Median	Hispanic Y=Yes N=No	Race Head Of Household	Size Of Household	Type Of Household	Rental Assist- ance	Special Needs
Amberwood Apt. 03	03	2	1	97	666	82	681	730	2	N	11	2	1	3	
Amberwood Apt. 04	04	2	1	763	0	82	681	2,601	2	N	11	2	1	3	
Amberwood Apt. 05	05	2	1	390	373	82	681	1,300	2	N	11	2	1	3	
Amberwood Apt. 06	06	2	1	763	0	82	681	1,983	2	N	11	3	1	3	
Amberwood Apt. 07	07	2	1	194	569	82	681	1,202	2	N	11	4	1	3	
Amberwood Apt. 08	08	2	1	384	379	82	681	1,610	2	N	11	2	1	3	
Amberwood Apt. 09	09	2	1	127	636	82	681	463	2	N	11	3	1	3	
Amberwood Apt. 10	10	2	1	763	0	82	681	1,907	2	N	11	2	1	3	
Amberwood Apt. 11	11	2	1	763	0	82	681	2,199	2	N	11	2	1	3	
Amberwood Apt. 12	12	2	1	886	0	82	681	2,992	2	N	12	2	1	3	
Amberwood Apt. 14	14	2	1	156	607	82	681	520	2	N	11	1	1	3	
Amberwood Apt. 15	15	2	1	763	0	82	681	1,976	2	N	11	2	1	3	
Amberwood Apt. 16	16	2	1	4	759	82	681	40	2	N	11	2	1	3	
Amberwood Apt. 17	17	2	1	476	287	82	681	1,666	2	N	11	3	1	3	
Amberwood Apt. 18	18	2	1	292	471	82	681	1,054	2	N	11	3	1	3	
Amberwood Apt. 19	19	2	1	763	0	82	681	673	2	N	11	1	1	3	
Amberwood Apt. 20	20	2	1	303	460	82	681	1,179	2	N	11	2	1	3	
Amberwood Apt. 21	21	2	1	360	403	82	681	1,200	2	N	11	1	1	3	
Amberwood Apt. 22	22	2	1	8	755	82	681	75	2	N	11	4	1	3	
Amberwood Apt. 24	24	2	1	464	299	82	681	1,953	2	N	11	3	1	3	
Amberwood Apt. 26	26	2	1	971	0	82	681	4,692	4	N	11	4	1	3	
Total # Of Households:	21			9,690	6,664	1,722	14,301								
Total # Vacancies:	0														
Total # Units:	21														

Occupancy
 1 - Tenant
 2 - Owner
 9 - Vacant

Race of Head of Household Code
 11 - White
 12 - Black/African American
 13 - Asain
 14 - American Indian/Alaska Native
 15 - Native Hawaiian/Other Pacific Islander
 16 - American Indian/Alaska Native & White
 17 - Asian & White
 18 - Black/African American & White
 19 - American Indian/Alaska Native & Black/African American
 20 - Other Multi Racial

Type of Household Code
 1 - Single/Non-Elderly
 2 - Elderly
 3 - Related/Single Parent
 4 - Related/Two Parent
 5 - Other

Rental Assistance
 1 - Section 8
 2 - HOME TBRA
 3 - Other
 4 - No Assistance

No of Bedrooms Code
 1 - 1 Bedroom
 2 - 2 Bedrooms
 3 - 3 Bedrooms
 4 - 4 Bedrooms
 5 - 5 or more Bedrooms

% of Area Median Code
 1 - 0 - 30%
 2 - 31 - 50%
 3 - 51 - 60%
 4 - 61 - 80%

I hereby certify that I have reviewed all of the above tenant information for the period ending 06/25/09 and find it to be true.

Property Owners Signature

Date Signed

IDED Use Only <input type="checkbox"/> Ownership has not changed <input type="checkbox"/> Rents are in compliance <input type="checkbox"/> Tenants are income eligible <input type="checkbox"/> HQS compliance met <input type="checkbox"/> Loan payment received
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I hereby certify that I have the above listed units were inspected on ___/___/___ and that all the units are in compliance with Section 8 Housing Quality Standards.

HGIS Inspector Signature (if required with this report)

Date Signed