To: NYS Division of Housing and Community Renewal
Housing Management Bureau
Attention: Supervisor, Administrative Unit
25 Beaver Street
New York, NY 10004

From: Development Name: _____ DHCR No. _____

Contact Person: _____ Telephone No. _____

Return Address: _____ Zip _____

Subject: Quarterly Tenant Selection Activity Report Covering the Period from _____ to _____ Email Address: _____

DIRECTIONS: Housing Companies exempted from submitting apartment applications for DHCR approval must prepare this report quarterly. Type or print information for all new admission, transfer, and succession applicants who were issued leases commencing during the quarter, and complete the certification below. Submit the original and one copy of this report to DHCR (keep a copy for your files) together with updated copies of the new admission and transfer application logs within thirty days of the end of each quarter. Special priorities, preferences, or circumstances, when applicable, should be indicated in the "Comments" column and documented in tenant files. Maintain original applications and all documents used to establish eligibility in tenant files including, but not limited to, the following: (a) for new admissions - income or non-employment verification and credit report; (b) for transfers - income or non-employment verification; and (c) for successions - proof of eligibility per 9NYCRR Section 1727-8.

Application Information							Assigned Apartment Information						Comments
Type Code (1)	If Transfer -Current Bldg/Apt	Application Date	Application Number	Applicant Name	No. of Persons	Adjusted Household Income (2)	Bldg.	Apt.	No. of BR's	Rent (2)	Income Limit (2)	Lease Start Date	

Certification: I certify that: (a) this report reflects all new admissions, transfers, and successions processed by the Housing Company with leases commencing during the subject quarter; (b) these applications have been processed in accordance with 9NYCRR Part 1727 and federal program regulations, if applicable (3); (c) applicants meet income and occupancy eligibility requirements; and (d) applicants were selected in the prescribed order; and (e) that there were _____apartment assignments in the past 12 months.

Authorized Signature: _____ Name (Type/Print): _____ Title: _____ Date: _____

(1) Type Codes: N = New Admission, S = Succession, T = Transfer
(2) This information is not required for Section 236 applicants.
(3) Section 8 and Section 236 developments are subject to HUD Handbook 4350.3.