Date

SFY 2018-19

Roster of Eligible Residents for the Enriched Housing Operating Assistance Subsidy (Additional Sheet)

	No. of Residents	Resident's First Name	Resident's Last Name	Admission Date (MM/DD/YYYY)	Resident's MA #
			_		-
Approved Certified Capacity*					
Number of SSI residents in program at the end of the report month*					
(must have been in the program for a minimum of 15 days of the month)					
* Must be completed I declare that the information contained in this report is true and accurate and agree that receipt of funds under the Enriched Housing Operating Assistance Program is conditioned upon adherence to the Conditions for Participation for such program as stated in the "ACF EH Operating Assistance Subsidy Application SFY 2018-19"					
			Print Name (Administrator)		Signature