

COMPLIANCE MONITORING STATUS REPORT

REPORTING PERIOD: _____

ADDRESS _____

AFFORDABLE UNITS REQUIRED: _____

MANAGEMENT AGENT _____

Address: _____

Phone: _____

**FOR SSI ASSISTED LIVING
UNITS ONLY**

[illegible]

I certify that all information stated herein, as well as the information provided in any accompaniment herewith, is true and accurate.

Name (Please Print):	Title:	Phone Number
Signature:	Date:	E-mail Address: