NORTH CAROLINA HOUSING FINANCE AGENCY

SUPPORTIVE HOUSING DEVELOPMENT PROGRAM

QUALIFIED TENANT ROLL – EMERGENCY SHELTERS & LICENSED FACILITIES

Project Name: _____ Project Address: _____

This Qualified Tenant Roll documents occupancy for the calendar year ending December 31, _____.

Room Identifier (unit #, Bed #, etc.)	Entry Date mm/dd/yy	Name of Head of Household or Identifier		HOH Race	HOH Ethnicity	# of Occ	Gross Annual Income	Income Limit (30%,50%, etc.)	Income Eligible (Y/N)	Program Eligible (Y/N)
		Last Name	First Name							

Note: Submit Annually along with Owner Affidavit (Exhibit C)