Exhibit 9

Unit Status Report

Property Name:	Street Address, City & Zip Code:	Management Company Name:		Total SHRA Units:		SHRA Unit Mix		Percent of Total	Children 0-4 yrs. old	Children 5-9 yrs. old	Children 10-12 yrs. old	Children 13-17 yrs. old	
				Total other assisted units:									
Unit Status Report Completed By:	Position Title:	Phone Number:	Other Phone Number	Total market rate units:		EL:		0%	Property Total Children/Minors:			0	
				Total exempt units		VL :		0%	Property Total Housing Choice Voucher (HCV) Tenants:				
Email address:		Reporting Period From:	Reporting Period To:	Property Total units:	0	LW:		0%	Property Total Wheelchair Accessible units:				
				Property Total Vacant units:		MD:		0%	Property Total ADA Compliant units				

SHRA Unit No. (include vacant SHRA Units)	HOH Last Name or indicate Vacant	HOH Social Security Number	Move-In Date*	Race/ Ethnicity*	H Type*	H Gross Annual Income'	H Size*	100% AMI*	% AMI	Source(s) of Income* 1	2	3	4	5	6	Unit Size	Unit Designation	Gross Monthly Rent	Utility Allowance	Rent Subsidy	Net Monthly Rent	SHRA Funding Program(s) 1	2	3	4
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