MANAGER'S WEEKLY REPORT

(To be faxed each Friday)

Week Ending: _____ Property Name: _____ Phone: _____

CURRENT VACANT APARTMENTS

Apt. Size	Basic Rent	Apt. #	Move-Out Date	Pre-leased Move-in Date	Total Rent Loss* Due to Vacancy	Ready	Not Ready	Date Ready

****IF YOU HAVE NOT PRE-LEASED YOUR UNITS – REPORT MARKETING EFFORTS WEEKLY****

APARTMENTS ON NOTICE

Apt. Size	Apt. #	Move-Out Date	Pre-leased Move-in Date	Comments

Quarterly Marketing Comparison Report: ☐ **Y** ☐ **N** ☐ **Y** ☐ **N** ☐ **Y** ☐ **N** ☐ **Y** ☐ **N**

1st Qtr. (March) **2nd Qtr. (June)** **3rd Qtr. (Sept.)** **4th Qtr. (Dec.)**

Apts. Shown: _____ # Move-Ins: _____ Income Collected this Week $ _____

Phone Calls: _____ Total # of Units: _____ *Total Loss to Vacancy $ _____

Applications: _____ # of Units Vacant: _____ Current Delinquencies: $ _____

Move-Outs: _____ Occupancy Percentage: _____% Rent Deposit #: _____

of Units Pre-leased: _____ Tracking # (for deposits over $500 only): _____

Utilities on in vacant apartments (give unit #s): _____

Recertifications for month ending _____
List by apt. #'s: _____
Date recertifications **mailed** to home office: _____

Recertifications for next _____ (month)
List by apt. #'s: _____

Total # of Rental Assistance Units for Property: _____

Number of Unused Rental Assistance: _____

Comments or Problems: _____

_____

_____

Manager Signature: _____

Date Faxed: _____

***Loss to vacancy is the total dollar amount of rents lost from move-out to move-in.**