

Schedule of Positions and Compensation	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0272 (exp. 08/31/2018)
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Public reporting for this collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The information does not lend itself to confidentiality.

Report the cash compensation of the top management official, the top financial official, and the highest compensated employee who is not either the top management official or the top financial official. Only provide information for public housing agency (PHA) employees who received compensation from the PHA and any related organizations for the calendar year. Upon completion, the appropriate PHA representative must sign and certify that the information provided is true and correct. See the instruction sheet for directions on completing the form.

Section I: PHA Information

(A) PHA Code		(use drop-down list)
(B) Name of PHA*		
(C) PHA Fiscal Year End		(use drop-down list)

Section II: Calendar Year Employee Compensation Data

Box 1	Box 2	Box 3	Box 4	Box 5	Box 6	Box 7	Box 8	Box 9	Box 10
Employee Last Name	First name, middle initial	Employee Title (Use drop-down list)	Total Compensation as reported on the PHA employee's 201X IRS Form W-2 (Box 5) (\$)	Base Salary from Section 8 & 9 funds (\$)	Bonus, incentive, and other compensation from Section 8 & 9 funds (\$)	Base Salary from NON - Section 8 & 9 funds (\$)	Bonus, incentive, and other compensation from NON - Section 8 & 9 funds (\$)	Total (Box 5 + Box 6 + Box 7 + Box 8)	Completeness Check: (Box 4 = Box 9) Yes/No

Section III: Calendar Year NON W-2 Employee Compensation Data - Other CASH Compensation
[only complete if an employee in Section II above was paid cash compensation not included in the W-2 information reported]

Box 11	Box 12	Box 13	Box 14
Employee Last Name	First, middle initial	Employee Title (Use drop-down list)	Cash compensation paid to employee in CY 201X NOT reported on the employee's W-2 (\$)
			If an amount is entered in Box 14, please explain the circumstances in the space provided below.

Section IV: Certification

I hereby certify that the above information is true and correct (please type name and title of individual signing and dating this form): _____, _____

HUD will prosecute false claims and statements. Such false statements and/or entries may be subject to criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

* The form will automatically fill in this value based on other entries.