Report of Known Bed Bug Issues Per Household in Previous 6 months

IOWA Finance Authority

*THIS DOCUMENT MUST BE SUBMITTED TO IFA **10 BUSINESS DAYS PRIOR** TO INSPECTION*

Project Name:	LIHTC Project # HOME/NHTF #	Date:

☐ **At this time there are no known issues**

☐ **At this time there are known issues (please complete the remainder of this sheet)**

BIN	Unit #	Move in Date	Head of Household name	Date became aware	Date Resolved

Use additional sheets, as necessary. Please attach copies of invoices for each entry listed above.