

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2013 to December 31, 2013

SCHEDULE OPWDD-3
HUD REVENUES
AND EXPENSES

AGENCY NAME: _____ AGENCY CODE: _____ MEDICAID PROVIDER AGREEMENT NUMBER: _____	PROGRAM TYPE & CODE NUMBER: _____ OPERATING CERTIFICATE: _____
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	<u>AMOUNT</u>		<u>LINE # CFR-1</u>	<u>AMOUNT</u>
A. HUD SECTION 8/811 SUBSIDY:* (From Commitment Form HUD 92264)	\$ _____	D. EXPENSES INCLUDED ON SCHEDULE CFR-1		
B. REVENUE:				
1. HUD Section 8/811 Revenues	\$ _____	1. MORTGAGE	_____	\$ _____
2. Other (Detail Required)	\$ _____	2. REAL ESTATE TAXES	_____	\$ _____
3. Other (Detail Required)	\$ _____	3. REPAIRS AND MAINTENANCE	_____	\$ _____
4. Other (Detail Required)	\$ _____	4. MORTGAGE INT. OPERATING EXPENSES	_____	\$ _____
5. Other (Detail Required)	\$ _____	5. INSURANCE	_____	\$ _____
TOTAL REVENUE(Add Lines B1-B5)	\$ _____	6. GROUNDSKEEPING	_____	\$ _____
		7. UTILITIES	_____	\$ _____
C. REVENUE OFFSETS:		8. OTHER (Detail Required) _____	_____	\$ _____
1. Replacement Reserve Offset (HUD 92264, Line # 21)	\$ _____	9. OTHER (Detail Required) _____	_____	\$ _____
2. Participant Contribution (30% of Adjusted Participant Income)	\$ _____	10. OTHER (Detail Required) _____	_____	\$ _____
3. Other (Detail Required)	\$ _____	11. OTHER (Detail Required) _____	_____	\$ _____
4. Other (Detail Required)	\$ _____	12. OTHER (Detail Required) _____	_____	\$ _____
5. Other (Detail Required)	\$ _____	13. OTHER (Detail Required) _____	_____	\$ _____
TOTAL OFFSETS (Add Lines C1-C5)	\$ _____	TOTAL EXPENSES (Add Lines D1-D13)		\$ _____

*HUD Section 8 Subsidy- Estimated project Gross Income based on number of units times Unit Rent per month at 100% occupancy.