

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2009 to June 30, 2010

SCHEDULE OMRDD-3
HUD REVENUES
AND EXPENSES

Page _____

AGENCY NAME: _____
 AGENCY CODE: _____
 MEDICAID PROVIDER AGREEMENT NUMBER: _____

PROGRAM TYPE & CODE NUMBER: _____
 OPERATING CERTIFICATE: _____

A. <u>HUD SECTION 8/811 SUBSIDY:*</u>	<u>AMOUNT</u>	D. <u>EXPENSES INCLUDED ON SCHEDULE CFR-1</u>	<u>LINE # CFR-1</u>	<u>AMOUNT</u>
(From Commitment Form HUD 92264)	\$ _____			
B. <u>REVENUE:</u>				
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	_____	\$ _____
		8. OTHER (Detail Required) _____	_____	\$ _____
		9. OTHER (Detail Required) _____	_____	\$ _____
C. <u>REVENUE OFFSETS:</u>		10. OTHER (Detail Required) _____	_____	\$ _____
1. Replacement Reserve Offset	\$ _____	11. OTHER (Detail Required) _____	_____	\$ _____
(HUD 92264, Line # 21)		12. OTHER (Detail Required) _____	_____	\$ _____
2. Participant Contribution	\$ _____	13. OTHER (Detail Required) _____	_____	\$ _____
(30% of Adjusted Participant Income)		TOTAL EXPENSES (Add Lines D1-D13)		\$ _____
3. Other (Detail Required)	\$ _____			
4. Other (Detail Required)	\$ _____			
5. Other (Detail Required)	\$ _____			
TOTAL OFFSETS (Add Lines C1-C5)	\$ _____			

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