

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2012 to December 31, 2012*

**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>
<b>A. HUD SECTION 8/811 SUBSIDY:*</b> (From Commitment Form HUD 92264)	\$ _____	<b>D. EXPENSES INCLUDED ON SCHEDULE CFR-1</b>		
<b>B. REVENUE:</b>				
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	_____	\$ _____
<b>TOTAL REVENUE(Add Lines B1-B5)</b>	\$ _____	6. GROUNDSKEEPING	_____	\$ _____
		7. UTILITIES	_____	\$ _____
<b>C. REVENUE OFFSETS:</b>		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) _____	_____	\$ _____
<b>TOTAL OFFSETS (Add Lines C1-C5)</b>	\$ _____	<b>TOTAL EXPENSES (Add Lines D1-D13)</b>		\$ _____

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