

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
For the Period: January 1, 2001 to December 31, 2001

**SCHEDULE OMRDD-3**  
**HUD REVENUES**  
**AND EXPENSES**

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| <b>AGENCY NAME:</b> _____<br><br><b>AGENCY CODE:</b> _____ | <b>OPERATING CERTIFICATE:</b> _____<br><b>MEDICAID PROVIDER AGREEMENT NUMBER:</b> _____<br><b>PROGRAM TYPE &amp; CODE NUMBER:</b> _____<br><b>COUNTY CODE:</b> _____ |
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|   | <u>AMOUNT</u>   |   | <u>LINE # CFR-1</u> | <u>AMOUNT</u>   |
|---|-----------------|---|---------------------|-----------------|
| <b>A. HUD SECTION 8 SUBSIDY:*</b><br>(From Commitment Form HUD 92264) | \$ _____        | <b>D. EXPENSES INCLUDED ON SCHEDULE CFR-1</b> |                     |                 |
| <b>B. REVENUE:</b>  |                 |   |                     |                 |
| 1. HUD Section 8 Revenues   | \$ _____        | 1. MORTGAGE                                   | _____               | \$ _____        |
| 2. Other (Attach detail for revenue items > \$1,000)                  | \$ _____        | 2. REAL ESTATE TAXES                          | _____               | \$ _____        |
| 3. Other (Attach detail for revenue items > \$1,000)                  | \$ _____        | 3. REPAIRS AND MAINTENANCE                    | _____               | \$ _____        |
| 4. Other (Attach detail for revenue items > \$1,000)                  | \$ _____        | 4. MORTGAGE INT. OPERATING EXPENSES           | _____               | \$ _____        |
| 5. Other (Attach detail for revenue items > \$1,000)                  | \$ _____        | 5. INSURANCE                                  | _____               | \$ _____        |
| <b>TOTAL REVENUE(Add Lines B1-B5)</b>                                 | <b>\$ _____</b> | 6. GROUNDSKEEPING                             | _____               | \$ _____        |
|   |                 | 7. UTILITIES                                  | _____               | \$ _____        |
| <b>C. REVENUE OFFSETS:</b>  |                 | 8. OTHER (Specify) _____                      | _____               | \$ _____        |
| 1. Replacement Reserve Offset<br>(HUD 92264, Line # 21)               | \$ _____        | 9. OTHER (Specify) _____                      | _____               | \$ _____        |
| 2. Participant Contribution<br>(30% of Adjusted Participant Income)   | \$ _____        | 10. OTHER (Specify) _____                     | _____               | \$ _____        |
| 3. Other (Attach detail for revenue items > \$1,000)                  | \$ _____        | 11. OTHER (Specify) _____                     | _____               | \$ _____        |
| 4. Other (Attach detail for revenue items > \$1,000)                  | \$ _____        | 12. OTHER (Specify) _____                     | _____               | \$ _____        |
| 5. Other (Attach detail for revenue items > \$1,000)                  | \$ _____        | 13. OTHER (Specify) _____                     | _____               | \$ _____        |
| <b>TOTAL OFFSETS (Add Lines C1-C5)</b>                                | <b>\$ _____</b> | <b>TOTAL EXPENSES (Add Lines D1-D13)</b>      |                     | <b>\$ _____</b> |

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