NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2003 to December 31, 2003

SCHEDULE OMRDD-3
HUD REVENUES
AND EXPENSES

AGENCY NAME:_____

AGENCY CODE:_____

OPERATING CERTIFICATE: _____
MEDICAID PROVIDER AGREEMENT NUMBER: _____
PROGRAM TYPE & CODE NUMBER: _____
COUNTY CODE: _____

A. HUD SECTION 8/811 SUBSIDY:*	AMOUNT
(From Commitment Form HUD 92264)	$_____
B. REVENUE:	
1. HUD Section 8/811 Revenues	$_____
2. Other (Attach detail for revenue items > $1,000)	$_____
3. Other (Attach detail for revenue items > $1,000)	$_____
4. Other (Attach detail for revenue items > $1,000)	$_____
5. Other (Attach detail for revenue items > $1,000)	$_____
TOTAL REVENUE(Add Lines B1-B5)	$_____
C. REVENUE OFFSETS:	
1. Replacement Reserve Offset (HUD 92264, Line # 21)	$_____
2. Participant Contribution (30% of Adjusted Participant Income)	$_____
3. Other (Attach detail for revenue items > $1,000)	$_____
4. Other (Attach detail for revenue items > $1,000)	$_____
5. Other (Attach detail for revenue items > $1,000)	$_____
TOTAL OFFSETS (Add Lines C1-C5)	$_____

D. EXPENSES INCLUDED ON SCHEDULE CFR-1	LINE # CFR-1	AMOUNT
1. MORTGAGE	_____	$_____
2. REAL ESTATE TAXES	_____	$_____
3. REPAIRS AND MAINTENANCE	_____	$_____
4. MORTGAGE INT. OPERATING EXPENSES	_____	$_____
5. INSURANCE	_____	$_____
6. GROUNDSKEEPING	_____	$_____
7. UTILITIES	_____	$_____
8. OTHER (Specify) _____	_____	$_____
9. OTHER (Specify) _____	_____	$_____
10. OTHER (Specify) _____	_____	$_____
11. OTHER (Specify) _____	_____	$_____
12. OTHER (Specify) _____	_____	$_____
13. OTHER (Specify) _____	_____	$_____
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.**