

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
For the Period: July 1, 2000 to June 30, 2001

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

<b>AGENCY NAME:</b> _____  <b>AGENCY CODE:</b> _____	<b>OPERATING CERTIFICATE:</b> _____ <b>MEDICAID PROVIDER AGREEMENT NUMBER:</b> _____ <b>PROGRAM TYPE &amp; CODE NUMBER:</b> _____ <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> (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 (HUD 92264, Line # 21)	\$ _____	9. OTHER (Specify) _____	_____	\$ _____
2. Participant Contribution (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.