Financial Management and HUD Compliance

participant materials

supportive housing training series

Financial Management and HUD Compliance

Participant Materials

Developed by Center for Urban Community Services

Financial Management and HUD Compliance is part of the Supportive Housing Training Series. This training series currently includes eleven curricula providing best practices and guidance on supportive housing development, operation and services.

The full series is available for downloading from the Department of Housing and Urban Development website.

For more information:
U.S. Department of Housing and Urban Development: www.hud.gov
Center for Urban Community Services: www.cucs.org
Corporation for Supportive Housing: www.csh.org

AGENDA

I.   INTRODUCTION

II.   WHAT IS FINANCIAL MANAGEMENT?

A. KEY CONCEPTS OF FINANCIAL MANAGEMENT

B. THE FINANCIAL AND ACCOUNTING SYSTEM

C. PLANNING AND BUDGETING

D. THE FINANCIAL STATEMENTS

E. THE INTERNAL CONTROL SYSTEM

F. THE PUBLIC AUDIT

G. OTHER AUDITS

H. STATE AND FEDERAL TAX RETURN REQUIREMENTS AND FILING

I. STAFFING

III.   ACCOUNTING FOR THE SUPPORTIVE HOUSING COMPONENTS

A. INTRODUCTION

B. HOUSING DEVELOPMENT

1. The Predevelopment Budget and Budget Management

2. The Development Budget – Hard and Soft Costs

3. Tracking Construction Draws and Payouts

C. PROPERTY MANAGEMENT

1. The Operating Budget

2. Planning for Reserves and Replacement

3. Planning for Debt Service

4. Planning for Capital Expenditures

5. The Accounting Systems and Procedures

6. Rent Receivables

7. Budget Management

D. SOCIAL SERVICES

FINANCIAL AND ACCOUNTING ACTIVITIES

TRANSACTION HANDLING AND RECORD-KEEPING is the bookkeeping/ accounting area of financial activity. Checks must be written to pay bills; incoming checks must be deposited; ongoing records of financial activities must be kept. Concerns in this area include:

- Timely and accurate billing for services performed
- Timely and accurate payment of bills for goods and services purchased
- Prompt deposit of receipts
- Proper authorization of payments
- Accurate recording of transactions
- Timely and accurate preparation of financial reports

PLANNING AND BUDGETING are processes in which the organization sets goals and objectives, chooses programs, and decides how those programs will be operated. Concerns in this area include:

- Involving people appropriately in the budget process
- Considering both internal and external factors in the budget process
- Using past and current information to develop realistic projections
- Securing agreement on the use of the budget in managing ongoing operations

FINANCIAL MANAGEMENT is the management of current financial operations based on analysis of financial information and knowledge of the organization's objectives and plans. Financial management includes such activities as cash flow management, cost allocations, cost analysis and assessment. Concerns in this area include:

- Anticipating financial problems
- Maximizing use of financial resources
- Ensuring tax compliance and compliance with funder requirements
- Providing meaningful information to program managers

UNDERSTANDING BUDGETS

BUDGETS ACCOMPLISH TWO MAJOR FUNCTIONS:

- ❑ Assist decision-making regarding planned organizational activities

- ❑ Provide a mechanism for planning and controlling activities

BUDGETS ARE A PLAN OF ACTION EXPRESSED IN FINANCIAL TERMS:

- ❑ Permit analysis of financial implications of plans

- ❑ Describe and estimate expected revenue and expenditures needed to achieve program objectives

BUDGETS PROVIDE A FRAMEWORK FOR ANALYZING AND CONTROLLING ORGANIZATIONAL ACTIVITIES:

- ❑ When a budget has been developed, an organization can track its progress according to the planned outcomes.

- ❑ 'Budget to Actual' information enables decision makers to revise or modify plans

- ❑ Cash flow can be monitored to ensure that sufficient funds are on hand to meet current expenses

EFFECTIVE BUDGETS ARE NOT DOCUMENTS WHICH ARE DEVELOPED EACH YEAR, ONLY TO BE FILED AWAY UNTIL NEXT YEAR.

- ❑ Budgets should be designed to be modified based on updated information.

- ❑ A budget that is never changed is likely to be a budget that is never used.

BUDGETS SHOULD NOT BE DESIGNED TO "LOOK GOOD" TO SOMEONE ELSE — A FUNDER, A BOARD MEMBER, A DIRECTOR OR THE PUBLIC.

PLANNING AND BUDGETING GUIDELINES

Step 1: Establish the budget period and review program achievements and financial performance for the prior period.

Step 2: Identify major programs and activities of the organization and set goals and objectives for the budget period.

Step 3: Decide on a method for cost allocation, especially for indirect costs and estimate the cost of required resources (expenses).

Step 4: Estimate anticipated revenue, assessing probability of revenues and including contingency plans and allowances.

Step 5: Make necessary adjustments to bring estimated revenues and expenses into desirable relationship.

Step 6: Prepare a cash flow projection and plan for cash flow and cash reserves.

Step 7: Approve the budget.

Step 8: Implement the plan and the budget.

Step 9: Compare revenue and expense actual to budget.

Step 10: Update cash flows and revise plan and budget as appropriate

INTERNAL CONTROLS

FISCAL OFFICE

- ❑ Accounting Procedures Manual that spells out payments, billings and record-keeping functions identifying responsibility of each staff member

- ❑ Requiring two signatures on checks (especially for those above a minimum level such as $200–500)

- ❑ Bank statements and reconciliations should be reviewed by someone other than bookkeeper/check writer.

- ❑ Have two people review all check and cash receipts

- ❑ Maintain an inventory of all organization-owned office equipment and be sure that any equipment taken home (such as laptops) has appropriate documentation/receipt.

BOARD OF DIRECTORS

- ❑ Approve annual budget and review regular financial statements and compare to budget

- ❑ Approve all major commitments of the organization, including leases, loan agreements, affiliations, major grant proposals

- ❑ Approve personnel policies

OVERVIEW OF AUDITS

PUBLIC AUDITS

Tests by Independent Certified Public Accountants (CPAs) resulting in an opinion regarding the accuracy of financial statements.

TYPES OF REPORTS:

- ❑ Compilation
- ❑ Review
- ❑ Audit

TYPES OF OPINIONS:

- ❑ Unqualified
- ❑ Qualified
- ❑ Disclaimer
- ❑ Adverse

GOVERNMENT AUDITS

A-133 Audits required when organization receives more than $300,000 per year in federal government funds.

- ❑ Demonstrates that organization has adequate internal controls
- ❑ Determines compliance with laws and federal program regulations

Program and grant audits can also be required by other government entities with which there is a contract.

PREPARATION FOR AUDITS

- ❑ Assemble Information
    - o Government and the major contracts
    - o Lists of equipment owned
    - o Bank records
- ❑ Get Records Up-to-Date
    - o Reconcile bank accounts
    - o Review accounts receivable and accounts payable schedules

GLOSSARY OF ACCOUNTING TERMS

ACCOUNT — A specific type of asset, liability, net asset (used to be called fund balance), revenue or expense. Examples: postage expense account, contributions revenue account, prepaid expense account.

ACCOUNTS PAYABLE — A liability representing the amount due to others.

ACCOUNTS RECEIVABLE — An asset representing the amount due from others.

ACCRUAL BASIS ACCOUNTING — An accounting method where revenue is recorded when earned and expenses recorded when incurred. Modified accrual accounting allows for certain transactions to be recorded on a cash basis, while most are recorded on an accrual basis. Financial statements must be prepared on an accrual basis to conform with Generally Accepted Accounting Principles (GAAP).

ACCRUED EXPENSE — Another term for accrued liability. Note this is a liability account, not an expense account.

ACCRUED LIABILITY — A liability that has been incurred because an expense has occurred in an accounting period previous to cash payment. Example: accrued payroll expense.

ASSETS — Tangible items than an organization has as resources, such as cash, accounts receivable, equipment, buildings.

AUDIT — An independent verification of the financial statements of an organization. An auditor tests, on a selective basis, the accounting procedures and internal controls of the organization.

BOOK VALUE — The difference between the cost and the accumulated depreciation of an asset. The value of an asset that is showing on the books.

CASH — The name for money, whether in a bank account or in currency.

CASH BASIS ACCOUNTING — A method of accounting where revenue is recorded when received and expenses recorded when paid.

CAPITALIZATION — The method of treating the purchase of equipment or other valuable asset as the acquisition of an asset rather than as an expense.

CHART OF ACCOUNTS — A list of the accounts used, divided into five sections (Assets, Liabilities, Net Assets, Income and Expense), with each account assigned a

different identifying number. The Chart of Accounts serves as a table of contents and coding system for bookkeeping.

CREDIT — One half of the accounting transaction in a double-entry system, a credit is shown on the right side of the record. A credit to an income account or to a liability account <u>increases</u> the amount in that account; a credit to an asset or expense account <u>decreases</u> the amount in that account.

CREDITOR — Someone who lends money or extends credit to the organization.

CURRENT ASSETS & CURRENT LIABILITIES — Current assets can be liquidated (converted to cash) within a short period of time, usually one year. Current liabilities must be paid within the same time period. Current assets include cash, accounts receivable, prepaid expenses, grants receivable (if the grant will be received within the fiscal period). Current liabilities include accounts payable, loans payable (if the loan is due within the fiscal period).

DEBIT — One half of the accounting transaction in a double-entry system, a debit is always shown on the left side of the record. A debit to an expense account or to an asset account <u>increases</u> the amount in the account; a debit to an income account or to a liability account <u>decreases</u> the amount in that account.

DEFERRED REVENUE — Also called unearned income, that is, income that has been received prior to the time when it can be recorded as "earned."

DEPRECIATION — A non-cash expense that accounts for the cost of using a fixed asset over time. Depreciation spreads the cost of assets such as buildings, equipment and vehicles over their useful lives.

DEPRECIATION, STRAIGHTLINE — The method of depreciation where each year of the fixed asset's useful life is charged an equal amount. Example: if a fixed asset costing $5,000 is depreciated straightline over 5 years, each year will incur $1,000 of depreciation expense.

DOUBLE-ENTRY BOOKKEEPING — A method that records all financial transactions through use of debits and credits. A double-entry bookkeeping system has checks and balances that provides a built-in audit trail. Each financial transaction makes at least two changes in the accounts, with debits equal to credits for each transaction.

EXPENSE — Cost.

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) — A governing body in the accounting profession. Publications Order Department: P.O. Box 5116, Norwalk, CT 06856-5116.

Glossary of Accounting Terms (cont.)

FINANCIAL STATEMENTS — The periodic presentation of financial information. The three primary financial statements are the Statement of Financial Position (used to be called the Balance Sheet), the Statement of Activities (used to be called the Income Statement) and the Statement of Functional Expense.

FISCAL YEAR (FY) — The annual (12-month) accounting cycle of an organization ending on any date in the year that coincides with the organization's operational cycle.

FIXED ASSET — A tangible, non-current asset such as land, building or sizable equipment. Fixed assets are capitalized rather than expenses.

FUND ACCOUNTING — A method of accounting for restricted funds that classifies resources by the nature of the restriction, shows how those resources were used, and shows how they are held by the organization.

GENERAL LEDGER — The book of the organization's accounts which shows monthly and cumulative summaries for each account. Known as the "book of final entry," it summarizes information from the journals.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) — The body of accounting principles which sets standards for organizations to follow. Modified by governing bodies in the accounting field, GAAP encourages uniformity in financial reporting.

ICPA — American Institute of Certified Public Accountants. A governing body in the accounting profession. 1211 Avenue of the Americas, New York, NY 10036-8775.

INCOME — Income includes contributed and earned revenue.

INTERNAL CONTROL PROCEDURES — Procedures designed to safeguard the organization's assets. Examples: requiring two signatures on checks, having a non-signatory prepare the bank reconciliation.

INVENTORY — Goods being held for sale.

JOURNALS — Where bookkeeping transactions are first recorded (in chronological order) and categorized. From these "books of original entry," entries are posted (recorded) in the General Ledger. The three primary journals are the Cash Receipts Journal, the Cash Disbursement Journal, and the General Journal. Other journals include: Payroll Journal, Accounts Receivable Journal, Equipment Journal, etc.

LIABILITY — Debt or amount due to a creditor.

NET ASSETS — The financial expression of what the organization is worth. The difference between the organization's total assets and total liabilities. Comparable terms: net worth, equity, partners capital.

Glossary of Accounting Terms (cont.)

NET INCOME — The "bottom line." The amount of income over expense. Also called the Excess of Income over Expense or Surplus.

POSTING — Recording the accounts affected in the journals. Also transferring information from the journals to the general ledger.

PREPAID EXPENSE — An expense that has been paid prior to the time it will be incurred. Example: a 12-month insurance policy paid in one sum at the beginning of the policy term.

STATEMENT OF FINANCIAL POSITION — The financial statement that shows the assets, liabilities and net assets (used to be fund balance) of an organization as of a certain date.

SUPPORT — Contributed income.

TRANSACTION — An event that is recorded in the bookkeeping system.

WRITE OFF — To write off bad debts is to reduce the amount of the debt on the books to zero based on an assumption that it will never be collected. The amount of the reduction shows in that fiscal year as Bad Debt Expense.

SUPPORTIVE HOUSING DEVELOPMENT PHASES

Once the project is clearly defined and planned, the next steps are to select and develop the site, and to apply for funding. Community support plays a major role in the success of a supportive housing project. Therefore, a plan for developing community support should be included in the development process. In addition to developing community support, there are three phases in the real estate development process:

- Feasibility/Pre-Development Phase
- Budget Development, Acquisition and Construction Phase
- Project Completion Phase

FEASIBILITY / PRE-DEVELOPMENT PHASE

In order to determine if a site is appropriate for a project, a complete and in-depth feasibility study must be performed. The feasibility phase determines whether a property can be purchased and developed for the proposed project. Primary activities in the feasibility phase include:

1) Determine Project Feasibility and Secure Site Control

- Develop a team of professionals, such as a financial development specialist, attorney's, specialized counsel, accountants, architects, a property management consultant, general contractor, construction manager, community organizer, appraiser, etc, who can completely analyze the proposed property and proposed project, to determine if the property fits the project.

- Determine the total development costs of the project for the proposed building. Total development costs (TDC) are the expenses that can be reasonably expected in order to complete the project. This includes "hard costs" (the actual cost of purchasing the property and any rehabilitation or new construction, and "soft costs" (any costs or fees of the project, e.g., professional fees, financing fees, etc.)

- Estimate sources of funding

Once the property is completely studied, and it is determined that it is feasible, the owner may take the steps to secure "site control" of the property. Site control is a written agreement that gives the right to purchase a property at a later date under specific terms.

2) After the Purchase Contract, but Before the Actual Purchase of the Property:
- Determine when the title of the property will be assumed
- Interview and select a project team
- Apply for and obtain financing
- Identify potential tenants
- Develop marketing plan

BUDGET DEVELOPMENT, ACQUISITION AND CONSTRUCTION PHASE

1) Develop the project development budget (includes projected total development costs, projecting project income, identifying targeted income levels, determining affordability as a percentage-of-income and market rents, identifying income from nonresidential use of property and including a expense contingency).

2) Develop the operational budget (includes projecting cost of providing supportive services, building management services — including security, building maintenance and upkeep).

3) Complete the property transfer (e.g., obtaining title and insurance, recording title and land records, etc.)

4) Complete the construction and rehabilitation of the property. The development team is actively involved in this process, and the following items are key elements in this process:

- Develop detailed architectural drawings and specifications to include decisions on unit size, unit location, unit configuration, office space, amenities, security, and other uses of space. The physical layout of a supportive residence has important implications for the efficiency and success of the project. These physical design considerations are discussed in detail in the "*project design and development considerations"* section of this manual.

- Selecting a contractor and negotiating contracts

- Identify preconstruction requirements (e.g., permits, approvals, bonds, insurance, tenant relocation, etc.)

- Supervise all activities during this phase

PROJECT COMPLETION PHASE/OPERATIONS

In this phase, the developer completes some final development activities and the owner (the non-profit) takes over and begins the operation phase of the project. Operational considerations include outreach and lease up, intake considerations, property management (rent collection, maintenance, security), support services, tenant relations, the property management and social services relationship, community integration and meeting contractual obligations. Project completion activities include:

- Implementation of long- and short–term management plan
- Pay off short-term loans/Secure long-term permanent financing
- Implementation of operational considerations

SAMPLE TIMELINE FOR DEVELOPMENT OF SUPPORTIVE HOUSING PROJECT

Months	Phase	Tasks to be Accomplished
1 – 3	Project Conceptualization	1. Identify population to be served 2. Identify service needs 3. Estimate size of project 4. Determine partners
3 – 6	Initial Planning	1. Select potential site and secure interim control 2. Retain architect, develop preliminary plans 3. Develop financial strategy 4. Begin community outreach
6 – 12	Secure Commitments	1. Prepare funding applications 2. Finalize construction plans 3. Continue community outreach 4. Negotiate funding commitments
12 – 15	Pre-Construction	1. Acquire site 2. Obtain construction bids 3. Sign construction contract 4. Obtain building and other construction permits
16 – 28 to 40	Construction	1. Monitor construction 2. Advance payments to contractor
3 – 4 months before construction completion	Pre-opening	1. Negotiate funding for program operations and supportive services 2. Recruit and train initial program staff 3. Purchase and install furniture and equipment 4. Outreach to potential residents
Construction completion and first 6 months of occupancy	Initial Occupancy	1. Secure certificate of occupancy and operating licenses (if required) 2. Interview and screen prospective residents 3. Orientation to residents 4. Ramp up of occupancy

DEVELOPING SERVICES IN SUPPORTIVE HOUSING: MILESTONES & ISSUES IN THE FIRST YEAR

ACTIVITY	SUGGESTED TIMELINE	TARGET DATE
• Finalize Program Goals, Service Philosophy, Mission Statement, Client Profile, etc.	Prior to Construction	
• Translate Goals into Specific Services	6 mos. before rent up	
• Determine Staffing Pattern (supervision, administrative support)	6 mos. before rent up	
• Write Final Version of Service Plan	3 most before rent up	
• Hire Staff	3 mos. before rent up	
• Finalize Agreements with Service Partners	3 mos. before rent up	
• Develop Intake Policies and Procedures	3 mos. before rent up	
• Outreach to Referral Sources	6 mos. before rent up	
• Begin Tenant Rent Up	1 mos. before move In	
• Develop Core House Rules	1 mos. before move in	
• Anticipate Reactions to Move-In Stress And Develop Coping Strategies	Ongoing	
• Assist Tenant Move-In & Orientation	Ongoing	
• Outreach & Engage New Tenants	Ongoing	
• Facilitate Tenant Involvement in Developing house rules Designing & evaluating services	Ongoing	
• Assist in the Transition to Permanent Housing Establish Linkages with Providers Develop Individual Service Plans Diffuse Anxiety About the Change Tour the New Neighborhood Develop a Plan for Rent Payment	Ongoing	

Sample Development Budget

TOTAL SQUARE FOOTAGE   15,750
UNITS   25

USES					
ITEM — BUDGET ITEM	EXPENSE	STATE HOME ALLOCATION	STATE MENTAL HEALTH	HUD/SHP	
1 REAL PROPERTY ACQUISITION COSTS					
A ACQUISITION COST OF LAND AND BLDG.	$25,000	$0		$25,000	
B OTHER REAL PROP. COSTS (SITE PREP)	$2,420	$1,815	$605	$0	
TOTAL	$27,420	$1,815	$605	$25,000	
2 CONSTRUCTION COSTS					
A NEW CONSTRUCTION COST	$1,968,750	$1,300,312	$433,438	$235,000	
B CONSTRUCTION CONTINGENCY	$196,875	$130,031	$43,344	$23,500	
TOTAL CONSTRUCTION COSTS	$2,165,625	$1,430,343	$476,782	$258,500	
3 EQUIPMENT & FURNITURE					
A APARTMENT FURNISHINGS	$87,500	$46,875	$15,625	$25,000	
B PROGRAM EQUIPMENT	$25,000	$11,250	$3,750	$10,000	
C TOTAL	$112,500	$58,125	$19,375	$35,000	
4 CONSTRUCTION RELATED SERVICES					
A ARCHITECT'S FEE	$147,656	$61,992	$20,664	$65,000	
B CONSTRUCTION PERIOD INSURANCE	$8,000	$1,125	$375	$6,500	
C ENVIRONMENTAL SURVEY	$1,500	$0	$0	$1,500	
D LAND SURVEY	$1,200	$150	$50	$1,000	
TOTAL	$158,356	$63,267	$21,089	$74,000	
5 PROFESSIONAL SERVICES					
A LEGAL FEES	$5,000	$0	$0	$5,000	
B ACCOUNTING AND FINANCIAL SERVICES	$2,500	$0	$0	$2,500	
TOTAL	$7,500	$0	$0	$7,500	
6 TOTAL PROJECT COST	$2,471,401	$1,553,550	$517,851	$400,000	

Sample Development Budget # 2, Tax Credit Project
Page 1, Development Budget

USES

DEVELOPMENT COSTS	Total	Per Unit	Non - Basis	Eligible Basis	Comments
				100.00%	
Acquisition: Land	1	0	1	0	City to convey property
Holding Costs	5,000	98	0	5,000	Signage, etc.
Basic Construction 9,499,267	7,905,513	155,010	0	7,905,513	$125 square foot
Overhead and Markups	308,448	6,048	0	308,448	
Profit	496,340	9,732	0	496,340	
Bond	76,991	1,510	0	76,991	
General Requirements	576,975	11,313	0	576,975	
Drywall Materials	75,000	1,471	0	75,000	
Security Materials	25,000	490	0	25,000	
Appliances	35,000	686	0	35,000	
Construction Contingency	404,207	7,926	404,207	0	
Furnishings/Personal Property	231,000	4,529	231,000	0	office, common, units, frc, supplies, training
Personal Property--Computers and Equipment	50,000	980	50,000	0	Donation
Security During Construction	10,000	196	0	10,000	
Architect: Design	379,971	7,450	0	379,971	4% of construction
Supervision	85,493	1,676	0	85,493	9% of construction
Reimbursables	24,500	480	0	24,500	
Expeditor for Permit	6,000	118	0	6,000	
Construction Permits & Fees	0	0	0	0	Get fees waived with City assistance
Construction Real Estate Taxes -	7,500	147	0	7,500	
Builder's Risk	25,000	490	0	25,000	
Permanent Loan Fees/Carryover Fee	1,000	20	1,000	0	
Syndication Fee	0	0	0	0	Depends on syndicator
Title & Recording	15,000	294	2,500	12,500	
Appraisal	5,000	98	0	5,000	
Survey	11,000	216	0	11,000	
Market Study	7,000	137	0	7,000	
Environmental Reports--Phase I and Phase II	12,040	236	2,408	9,632	
Environmental Remediation	50,000	980	50,000	0	
Accounting/Audit/Cost Cert/Carryover	9,500	186	7,500	2,000	
Legal:Transaction, Syndicator	50,000	980	25,000	25,000	
Legal: Zoning	2,800	55	0	2,800	
Marketing & Leasing	25,500	500	25,500	0	$500 per unit
Rent-up Reserve	68,718	1,347	68,718	0	2 mos. Gross stabilized rent
Operating Reserve	152,908	2,998	152,908	0	6 months operating expense
Tax Escrow	16,500	324	16,500	0	6 - 12 months multiplied by a factor of 1.1
Replacement Reserve	0	0	0	0	
Insurance Escrow (1 year)	18,000	353	18,000	0	
Tax Credit Reservation Fee	21,750	426	0	0	
Sub Total	11,194,655	219,503	1,055,242	10,117,663	
Developer Fee	$728,883	14,292	0	$728,883	
Grand Total	**$11,923,538**	**233,795**	**1,055,242**	**10,846,546**	check **11,923,538**

Sample Development Budget #2, Tax Credit Project
Page 2, Financing Budget

PERMANENT FINANCING	Total	Per Unit	Percent
1st Mortgage - HOME	4,770,602	93,541	40%
Federal Home Loan Bank	500,000	9,804	4%
Natural Resources Grant	119,936	2,352	1%
Community Loan Fund	63,000	1,235	1%
HUD Supportive Housing Program Capital	400,000	7,843	3%
Non-Profit Developer Capital--Donations Tax Credits	270,000	5,294	2%
Limited Partner Equity: Capital	5,800,000	113,725	49%
TOTAL SOURCES	**11,923,538**	233,795	100%

LOAN	TERMS		
1st Mortgage	Rate	0.00%	
HOME	Amount	$4,770,602	
	Term	30 years	
	P&I	$0	

Sample Development Budget #2, Tax Credit Project
Page 3, Tax Credit Calculation

Federal Tax Credit

	Total	Acquisition	Construction	Notes
Development Costs	11,923,538	1	11,923,537	
Plus: Bridge Interest	238,530	0	238,530	Estimate based on 5% bridge interest.
Less: Non-Depreciable	0		0	
: Res. Non-depr.	(1,055,242)		(1,055,242)	
: Disallow Acquisition Basis	(1)	(1)	0	
Subtotal	11,085,075	0	11,085,075	
Less: Federal Financing			-400,000	SHP*
: Grants				
Eligible LIHTC Basis	10,685,075	0	10,685,075	
Adjustment: Qualified Census Tract		130%	130%	
Adjust. Eligible TC Basis	13,890,598	0	13,890,598	
Applicable Fraction	x	100%	100%	
Qualified LIHTC Basis	13,890,598	0	13,890,598	
LIHTC Rate	x	0.00%	0.00%	0
LIHTC Amount: Calculated	0	0	0	
LIHTC Amount: Allocated	725,000			
Limited Partner Equity		0.800	5,800,000	
Additional Payments:				
			5,800,000	

*SHP = $400,000 Capital

Sample Development Budget # 2, Tax Credit Project
Page 4, Cash Flow Projections

CASH FLOW ASSUMPTIONS

Rental Inflation Rate	3.00%
Expense Inflation Rate	4.00%
Vacancy	7.00%

SOURCES	2004	2005	2006	2007	2008	2009	2,010	2011	2012	2013	2014	2015	2016	2017
Income from Efficiency/S+C	0	74,760	77,003	79,313	81,692	84,143	86,667	89,267	91,945	94,704	97,545	100,471	103,485	106,590
Income from Efficiency	0	60,000	61,800	63,654	65,564	67,531	69,556	71,643	73,792	76,006	78,286	80,635	83,054	85,546
Vacancy on Efficiency units	0	(9,433)	(9,716)	(10,008)	(10,308)	(10,617)	(10,936)	(11,264)	(11,602)	(11,950)	(12,308)	(12,677)	(13,058)	(13,449)
Income from 2 BR apts.	0	63,000	64,890	66,837	68,842	70,907	73,034	75,225	77,482	79,807	82,201	84,667	87,207	89,823
Income from 3 BR apts./S+C	0	93,576	96,383	99,275	102,253	105,321	108,480	111,735	115,087	118,539	122,095	125,758	129,531	133,417
Income from 3BR apts.	0	76,080	78,362	80,713	83,135	85,629	88,198	90,843	93,569	96,376	99,267	102,245	105,313	108,472
Income from 4 BR apts./S+C	0	44,892	46,239	47,626	49,055	50,526	52,042	53,603	55,211	56,868	58,574	60,331	62,141	64,005
Vacancy on 2, 3 and 4 BR apts.	0	(19,428)	(20,011)	(20,612)	(21,230)	(21,867)	(22,523)	(23,198)	(23,894)	(24,611)	(25,350)	(26,110)	(26,893)	(27,700)
EFFECTIVE GROSS INCOME	0	383,446	394,950	406,798	419,002	431,572	444,520	457,855	471,591	485,738	500,311	515,320	530,780	546,703

REQUIRED EXPENSES														
		1	2	3	4	5	6	7	8	9	10	11	12	13
Operating Expenses	0	305,816	318,049	330,771	344,001	357,761	372,072	386,955	402,433	418,530	435,272	452,682	470,790	489,621
Replacement Reserve	0	12,750	12,750	12,750	12,750	12,750	12,750	12,750	12,750	12,750	12,750	12,750	12,750	12,750
Management Fee 6%	0	23,007	23,697	24,408	25,140	25,894	26,671	27,471	28,295	29,144	30,019	30,919	31,847	32,802
Other (IHDA - TF)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cash Flow	0	41,874	40,454	38,870	37,111	35,167	33,026	30,679	28,112	25,314	22,270	18,968	15,393	11,529

Operating Reserve														
		1	2	3	4	5	6	7	8	9	10	11	12	13
Total From Previous Year	0	0	194,782	236,911	285,257	333,778	382,296	430,614	478,518	525,771	572,115	617,270	660,930	702,760
Cash After Required Expenses	0	41,874	40,454	38,870	37,111	35,167	33,026	30,679	28,112	25,314	22,270	18,968	15,393	11,529
Interest 4%	0	0	1,675	9,476	11,410	13,351	15,292	17,225	19,141	21,031	22,885	24,691	26,437	28,110
Operating Reserve	0	41,874	236,911	285,257	333,778	382,296	430,614	478,518	525,771	572,115	617,270	660,930	702,760	742,400

Reserves														
		1	2	3	4	5	6	7	8	9	10	11	12	13
Replacement 250/unit	0	12,750	12,750	25,500	38,250	51,000	63,750	76,500	89,250	102,000	114,750	127,500	140,250	153,000
Interest Rate 4%	0	0	510	530	1,041	1,572	2,103	2,634	3,165	3,697	4,228	4,759	5,290	5,822
Total Replacement Reserves	0	12,750	13,260	26,030	39,291	52,572	65,853	79,134	92,415	105,697	118,978	132,259	145,540	158,822

CASH FLOW

COMPONENTS OF A MANAGEMENT AGREEMENT

❑   **FEE ARRANGEMENT** (flat fee, percentage of collection, combination)

❑   **TERM** (number of years; multi-year permits continuity)

❑   **SCOPE OF RESPONSIBILITY FOR MANAGEMENT COMPANY** (delineate specific duties of manager)

❑   **COLLECTION OF MONIES** (detail procedures for collection of rental and other income and how it is to be deposited in owner's accounts)

❑   **EXPENSES OF MANAGEMENT COMPANY** (define the expenses that are included within the fee of the management company and those additional fees that will be paid by the owner)

❑   **EMPLOYEES** (which of the building staff work for the management company and which for the owner)

❑   **AUTHORIZATION TO SIGN SERVICE AGREEMENTS** (whether or not the management company can enter into service agreements and the dollar value of the agreements)

❑   **MAJOR REPAIRS** (procedures to follow: bidding; purchase orders; what to do in case of emergency need of major repair; notification to owner)

❑   **INSUFFICIENT INCOME** (detail procedures to be followed when there is insufficient cash on hand for expenses)

❑   **REPORTING** (list all weekly, monthly, quarterly and annual reports the owner will require)

❑   **BUDGETS** (schedule for preparing, reviewing and approving operating and capital budgets)

❑   **COMPLIANCE WITH LEGAL REQUIREMENTS** (protect owner by assuring that management company is bound to comply with all state, local, federal laws)

❑   **ASSIGNMENT OF CONTRACT** (define what rights, if any, management company has to assign its contract to a third party)

❑   **TERMINATION CLAUSE AND PENALTY** (defines circumstances for cancellation of agreement, what penalty payments will be required, what notice is needed to cancel)

Sample Operating Budget

Project Data:		
Number of Units		
Apartments		25
Total Building Square Feet		15,750

Expenditure Category	Full Time Equivalents	Salary or Cost	Projected Cost
ANNUAL BUDGET			
Personnel			
Administration			
- Program Director	0.3	40,000	$10,000
- Administrative Asst.	0.25	18,000	$4,500
- Bookkeeper	0.3	28,000	$7,000
Facility Staff			
- Superintendent	0.5	32,000	$16,000
- Maintenance Worker/Housekeeper	0.5	20,000	$10,000
Total Personnel	1.75		$47,500
Employee Benefits			
Social Security		7.65%	$3,634
Insurance, Life and Health		14.35%	$6,816
Pension and Retirement		3.50%	$1,663
Worker's Comp./UID/Disability		2.00%	$950
Total Fringe		27.50%	$13,063
Total Personnel & Fringe			$60,563
Other Than Personnel Services (OTPS)			
Organizational & Program Expenses			
Telephone Lease	$150	12 per month	$1,800
Telephone Usage	$500	12 per month	$6,000
Postage/month	$50	12 per month	$600
Office Supplies/month	$100	12 per month	$1,200
Office Equip - Maintenance and Rental	$125	12 per month	$1,500
Maintenance & Operations			
Utilities			
Gas & Electric	$2.00	15,750 Bldg SF	$31,500
Water & Sewer	$0.50	15,750 Bldg SF	$7,875
Repairs and Maintenance			
Plant	$1,050	12 per month	$12,600
Equipment	$200	12 per month	$2,400
Furniture & Appliances	$200	40 ann exp/unit	$8,000
Other			
Property & Liability Insurance	$18,000	1 per year	$18,000
Audit Fees	$3,500	1 per year	$3,500
Elevator Contract	$3,000	1 per year	$3,000
Boiler/AC Contract	$2,500	1 per year	$2,500
Maintenance & Janitorial Supplies	$145	12 per month	$1,740

Exterminator Services	$80	12 per month		$960
Replacement Reserve	$400	25 ann. per unit		$10,000
TOTAL OTPS			$	113,175
Administration and Management	5%	5% of expenses		$8,687
TOTAL PERSONNEL & OTPS				$182,424

		Annual
Project Income	FMRs	Income
HUD Shelter Plus Care Rental Subsidy	700.00	210,000
Vacancy @ 10%		-21,000
Effective Project Income		189,000
SURPLUS/DEFICIT		6,576

Sample Social Services Budget   15

Expenditure Category	Full Time Equivalents	Salary or Cost	Projected Cost	State Mental Health	HUD SHP
Personnel					
- Program Supervisor	1.0	37,000	$37,000	$7,400	$29,600
- Case Managers/Substance Abuse Cnslr	1.0	25,000	$25,000	$5,000	$20,000
- Case Manager/Mental Health Counselor	2.0	25,000	$50,000	$10,000	$40,000
- Vocational Rehab. Counselor	1.0	25,000	$25,000	$5,000	$20,000
- Nurse/Parent Educator	0.5	42,000	$21,000	$4,200	$16,800
- Van Driver	1.2	13,500	$16,200	$3,240	$12,960
Total Personnel	5.5		$158,000	$34,840	$139,360
Employee Benefits					
Social Security		7.65%	$12,087	$2,665	$10,661
Insurance, Life and Health		14.35%	$22,673	$5,000	$19,998
Pension and Retirement		3.50%	$5,530	$1,219	$4,878
Worker's Comp./UID/Disability		2.00%	$3,160	$697	$2,787
Total Fringe		27.50%	$43,450	$9,581	$38,324
Total Personnel & Fringe			$201,450	$44,421	$177,684
OTPS					
Consultant/Contractual Services					
Nutritionist	$60	# per hour	$9,000	$1,800	$7,200
Organizational & Program Expenses					
Telephone Lease	$500	12 per month	$6,000	$1,200	$4,800
Telephone Usage	$1,000	12 per month	$12,000	$2,400	$9,600
Utilities	$150	12 per month	$1,800	$360	$1,440
Postage/month	$100	12 per month	$1,200	$240	$960
Office Supplies/month	$200	12 per month	$2,400	$480	$1,920
Office Equip - Maintenance and Rental	$500	12 per month	$6,000	$1,200	$4,800
Social/Client Services					
Program/Rec. Activities Supplies/month	$400	12 per month	$4,800	$960	$3,840
Resident Activities/Events	$4.50	# resident/wk	$3,510	$702	$2,808
Recruitment/month	$200	12 per month	$2,400	$480	$1,920
Transportation					
Van Leasing	$350	12 per month	$4,200	$840	$3,360
Maintenance, Fuel, Insurance	$275	12 per month	$3,300	$660	$2,640
Parking	$85	12 per month	$1,020	$204	$816
Total OTPS				$11,526	$46,104
Total Supportive Services				$55,947	$223,788

**U. S. Department of Housing
and Urban Development**
Office of Community Planning
and Development

Annual Progress Report (APR)

for

Supportive Housing Program

Shelter Plus Care

and

Section 8 Moderate Rehabilitation
for Single Room Occupancy
Dwellings (SRO) Program

HUD-40118 (11/00)

General Instructions

Purpose. The Annual Progress Report (APR) tracks program progress and accomplishments in the Department's competitive homeless assistance programs.

Filing Requirements. Recipients of HUD's homeless assistance grants must submit an APR to HUD within 90 days after the end of each operating year. Failure to submit an APR will delay receiving grant funds and may result in a determination of lack of capacity for future funding. An APR must be submitted for each operating year in which HUD funding is provided. The report must be submitted to the CPD Division Director in the local HUD Field Office responsible for managing the grant.

Grantees that received SHP funding for new construction, acquisition, or rehabilitation are required to operate their facilities for 20 years. They must submit an APR 90 days after the end of the first operating year and any year in which they use SHP funding for leasing, supportive services, or operations. For years in which they do not receive SHP funding, they must submit an Annual Certification of Continued Project Operation throughout the 20 years (contact local HUD Field Office).

A separate report must be submitted for each HUD grant received. For Shelter Plus Care, a separate APR must be submitted for each Shelter Plus Care component.

For those grantees receiving an extension, a separate report covering that period must be submitted (see Extension below).

Record keeping. Grantees must collect and maintain information on each participant in order to complete an APR. Optional worksheets are attached. The worksheets may be used to record information manually or to design a computerized system to store and tabulate the information. The worksheets should not be submitted to HUD with the APR.

Organization of the Report. The APR is organized in the following manner:

Part I: Project Progress. This portion of the report describes the progress in moving homeless persons to self-sufficiency, services received, project goals, and beds created.

Part II: Financial Information. This portion of the report is completed by all grantees receiving funding under SHP, S+C and SRO.

Final Assembly of Report. After the entire report is assembled, number every page sequentially. Mark any questions that do not apply to your program with "N/A" for not applicable. (See Special Instructions for SSO Projects below.)

Definitions. The following terms are used in the APR. As indicated, in some cases, terms are applied differently depending on whether the funding is from SHP, S+C, or SRO.

Entered the program for S+C and SRO projects means when the participant starts to receive rental assistance. For S+C, services provided prior to this point are recognized as necessary for outreach/enrollment and are eligible to count as match.

Left the program for S+C projects means when the participant stops receiving rental assistance and is not expected to return to S+C assisted housing. If the participant returns to S+C assisted housing within 90 days, the person should not be considered as exiting from the program. If the person returns to S+C assisted housing after 90 days, that person is considered a new participant. The worksheet is designed to capture this information.

An **Extension APR** applies to SHP and S+C grantees that requested and received an extension of their grant term from the HUD field office. The only difference between an APR for the extension period and the regular APR (besides the amount of time covered) is the signature page. Grantees should circle yes to indicate the APR is for an extension period and circle the operating year for which the report is an extension. For example, if the grantee is extending year 3, the grantee should submit an APR as usual for year 3 and submit another APR for the extension period, indicating the second is an extension and also circling year 3 on the signature page.

Family means a household composed of two or more related persons, at least one of whom is an adult. The term family also includes one or more persons living with an eligible participant who is determined to be important to their care or well being. Care givers are not reported on in the APR.

HUD-40118 (11/00)

Grantee means a direct recipient of the HUD award.

Match for S+C means the value of supportive services received by participants in the S+C project which, in the aggregate, must at least equal the value of the S+C rental assistance provided over the life of the project. For SHP, match means cash used to provide the grantee's portion of acquisition, rehabilitation, new construction, operations and supportive services expenses.

Operating year means for SHP the date when participants begin to receive housing and/or services. The first operating year begins after development activities for acquisition, rehabilitation, and new construction are complete, after a copy of the Certificate of Occupancy is sent to the local HUD office, and when the first participant is accepted into the project. For projects without acquisition, rehabilitation, or new construction, the operating start date begins when the grantee accepts the first participant. For S+C (SRA, PRA and TRA components), the first operating year begins on the date HUD signs the grant agreement. For S+C/SRO and for Sec. 8 SRO, the first operating year begins with the effective date of the Housing Assistance Payments (HAP) Contract.

To determine which operating year to circle on the APR cover page, begin counting from the initial grant operating start date and include renewals grants. For example, a project receiving an initial grant for three years and a renewal grant for two years would circle years 1, 2, and 3 respectively on the APR cover sheet for the initial grant and would circle 4 and 5 respectively for the renewal grant. For any future renewal grants, the grantee would begin by circling 6 on the APR cover sheet.

Participant means single persons and adults in families who received assistance during the operating year. Participant does not include children or caregivers who live with the adults assisted.

Project Sponsor means the organization responsible for carrying out the daily operation of the project, if the organization is an entity other than the grantee.

Special Instructions for Supportive Services Only Projects. SSO grantees should complete all questions, unless a written agreement has been reached with the field office concerning which questions can be answered using estimates, or in rare instances, skipped.

Below is an example of how information could be derived in a large, single-service SSO project:

A grantee/sponsor staff member could be assigned to collect information from the organizations housing the participants. The staff person would contact these individual organizations to request information regarding the persons in that facility who use the service. For participants living on the street, the grantee/project sponsor may provide estimates.

Information could be collected for each participant or for participants receiving services at a point-in-time. If estimates or point-in-time counts are used, the method used must be described in the APR and the documentation kept on file.

Grantee:	HUD Grant or Project Number:
Project Sponsor:	Project Name:

Operating Year: (Circle the operating year being reported on)

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20

Reporting Period: (month/day/year)

    Indicate if extension: ☐ Yes ☐ No   from: to:
    Indicate if renewal: ☐ Yes ☐ No

Previous Grant Numbers for this project:

_____   _____   _____

_____   _____   _____

_____   _____   _____

Check the component for the program on which you are reporting.

Supportive Housing Program (SHP)

☐ Transitional Housing
☐ Permanent Housing for Homeless Persons with Disabilities
☐ Safe Haven
☐ Innovative Supportive Housing
☐ Supportive Services Only

Shelter Plus Care (S+C)

☐ Tenant-based Rental Assistance (TRA)
☐ Sponsor-based Rental Assistance (SRA)
☐ Project-based Rental Assistance (PRA)
☐ Single Room Occupancy (SRO)

Section 8 Moderate Rehabilitation

☐ Single Room Occupancy (Sec. 8 SRO)

Summary of the project: (One or two sentences with a description of population, number served and accomplishments this operating year)

Name & Title of the Person who can answer questions about this report:	Phone: (include area code)
Address:	Fax Number: (include area code)

I hereby certify that all the information stated herein is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name & Title of Authorized Grantee Official:	Signature & Date:
	X
Name and Title of Authorized Project Sponsor Official:	Signature & Date:
	X

Part I: Project Progress

1. Projected Level of Persons to be served at a given point in time. (from the application, SHP- Sec. F; SPC- Sec. C; SRO- Sec. D)

	Projected Level	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Persons to be served at a given point in time				

2. Persons Served during the operating year.

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the first day of the operating year				
b.	Number entering program during the operating year				
c.	Number who left the program during the operating year				
d.	Number in the program on the last day of the operating year (a + b - c) = d				

3. Project Capacity.

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the last day (from 2d, columns 1 and 4)				
b.	Number proposed in application (from 1a, columns 1 and 4)				
c.	Capacity Rate (divide a by b) = %	%			%

4. Non-homeless persons. This question is to be completed for Section 8 SRO projects.

How many income-eligible non-homeless persons were housed by the SRO program during the operating year?	

5. Age and Gender. Of those who **entered** the project during the operating year, how many people are in the following age and gender categories?

Single Persons (from 2b, column 1)		Age	Male	Female
	a.	62 and over		
	b.	51-61		
	c.	31-50		
	d.	18-30		
	e.	17 and under		
Persons in Families (from 2b, columns 2 & 3)	f.	62 and over		
	g.	51 - 61		
	h.	31 - 50		
	i.	18 - 30		
	j.	13-17		
	k.	6-12		
	l.	1-5		
	m.	Under 1		

HUD-40118 (11/00)

Answer questions 6 - 10 only for **participants who <u>entered</u> the project during the operating year** (from 2b, columns 1 & 2). The term **participant** means single persons and adults in families. It does not include children or caregivers. NOTE: The total for questions, 7, 8 and 10 below should be the same; respond to each of those questions for all participants.

6. Veterans Status. A veteran is anyone who has ever been on active military duty status.

How many participants were veterans? ☐

7. Ethnicity. How many participants are in the following ethnic categories?

a.	Hispanic or Latino	
b.	Non-Hispanic or Non-Latino	

8. Race. How many participants are in the following racial categories?

a.	American Indian or Alaskan Native	
b.	Asian	
c.	Black or African American	
d.	Native Hawaiian or Other Pacific Islander	
e.	White	

9. Special Needs. How many participants have the following? Participants may have more than one. If so, count them in <u>all</u> applicable categories.

a.	Mental illness	
b.	Alcohol abuse	
c.	Drug abuse	
d.	HIV/AIDS and related diseases	
e.	Developmental disability	
f.	Physical disability	
g.	Domestic violence	
h.	Other (please specify)	

10. Prior Living Situation. How many participants slept in the following places in the week prior to entering the project? (Choose one)

a.	Non-housing (street, park, car, bus station, etc.)	
b.	Emergency shelter	
c.	Transitional housing for homeless persons	
d.	Psychiatric facility*	
e.	Substance abuse treatment facility*	
f.	Hospital*	
g.	Jail/prison*	
h.	Domestic violence situation	
i.	Living with relatives/friends	
j.	Rental housing	
k.	Other (please specify)	

*If a participant came from an institution but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, he/she should be counted in either the street or shelter category, as appropriate.

Complete questions 11 - 15 for all **participants who <u>left</u> during the operating year** (from 2c, columns 1 and 2). The term participant means single persons and adults in families. It does not include children or caregivers.

HUD-40118 (11/00)

11. Amount and Source of Monthly Income at Entry and at Exit. Of those participants who left during the operating year, how many participants were at each monthly income level and with each source of income?

	A. Monthly Income at **Entry**	
a.	No income	
b.	$1-150	
c.	$151 - $250	
d.	$251- $500	
e.	$501 - $1,000	
f.	$1001- $1500	
g.	$1501- $2000	
h.	$2001 +	

	C. Income Sources at **Entry**	
a.	Supplemental Security Income (SSI)	
b.	Social Security Disability Income (SSDI)	
c.	Social Security	
d.	General Public Assistance	
e.	Temporary Aid to Needy Families (TANF)	
f.	Child Support	
g.	Veterans Benefits	
h.	Employment Income	
i.	Unemployment Benefits	
j.	Medicare	
k.	Medicaid	
l.	Food Stamps	
m.	Other (please specify)	
n.	No Financial Resources	

	B. Monthly Income at **Exit**	
a.	No income	
b.	$1-150	
c.	$151 - $250	
d.	$251- $500	
e.	$501 - $1,000	
f.	$1001- $1500	
g.	$1501- $2000	
h.	$2001 +	

	D. Income Sources at **Exit**	
a.	Supplemental Security Income (SSI)	
b.	Social Security Disability Income (SSDI)	
c.	Social Security	
d.	General Public Assistance	
e.	Temporary Aid to Needy Families (TANF)	
f.	Child Support	
g.	Veterans Benefits	
h.	Employment Income	
i.	Unemployment Benefits	
j.	Medicare	
k.	Medicaid	
l.	Food Stamps	
m.	Other (please specify)	
n.	No Financial Resources	

HUD-40118 (11/00)

12. Length of Stay in Program. Of those participants who **left** during the operating year (from 2c, columns 1 and 2), how many were in the project for the following lengths of time?

a.	Less than 1 month	
b.	1 to 2 months	
c.	3 - 6 months	
d.	7 months - 12 months	
e.	13 months - 24 months	
f.	25 months - 3 years	
g.	4 years - 5 years	
h.	6 years - 7 years	
i.	8 years - 10 years	
j.	Over 10 years	

---

13. Reasons for Leaving. Of those participants who **left** the project during the operating year (from 2c, columns 1 and 2), how many left for the following reasons? If a participant left for multiple reasons, *include **only** the primary reason*.

a.	Left for a housing opportunity before completing program	
b.	Completed program	
c.	Non-payment of rent/occupancy charge	
d.	Non-compliance with project	
e.	Criminal activity / destruction of property / violence	
f.	Reached maximum time allowed in project	
g.	Needs could not be met by project	
h.	Disagreement with rules/persons	
i.	Death	
j.	Other (please specify)	
k.	Unknown/disappeared	

HUD-40118 (11/00)

14. Destination. Of those participants who **left** during the operating year (from 2c, columns 1 and 2), how many left for the following destination?

PERMANENT (a-h)	a.	Rental house or apartment (no subsidy)	
	b.	Public Housing	
	c.	Section 8	
	d.	Shelter Plus Care	
	e.	HOME subsidized house or apartment	
	f.	Other subsidized house or apartment	
	g.	Homeownership	
	h.	Moved in with family or friends	
TRANSITIONAL (i-j)	i.	Transitional housing for homeless persons	
	j.	Moved in with family or friends	
INSTITUTION (k-m)	k.	Psychiatric hospital	
	l.	Inpatient alcohol or other drug treatment facility	
	m.	Jail/prison	
EMERGENCY SHELTER (n)	n.	Emergency shelter	
OTHER (o-q)	o.	Other supportive housing	
	p.	Places not meant for human habitation (e.g. street)	
	q.	Other (please specify)	
UNKNOWN	r.	Unknown	

15. Supportive Services. Of those participants who **left** during the operating year (from 2, columns 1 and 2), how many received the following supportive services during their time in the project?

a.	Outreach	
b.	Case management	
c.	Life skills (outside of case management)	
d.	Alcohol or drug abuse services	
e.	Mental health services	
f.	HIV/AIDS-related services	
g.	Other health care services	
h.	Education	
i.	Housing placement	
j.	Employment assistance	
k.	Child care	
l.	Transportation	
m.	Legal	
n.	Other (please specify)	

HUD-40118 (11/00)

16. Overall Program Goals. Under Objectives, list your measurable objectives for this operating year (from your application, Technical Submission, or APR) for each of the three goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

a. Residential Stability

  Objectives:

  Progress:

  Next Operating Year's Objectives:

b.   Increased Skills or Income

  Objectives:

  Progress:

  Next Operating Year's Objectives:

c.   Greater Self-determination

  Objectives:

  Progress:

  Next Operating Year's Objectives:

17. Beds. SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. **(SHP-SSO projects do not complete this question)**

   a.   **SHP**. How many beds were included in the application approved for *this* project under 'Current Level' and under 'New Effort'? How many of these New Effort beds were actually in place at the end of the operating year?

	Current Level	New Effort	New Effort in Place
Number of Beds:	___	___	___

   b.   **S+C.** How many beds and dwelling units were being assisted with project funds at the end of the operating year? (Include beds for all participants, other family members, and care givers.)

   Number of Beds: ___
   Number of Dwelling Units: ___

   c.   **SRO.** How many dwelling units were being assisted at end of the operating year? (Include units occupied by "in place" non-homeless persons who qualify for assistance.)

   Number of Dwelling Units: ___

HUD-40118 (11/00)

Part II: Financial Information

18. Supportive Services.

For Supportive Housing (SHP), this exhibit provides information to HUD on how SHP funding for supportive services was spent **during the operating year.** Enter the amount of SHP funding spent on these supportive services.

For Shelter Plus Care (S+C), this exhibit tracks the supportive services match requirement. Specify the value of supportive services from all sources that can be counted as match that all homeless persons received **during the operating year. (**S+C grantees should keep documentation on file, including source, amount, and type of supportive services.)

For Section 8 SRO, this exhibit provides information to HUD on the value of supportive services received by homeless persons **during the operating year.**

	Supportive Services	Dollars
a.	Outreach	
b.	Case management	
c.	Life skills (outside of case management)	
d.	Alcohol and drug abuse services	
e.	Mental health services	
f.	AIDS-related services	
g.	Other health care services	
h.	Education	
i.	Housing placement	
j.	Employment assistance	
k.	Child care	
l.	Transportation	
m.	Legal	
n.	Other (please specify)	
o.	**TOTAL** (Sum of a through n)	
	Cumulative amount of match provided to date for the **Shelter Plus Care Program** under this grant	

19. Supportive Housing Program: Leasing, Supportive Services, Operating Costs and Administration

HUD-40118 (11/00)

All grantees receiving funding under the Supportive Housing Program must complete these charts each operating year. For **expansion projects**: If SHP grant funds are for the expansion of a pre-existing homeless facility, only the people and expenditures for the additional expansion may be included, as in the original application or any grant amendments. Documentation of resources used is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors. Do not include any expenditures made before the SHP grant was executed.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity.

		SHP Funds	Cash Match	Total Expenditures
a.	Leasing			
b.	Supportive Services			
c.	Operating Costs			
d.	Administration			
e.	**Total**			

Note: Payments of principal and interest on any loan or mortgage may not be shown as an operating expense.

Sources of Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, an necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
c.	State government (please specify)	
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
g.	Occupancy charge / fees	
h.	**Total**	

20. Supportive Housing Program: Acquisition, Rehabilitation, and New Construction

HUD-40118 (11/00)

All grantees that received SHP funds for acquisition, rehabilitation, or new construction must complete these charts in the year one APR only. This exhibit will demonstrate to HUD that the grantee has contributed enough cash to at least equally match the amount of SHP funds spent for acquisition, rehabilitation, or new construction. Documentation that matching funds were provided is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity.

		SHP Funds	Cash Match	Total Expenditures
a.	Acquisition			
b.	Rehabilitation			
c.	New construction			
d.	**Total**			

Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, as necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
c.	State government (please specify)	
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
g.	Occupancy charge/ fees	
h.	**Total**	

Describe any problems and/or changes implemented during the operating year.

Technical Assistance and Recommendations

Based on your experience during the last year, are there any areas in which you need technical advice or assistance? If so, please describe.

HUD-40118 (11/00)

Persons Served Worksheet - HUD Annual Progress Report

This worksheet is optional and is intended to help you collect information needed to complete the Annual Progress Report. Instructions and Codes follow. **Do not submit this worksheet to HUD.**

No.	Name	Relationship	Entry Date	Exit Date	Number of Months in Project (calculate) 12	New Participant (Y / N)	Non-Homeless (SRO Only) (Y / N) 4	Date of Birth 5a	Age 5b	Gender (M/F) 5c

Persons Served Worksheet (continued)

Do not submit this worksheet to HUD

No.	Veterans Status (Y/N) 6	Ethnicity (code) 7	Race (code) 8	Special Needs (code) 9	Prior Living Situation (code) 10	Monthly Income At Project Entry 11a	Monthly Income At Project Exit 11b	Income Sources At Entry (code) 11c	Income Sources At Exit (Code) 11d

16

Persons Served Worksheet (continued)

Do not submit this worksheet to HUD

No.	Reason for Leaving Program (code) 13	Destination (code) 14	Supportive Services (code) 15	Notes

Instructions and Codes for Persons Served Worksheet

The use of this worksheet is optional. It was designed to help you collect information on participants needed to complete the Annual Progress Report. If the worksheet is updated as participants move in and move out of your project, most of the information required for completion will be contained in the worksheet. Do not submit this worksheet with the APR.

For projects that serve families, HUD only requires reporting on the number of children served, and the age and gender of these children. Only name, relationship, date of birth, and age on the worksheet need to be completed for children. Assign the adults a number, but not each family member. Use this number to transfer to the other pages of the worksheet.

Beginning with number 4, the numbers in the columns refer to the questions on the APR form. If any questions are answered with "Other," please enter the specific "Other" answer for inclusion in the APR.

Participant Number. This column allows you to either number participants consecutively or to assign a case number. One number should be assigned to each adult.

Name. Names of persons will not be reported to HUD. The use of names is for your record keeping convenience.

Relationship. Enter the appropriate relationship. Examples include: Self, Head of household, Spouse, Child.

Entry Date. Enter date participant <u>entered the project</u>. Usually this will be the date of actual physical move-in for a housing project.

Exit Date. Enter date participant <u>left the project</u>. Usually this will be the date the participant physically moved out for a housing project. Do not include a participant who temporarily left the project and is expected to return in less than 90 days (e.g. hospitalization).

4. **Income-eligible Non-homeless in SRO**. The SRO program allows assistance to units occupied by Section 8 income-eligible persons residing at the SRO prior to rehabilitation. For SRO projects only, indicate whether the participant is an income-eligible, non-homeless person (Y) or not (N). SHP and S+C projects should skip this item.

5a. **Date of Birth.** Enter date of birth including month, day, and year.

5b. **Age.** Enter age at entry.

5c. **Gender.** Enter appropriate letter for gender. M-Male F- Female.

6. **Veterans Status**. Indicate if the participant is a veteran. *Please note: A veteran is anyone who has ever been on active military duty status for the United States.*

7. **Ethnicity.** Enter appropriate letter for ethnic group.
   a. Hispanic or Latino
   b. Non-Hispanic or Non-Latino

8. **Race.** Enter appropriate letter for race.
   a. American Indian or Alaskan Native
   b. Asian
   c. Black or African-American
   d. Native Hawaiian or Other Pacific Islander
   e. White

9. **Special Needs.** Enter the letter(s) for the category(ies) that describe the participant's disability(ies). (You may double count)
   a. Mental illness
   b. Alcohol abuse
   c. Drug abuse
   d. HIV/AIDS and related diseases
   e. Developmental disability
   f. Physical disabilities
   g. Domestic violence
   h. Other (please specify)

10. **Prior Living Situation.** Enter the letter that best describes where the participant slept in the week prior to entering the project. <u>Do not</u> double count.

    a. Non-housing (street, park, car, bus station, etc.)
   b. Emergency shelter
   c. Transitional housing for homeless persons
   d. Psychiatric facility*
   e. Substance abuse treatment facility*
   f. Hospital*
   g. Jail/prison*
   h. Domestic violence situation
   i. Living with relatives/friends
   j. Rental housing
   k. Other (please specify)

    *If a participant came from an institution but was there less than 30 days and were living on the street or in an emergency shelter before entering the facility, he/she should be counted in either the street or shelter category, as appropriate.

11a. **Gross Monthly Income at Project Entry**.
Enter the amount of gross monthly income the
participant is receiving at entry into the project.

11b. **Gross Monthly Income at Project Exit.** Enter
the gross monthly income the participant is
receiving when exiting the project.

11c. **Income Sources Received at Project Entry.**
Enter all types of assistance the participant is
receiving at entry to the project.
a. Supplemental Security Income (SSI)
b. Social Security Disability Insurance (SSDI)
c. Social Security
d. General Public Assistance
e. Temporary Aid to Needy Families (TANF)
f. Child support
g. Veterans benefits
h. Employment income
i. Unemployment benefits
j. Medicare
k. Medicaid
l. Food Stamps
m. Other (please specify)
n. No Financial Resources

11d. **Income Sources Received at Project Exit**.
Enter all types of income the participant is
receiving at project exit. (Use codes as in 11c.)

12. **Length in Stay in Program**. Calculated item.
(See Entry Date and Exit Date above.)

13. **Reason for Leaving Project.** Enter the primary
reason why the participant left the project.
(Complete only for participants who left the
project and are not expected to return within 90
days.
a. Left for a housing opportunity before
completing the program
b. Completed program
c. Non-payment of rent/occupancy charge
d. Non-compliance with project
e. Criminal activity/destruction of property/
violence
f. Reached maximum time allowed in project
g. Needs could not be met by project
h. Disagreement with rules/persons
i. Death
j. Other (please specify)
k. Unknown/disappeared

14. **Destination.** Enter the destination of those
leaving the project.
Permanent:
a. Rental house or apartment (no subsidy)
b. Public Housing
c. Section 8
d. Shelter Plus Care
e. HOME subsidized house or apartment
f. Other subsidized house or apartment
g. Homeownership
h. Moved in with family or friends
Transitional:
i. Transitional housing for homeless persons
j. Moved in with family or friends
Institution:
k. Psychiatric hospital.
l. Inpatient alcohol or drug treatment facility
m. Jail/prison
Emergency:
n. Emergency shelter
Other:
o. Other supportive housing.
p. Places not meant for human habitation
(e.g., street)
q. Other (please specify)
Unknown:
r. Unknown

15. **Supportive Services.** Enter all types of
supportive services the participant received
during the time in the project.
a. Outreach
b. Case management
c. Life skills (outside of case management)
d. Alcohol or drug abuse services
e. Mental health services
f. HIV/AIDS-related services
g. Other health care services
h. Education
i. Housing placement
j. Employment assistance
k. Child care
l. Transportation
m. Legal
n. Other (please specify)

HUD-40118 (11/00)

U. S. Department of Housing
and Urban Development
Office of Community Planning
and Development

Annual Progress Report (APR)

for

Supportive Housing Program

Shelter Plus Care

and

Section 8 Moderate Rehabilitation
for Single Room Occupancy
Dwellings (SRO) Program

General Instructions

Purpose. The Annual Progress Report (APR) tracks program progress and accomplishments in the Department's competitive homeless assistance programs.

Filing Requirements. Recipients of HUD's homeless assistance grants must submit an APR to HUD within 90 days after the end of each operating year. Failure to submit an APR will delay receiving grant funds and may result in a determination of lack of capacity for future funding. An APR must be submitted for each operating year in which HUD funding is provided. The report must be submitted to the CPD Division Director in the local HUD Field Office responsible for managing the grant.

Grantees that received SHP funding for new construction, acquisition, or rehabilitation are required to operate their facilities for 20 years. They must submit an APR 90 days after the end of the first operating year and any year in which they use SHP funding for leasing, supportive services, or operations. For years in which they do not receive SHP funding, they must submit an Annual Certification of Continued Project Operation throughout the 20 years (contact local HUD Field Office).

A separate report must be submitted for each HUD grant received. For Shelter Plus Care, a separate APR must be submitted for each Shelter Plus Care component.

For those grantees receiving an extension, a separate report covering that period must be submitted (see Extension below).

Record keeping. Grantees must collect and maintain information on each participant in order to complete an APR. Optional worksheets are attached. The worksheets may be used to record information manually or to design a computerized system to store and tabulate the information. The worksheets should not be submitted to HUD with the APR.

Organization of the Report. The APR is organized in the following manner:

Part I: Project Progress. This portion of the report describes the progress in moving homeless persons to self-sufficiency, services received, project goals, and beds created.

Part II: Financial Information. This portion of the report is completed by all grantees receiving funding under SHP, S+C and SRO.

Final Assembly of Report. After the entire report is assembled, number every page sequentially. Mark any questions that do not apply to your program with "N/A" for not applicable. (See Special Instructions for SSO Projects below.)

Definitions. The following terms are used in the APR. As indicated, in some cases, terms are applied differently depending on whether the funding is from SHP, S+C, or SRO.

Entered the program for S+C and SRO projects means when the participant starts to receive rental assistance. For S+C, services provided prior to this point are recognized as necessary for outreach/enrollment and are eligible to count as match.

Left the program for S+C projects means when the participant stops receiving rental assistance and is not expected to return to S+C assisted housing. If the participant returns to S+C assisted housing within 90 days, the person should not be considered as exiting from the program. If the person returns to S+C assisted housing after 90 days, that person is considered a new participant. The worksheet is designed to capture this information.

An **Extension APR** applies to SHP and S+C grantees that requested and received an extension of their grant term from the HUD field office. The only difference between an APR for the extension period and the regular APR (besides the amount of time covered) is the signature page. Grantees should circle yes to indicate the APR is for an extension period and circle the operating year for which the report is an extension. For example, if the grantee is extending year 3, the grantee should submit an APR as usual for year 3 and submit another APR for the extension period, indicating the second is an extension and also circling year 3 on the signature page.

Family means a household composed of two or more related persons, at least one of whom is an adult. The term family also includes one or more persons living with an eligible participant who is determined to be important to their care or well being. Care givers are not reported on in the APR.

HUD-40118 (11/00)

Grantee means a direct recipient of the HUD award.

Match for S+C means the value of supportive services received by participants in the S+C project which, in the aggregate, must at least equal the value of the S+C rental assistance provided over the life of the project. For SHP, match means cash used to provide the grantee's portion of acquisition, rehabilitation, new construction, operations and supportive services expenses.

Operating year means for SHP the date when participants begin to receive housing and/or services. The first operating year begins after development activities for acquisition, rehabilitation, and new construction are complete, after a copy of the Certificate of Occupancy is sent to the local HUD office, and when the first participant is accepted into the project. For projects without acquisition, rehabilitation, or new construction, the operating start date begins when the grantee accepts the first participant. For S+C (SRA, PRA and TRA components), the first operating year begins on the date HUD signs the grant agreement. For S+C/SRO and for Sec. 8 SRO, the first operating year begins with the effective date of the Housing Assistance Payments (HAP) Contract.

To determine which operating year to circle on the APR cover page, begin counting from the initial grant operating start date and include renewals grants. For example, a project receiving an initial grant for three years and a renewal grant for two years would circle years 1, 2, and 3 respectively on the APR cover sheet for the initial grant and would circle 4 and 5 respectively for the renewal grant. For any future renewal grants, the grantee would begin by circling 6 on the APR cover sheet.

Participant means single persons and adults in families who received assistance during the operating year. Participant does not include children or caregivers who live with the adults assisted.

Project Sponsor means the organization responsible for carrying out the daily operation of the project, if the organization is an entity other than the grantee.

Special Instructions for Supportive Services Only Projects. SSO grantees should complete all questions, unless a written agreement has been reached with the field office concerning which questions can be answered using estimates, or in rare instances, skipped.

Below is an example of how information could be derived in a large, single-service SSO project:

A grantee/sponsor staff member could be assigned to collect information from the organizations housing the participants. The staff person would contact these individual organizations to request information regarding the persons in that facility who use the service. For participants living on the street, the grantee/project sponsor may provide estimates.

Information could be collected for each participant or for participants receiving services at a point-in-time. If estimates or point-in-time counts are used, the method used must be described in the APR and the documentation kept on file.

Grantee:	HUD Grant or Project Number:
7	NY26B9000001

Project Sponsor:	Project Name:
	Caring House

Operating Year: (Circle the operating year being reported on)

☐1 ☐2 ☒3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10
☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20

Reporting Period: (month/day/year)

Indicate if extension: ☐ Yes ☒ No
Indicate if renewal: ☐ Yes ☒ No

from: Aug 1, 00   to: July 31, 01

Previous Grant Numbers for this project:
none, first grant

_____ _____ _____
_____ _____ _____
_____ _____ _____

Check the component for the program on which you are reporting.

Supportive Housing Program (SHP)

☒ Transitional Housing
☐ Permanent Housing for Homeless Persons with Disabilities
☐ Safe Haven
☐ Innovative Supportive Housing
☐ Supportive Services Only

Shelter Plus Care (S+C)

☐ Tenant-based Rental Assistance (TRA)
☐ Sponsor-based Rental Assistance (SRA)
☐ Project-based Rental Assistance (PRA)
☐ Single Room Occupancy (SRO)

Section 8 Moderate Rehabilitation

☐ Single Room Occupancy (Sec. 8 SRO)

Summary of the project: (One or two sentences with a description of population, number served and accomplishments this operating year)

Transitional housing for single individuals with dual diagnosis of chronic substance abuse and mental illness. Capacity of 20 people, served 28 in reporting year, successfully placed 5 in permanent supportive housing

Name & Title of the Person who can answer questions about this report:	Phone: (include area code)
Horace G. Spiggot	796 433-0099

Address:	Fax Number: (include area code)
84 Priory Blvd Sissinghurst, KY	796 433-9900

I hereby certify that all the information stated herein is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name & Title of Authorized Grantee Official:	Signature & Date:
Marion J. Flashbinder	X

Name and Title of Authorized Project Sponsor Official:	Signature & Date:
	X

HUD-40118 (11/00)

Part I: Project Progress

1. **Projected Level of Persons to be served at a given point in time.** (from the application, SHP- Sec. F; SPC- Sec. C; SRO- Sec. D)

	Projected Level	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Persons to be served at a given point in time	20			

2. **Persons Served during the operating year.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the first day of the operating year	18			
b.	Number entering program during the operating year	10			
c.	Number who left the program during the operating year	8			
d.	Number in the program on the last day of the operating year (a + b - c) = d	20			

3. **Project Capacity.**

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the last day (from 2d, columns 1 and 4)	20			
b.	Number proposed in application (from 1a, columns 1 and 4)	20			
c.	Capacity Rate (divide a by b) = %	100 %			%

4. **Non-homeless persons.** This question is to be completed for Section 8 SRO projects.

How many income-eligible non-homeless persons were housed by the SRO program during the operating year?	n/a

5. **Age and Gender.** Of those who **entered** the project during the operating year, how many people are in the following age and gender categories?

Single Persons (from 2b, column 1)		Age	Male	Female
	a.	62 and over		
	b.	51-61	1	
	c.	31-50	6	
	d.	18-30	3	
	e.	17 and under		
Persons in Families (from 2b, columns 2 & 3)	f.	62 and over		
	g.	51 - 61		
	h.	31 - 50		
	i.	18 - 30		
	j.	13-17		
	k.	6-12		
	l.	1-5		

HUD-40118 (11/00)

	m.	Under 1		

Answer questions 6 - 10 only for **participants who <u>entered</u> the project during the operating year** (from 2b, columns 1 & 2). The term **participant** means single persons and adults in families. It does not include children or caregivers. NOTE: The total for questions, 7, 8 and 10 below should be the same; respond to each of those questions for all participants.

6. Veterans Status. A veteran is anyone who has ever been on active military duty status.

How many participants were veterans?   3

7. Ethnicity. How many participants are in the following ethnic categories?

a.	Hispanic or Latino	4
b.	Non-Hispanic or Non-Latino	6

8. Race. How many participants are in the following racial categories?

a.	American Indian or Alaskan Native	
b.	Asian	
c.	Black or African American	5
d.	Native Hawaiian or Other Pacific Islander	
e.	White	1

9. Special Needs. How many participants have the following? Participants may have more than one. If so, count them in <u>all</u> applicable categories.

a.	Mental illness	10
b.	Alcohol abuse	8
c.	Drug abuse	10
d.	HIV/AIDS and related diseases	2
e.	Developmental disability	
f.	Physical disability	
g.	Domestic violence	
h.	Other (please specify)	

10. Prior Living Situation. How many participants slept in the following places in the week prior to entering the project?   (Choose one)

a.	Non-housing (street, park, car, bus station, etc.)	
b.	Emergency shelter	7
c.	Transitional housing for homeless persons	
d.	Psychiatric facility*	
e.	Substance abuse treatment facility*	
f.	Hospital*	1
g.	Jail/prison*	2
h.	Domestic violence situation	
i.	Living with relatives/friends	
j.	Rental housing	
k.	Other (please specify)	

*If a participant came from an institution but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, he/she should be counted in either the street or shelter category, as appropriate.

HUD-40118 (11/00)

Complete questions 11 - 15 for all **participants who <u>left</u> during the operating year** (from 2c, columns 1 and 2). The term participant means single persons and adults in families. It does not include children or caregivers.

11. **Amount and Source of Monthly Income at Entry and at Exit.** Of those participants who left during the operating year, how many participants were at each monthly income level and with each source of income?

	A. Monthly Income at **Entry**	
a.	No income	3
b.	$1-150	
c.	$151 - $250	4
d.	$251- $500	2
e.	$501 - $1,000	1
f.	$1001- $1500	
g.	$1501- $2000	
h.	$2001 +	

	C. Income Sources at **Entry**	
a.	Supplemental Security Income (SSI)	3
b.	Social Security Disability Income (SSDI)	
c.	Social Security	
d.	General Public Assistance	
e.	Temporary Aid to Needy Families (TANF)	
f.	Child Support	
g.	Veterans Benefits	1
h.	Employment Income	2
i.	Unemployment Benefits	
j.	Medicare	
k.	Medicaid	
l.	Food Stamps	
m.	Other (please specify)	
n.	No Financial Resources	4

	B. Monthly Income at **Exit**	
a.	No income	
b.	$1-150	1
c.	$151 - $250	
d.	$251- $500	
e.	$501 - $1,000	5
f.	$1001- $1500	1
g.	$1501- $2000	1
h.	$2001 +	

	D. Income Sources at **Exit**	
a.	Supplemental Security Income (SSI)	5
b.	Social Security Disability Income (SSDI)	
c.	Social Security	
d.	General Public Assistance	
e.	Temporary Aid to Needy Families (TANF)	
f.	Child Support	
g.	Veterans Benefits	1
h.	Employment Income	2
i.	Unemployment Benefits	
j.	Medicare	
k.	Medicaid	
l.	Food Stamps	
m.	Other (please specify)	
n.	No Financial Resources	

HUD-40118 (11/00)

12. Length of Stay in Program. Of those participants who **left** during the operating year (from 2c, columns 1 and 2), how many were in the project for the following lengths of time?

a.	Less than 1 month	1
b.	1 to 2 months	1
c.	3 - 6 months	
d.	7 months - 12 months	4
e.	13 months - 24 months	2
f.	25 months - 3 years	
g.	4 years - 5 years	
h.	6 years - 7 years	
i.	8 years - 10 years	
j.	Over 10 years	

13. Reasons for Leaving. Of those participants who **left** the project during the operating year (from 2c, columns 1 and 2), how many left for the following reasons? If a participant left for multiple reasons, *include **only** the primary reason*.

a.	Left for a housing opportunity before completing program	
b.	Completed program	5
c.	Non-payment of rent/occupancy charge	
d.	Non-compliance with project	1
e.	Criminal activity / destruction of property / violence	1
f.	Reached maximum time allowed in project	
g.	Needs could not be met by project	
h.	Disagreement with rules/persons	1
i.	Death	
j.	Other (please specify)	
k.	Unknown/disappeared	

HUD-40118 (11/00)

14. Destination. Of those participants who **left** during the operating year (from 2c, columns 1 and 2), how many left for the following destination?

PERMANENT (a-h)	a.	Rental house or apartment (no subsidy)	
	b.	Public Housing	
	c.	Section 8	
	d.	Shelter Plus Care	3
	e.	HOME subsidized house or apartment	
	f.	Other subsidized house or apartment	2
	g.	Homeownership	
	h.	Moved in with family or friends	
TRANSITIONAL (i-j)	i.	Transitional housing for homeless persons	
	j.	Moved in with family or friends	
INSTITUTION (k-m)	k.	Psychiatric hospital	
	l.	Inpatient alcohol or other drug treatment facility	
	m.	Jail/prison	
EMERGENCY SHELTER (n)	n.	Emergency shelter	
OTHER (o-q)	o.	Other supportive housing	
	p.	Places not meant for human habitation (e.g. street)	
	q.	Other (please specify)	
UNKNOWN	r.	Unknown	3

15. Supportive Services. Of those participants who **left** during the operating year (from 2, columns 1 and 2), how many received the following supportive services during their time in the project?

a.	Outreach	8
b.	Case management	8
c.	Life skills (outside of case management)	8
d.	Alcohol or drug abuse services	8
e.	Mental health services	8
f.	HIV/AIDS-related services	2
g.	Other health care services	5
h.	Education	3
i.	Housing placement	5
j.	Employment assistance	2
k.	Child care	
l.	Transportation	
m.	Legal	2
n.	Other (please specify)	

HUD-40118 (11/00)

16. Overall Program Goals. Under Objectives, list your measurable objectives for this operating year (from your application, Technical Submission, or APR) for each of the three goals listed below. Under Progress, describe your progress in meeting the objectives. Under Next Operating Year's Objectives, specify the measurable objectives for the next operating year.

a.   Residential Stability

Objectives: 75% of those who successfully complete the transitional housing program will be placed in appropriate and affordable permanent housing.

Progress: 100% of those completing the program were successfully placed in permanent, affordable, supportive housing

Next Operating Year's Objectives: 85% of those who successfully complete the transitional housing program will be placed in appropriate and affordable permanent housing.

b.   Increased Skills or Income

Objectives: 35% of participants enrolled in program for six months and longer will complete or continue to pursue a basic educational goal such as achieving or preparing for the GED, attending or completing a basic literacy program, or participating and/or completing a computer education course.
60% of participants in the program for at least six months will increase their income or achieve an income goal such as receiving support through a mainstream assistance program.

Progress: All participants who completed program and were placed in permanent housing achieved an educational goal. 50% of those remaining in the program and who had participated for more than six months achieved an educational goal.
All participants who completed the program and were placed in permanent housing increased their monthly income and/or are receiving mainstream assistance. 80% of participants remaining in the program for at least six months increased their monthly income.

Next Operating Year's Objectives: 75% of those who complete the program will achieve an educational goal such as completing the GED, basic literacy or computer training.
80% of those who complete the program will increase their income by at least $250 per month or achieve an income related goal such as enrolling in a mainstream assistance program.

c.   Greater Self-determination

Objectives: 60% of those participants who have been in the program for at least 3 months will participate in weekly house advisory meetings, providing input on program services and operations.
75% of participants will engage with case managers in the development of their services plan, establishing their own goals and objectives, and actively work to achieve their objectives.
75% of participants with active substance abuse/alcoholism issues will enroll and participate in a community based self-help program of their choosing.

Progress: Attendance at house advisory meetings numbered 85% of program participants; 100% of participants engaged with their case managers in developing individualized services plans; 80% of the participants enrolled and participated in 12 step programs of their choosing.

HUD-40118 (11/00)

Next Operating Year's Objectives: 80% of all residents will participate in weekly house advisory meetings; 85% will engage with and participate with case managers in the development of their individualized treatment plans; and 90% of residents with substance abuse/alcoholism issues and at least three months of program participation will enroll and participate in a community based self help program.

17. **Beds**. SHP recipients answer 17a. S+C recipients answer 17b. SRO recipients answer 17c. **(SHP-SSO projects do not complete this question)**

   a. **SHP**. How many beds were included in the application approved for *this* project under 'Current Level' and under 'New Effort'? How many of these New Effort beds were actually in place at the end of the operating year?

	Current Level	New Effort	New Effort in Place
Number of Beds:	20		

   b. **S+C.** How many beds and dwelling units were being assisted with project funds at the end of the operating year? (Include beds for all participants, other family members, and care givers.)

   Number of Beds: ___
   Number of Dwelling Units: ___

   c. **SRO.** How many dwelling units were being assisted at end of the operating year? (Include units occupied by "in place" non-homeless persons who qualify for assistance.)

   Number of Dwelling Units: ___

Part II: Financial Information

18. Supportive Services.

For Supportive Housing (SHP), this exhibit provides information to HUD on how SHP funding for supportive services was spent **during the operating year.** Enter the amount of SHP funding spent on these supportive services.

For Shelter Plus Care (S+C), this exhibit tracks the supportive services match requirement. Specify the value of supportive services from all sources that can be counted as match that all homeless persons received **during the operating year. (**S+C grantees should keep documentation on file, including source, amount, and type of supportive services.)

For Section 8 SRO, this exhibit provides information to HUD on the value of supportive services received by homeless persons **during the operating year.**

	Supportive Services	Dollars
a.	Outreach	10,000
b.	Case management	45,000
c.	Life skills (outside of case management)	7,500
d.	Alcohol and drug abuse services	30,000
e.	Mental health services	10,000
f.	AIDS-related services	
g.	Other health care services	
h.	Education	
i.	Housing placement	5,000

HUD-40118 (11/00)

j.	Employment assistance	5,000
k.	Child care	
l.	Transportation	1,000
m.	Legal	
n.	Other (please specify)	
o.	**TOTAL** (Sum of a through n)	112,500
	Cumulative amount of match provided to date for the **Shelter Plus Care Program** under this grant	n/a

19. Supportive Housing Program: Leasing, Supportive Services, Operating Costs and Administration

All grantees receiving funding under the Supportive Housing Program must complete these charts each operating year. For **expansion projects**: If SHP grant funds are for the expansion of a pre-existing homeless facility, only the people and expenditures for the additional expansion may be included, as in the original application or any grant amendments. Documentation of resources used is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors. Do not include any expenditures made before the SHP grant was executed.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity.

		SHP Funds	Cash Match	Total Expenditures
a.	Leasing	0		
b.	Supportive Services	112,500	22,500	135,000
c.	Operating Costs	75,000	25,000	100,000
d.	Administration	9,375	2,375	11,750
e.	**Total**	196,875	49,875	246,750

Note: Payments of principal and interest on any loan or mortgage may not be shown as an operating expense.

Sources of Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories. Use additional sheets, an necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	
	City Office of Mental Health	15,000

c.	State government (please specify)	
	State Department of Mental Health and Addiction Services	34,875
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
g.	Occupancy charge / fees	
h.	**Total**	49,875

20. Supportive Housing Program: Acquisition, Rehabilitation, and New Construction

All grantees that received SHP funds for acquisition, rehabilitation, or new construction must complete these charts in the year one APR only. This exhibit will demonstrate to HUD that the grantee has contributed enough cash to at least equally match the amount of SHP funds spent for acquisition, rehabilitation, or new construction. Documentation that matching funds were provided is not required to be submitted with this report but should be kept on file for possible inspection by HUD and Auditors.

Summary of Expenditures. Enter the amount of SHP grant funds and cash match expended during the operating year for each activity.

		SHP Funds	Cash Match	Total Expenditures
a.	Acquisition			
b.	Rehabilitation			
c.	New construction			
d.	**Total**			

Cash Match. Enter the sources of cash identified in the Cash Match column, above, in the following categories.   Use additional sheets, as necessary.

		Amount
a.	Grantee/project sponsor cash	
b.	Local government (please specify)	

HUD-40118 (11/00)

c.	State government (please specify)	
d.	Federal government (please specify)	
	Community Development Block Grant (CDBG)	
e.	Foundations (please specify)	
f.	Private cash resources (please specify)	
g.	Occupancy charge/ fees	
h.	**Total**	

Describe any problems and/or changes implemented during the operating year.

Serving the dually diagnosed is extremely challenging. The program was experiencing difficulty in providing sufficient support to ensure that residents were receiving appropriate services and medications resulting in some additional mental health problems. Accordingly, a comprehensive affiliation was developed with a licensed mental health program to provide on-site medication and other support services to residents. This resulted in much greater compliance with medication treatment regimes.

Technical Assistance and Recommendations

Based on your experience during the last year, are there any areas in which you need technical advice or assistance? If so, please describe.

Need additional support in identifying and providing employment related training to participants who are dually diagnosed. Despite disabilities, there is considerable interest in employment opportunities.

Persons Served Worksheet - HUD Annual Progress Report

This worksheet is optional and is intended to help you collect information needed to complete the Annual Progress Report. Instructions and Codes follow. **Do not submit this worksheet to HUD.**

No.	Name	Relationship	Entry Date	Exit Date	Number of Months in Project (calculate) 12	New Participant (Y / N)	Non-Homeless (SRO Only) (Y / N) 4	Date of Birth 5a	Age 5b	Gender (M/F) 5c

HUD-40118 (11/00)

Persons Served Worksheet (continued)

Do not submit this worksheet to HUD

No.	Veterans Status (Y/N) 6	Ethnicity (code) 7	Race (code) 8	Special Needs (code) 9	Prior Living Situation (code) 10	Monthly Income At Project Entry 11a	Monthly Income At Project Exit 11b	Income Sources At Entry (code) 11c	Income Sources At Exit (Code) 11d

Persons Served Worksheet (continued)

Do not submit this worksheet to HUD

No.	Reason for Leaving Program (code) 13	Destination (code) 14	Supportive Services (code) 15	Notes

HUD-40118 (11/00)

Instructions and Codes for Persons Served Worksheet

The use of this worksheet is optional. It was designed to help you collect information on participants needed to complete the Annual Progress Report. If the worksheet is updated as participants move in and move out of your project, most of the information required for completion will be contained in the worksheet. Do not submit this worksheet with the APR.

For projects that serve families, HUD only requires reporting on the number of children served, and the age and gender of these children. Only name, relationship, date of birth, and age on the worksheet need to be completed for children. Assign the adults a number, but not each family member. Use this number to transfer to the other pages of the worksheet.

Beginning with number 4, the numbers in the columns refer to the questions on the APR form. If any questions are answered with "Other," please enter the specific "Other" answer for inclusion in the APR.

Participant Number. This column allows you to either number participants consecutively or to assign a case number. One number should be assigned to each adult.

Name. Names of persons will not be reported to HUD. The use of names is for your record keeping convenience.

Relationship. Enter the appropriate relationship. Examples include: Self, Head of household, Spouse, Child.

Entry Date. Enter date participant <u>entered the project</u>. Usually this will be the date of actual physical move-in for a housing project.

Exit Date. Enter date participant <u>left the project</u>. Usually this will be the date the participant physically moved out for a housing project. Do not include a participant who temporarily left the project and is expected to return in less than 90 days (e.g. hospitalization).

4. **Income-eligible Non-homeless in SRO**. The SRO
   program allows assistance to units occupied by Section 8 income-eligible persons residing at the SRO prior to rehabilitation. For SRO projects only, indicate whether the participant is an income-eligible, non-homeless person (Y) or not (N). SHP and S+C projects should skip this item.

5a. **Date of Birth.** Enter date of birth including month, day, and year.

5b. **Age.** Enter age at entry.

5c. **Gender.** Enter appropriate letter for gender. M-Male F- Female.

6. **Veterans Status**. Indicate if the participant is a veteran. *Please note: A veteran is anyone who has ever been on active military duty status for the United States.*

7. **Ethnicity.** Enter appropriate letter for ethnic group.
    a. Hispanic or Latino
    b. Non-Hispanic or Non-Latino

8. **Race.** Enter appropriate letter for race.
    a. American Indian or Alaskan Native
    b. Asian
    c. Black or African-American
    d. Native Hawaiian or Other Pacific Islander
    e. White

9. **Special Needs.** Enter the letter(s) for the category(ies) that describe the participant's disability(ies). (You may double count)
    a. Mental illness
    b. Alcohol abuse
    c. Drug abuse
    d. HIV/AIDS and related diseases
    e. Developmental disability
    f. Physical disabilities
    g. Domestic violence
    h. Other (please specify)

10. **Prior Living Situation.** Enter the letter that best describes where the participant slept in the week prior to entering the project. <u>Do not</u> double count.

    a. Non-housing (street, park, car, bus station, etc.)
    b. Emergency shelter
    c. Transitional housing for homeless persons
    d. Psychiatric facility*
    e. Substance abuse treatment facility*
    f. Hospital*
    g. Jail/prison*
    h. Domestic violence situation
    i. Living with relatives/friends
    j. Rental housing
    k. Other (please specify)

    *If a participant came from an institution but was there less than 30 days and were living on the street or in an emergency shelter before entering the facility, he/she should be counted in either the street or shelter category, as appropriate.

11a. **Gross Monthly Income at Project Entry**. Enter the amount of gross monthly income the participant is receiving at entry into the project.

11b. **Gross Monthly Income at Project Exit.** Enter the gross monthly income the participant is receiving when exiting the project.

11c. **Income Sources Received at Project Entry.** Enter all types of assistance the participant is receiving at entry to the project.
   a. Supplemental Security Income (SSI)
   b. Social Security Disability Insurance (SSDI)
   c. Social Security
   d. General Public Assistance
   e. Temporary Aid to Needy Families (TANF)
   f. Child support
   g. Veterans benefits
   h. Employment income
   i. Unemployment benefits
   j. Medicare
   k. Medicaid
   l. Food Stamps
   m. Other (please specify)
   n. No Financial Resources

11d. **Income Sources Received at Project Exit**. Enter all types of income the participant is receiving at project exit. (Use codes as in 11c.)

12. **Length in Stay in Program**. Calculated item. (See Entry Date and Exit Date above.)

13. **Reason for Leaving Project.** Enter the primary reason why the participant left the project. (Complete only for participants who left the project and are not expected to return within 90 days.
   a. Left for a housing opportunity before completing the program
   b. Completed program
   c. Non-payment of rent/occupancy charge
   d. Non-compliance with project
   e. Criminal activity/destruction of property/ violence
   f. Reached maximum time allowed in project
   g. Needs could not be met by project
   h. Disagreement with rules/persons
   i. Death
   j. Other (please specify)
   k. Unknown/disappeared

14. **Destination.** Enter the destination of those leaving the project.
   Permanent:
      a. Rental house or apartment (no subsidy)
      b. Public Housing
      c. Section 8
      d. Shelter Plus Care
      e. HOME subsidized house or apartment
      f. Other subsidized house or apartment
      g. Homeownership
      h. Moved in with family or friends
   Transitional:
   i. Transitional housing for homeless persons
   j. Moved in with family or friends
   Institution:
      k. Psychiatric hospital.
      l. Inpatient alcohol or drug treatment facility
      m. Jail/prison
   Emergency:
      n. Emergency shelter
   Other:
      o. Other supportive housing.
      p. Places not meant for human habitation (e.g., street)
      q. Other (please specify)
   Unknown:
      r. Unknown

15. **Supportive Services.** Enter all types of supportive services the participant received during the time in the project.
   a. Outreach
   b. Case management
   c. Life skills (outside of case management)
   d. Alcohol or drug abuse services
   e. Mental health services
   f. HIV/AIDS-related services
   g. Other health care services
   h. Education
   i. Housing placement
   j. Employment assistance
   k. Child care
   l. Transportation
   m. Legal
   n. Other (please specify)

HUD-40118 (11/00)

FREQUENTLY ASKED QUESTIONS; ANNUAL PROGRESS REPORT FOR SUPPORTIVE HOUSING PROGRAM; SHELTER PLUS CARE; AND SECTION 8 MODERATE REHABILITATION FOR SROS

1. HOW DO I GET A COPY OF THE APR?

The HUD Field Office will contact grantees after they have successfully completed the Technical Submission and schedule a 'start-up' conference. The APR will be distributed at this conference.

The APR can also be found online at the HUD website. Go to www.HUDCLIPS.org and do a search for HUD-40118.

2. WHO MUST SUBMIT AN APR?

Organizations that have received a grant under one of HUD's Homeless Assistance Programs. This is the organization that has entered into a contract with HUD. Project Sponsors, organizations that provide services to homeless people through HUD's Homeless Assistance Programs are not required to submit the APR but will generally be required to submit information to assist the grantee in completing the APR.

3. WHEN MUST THE APR BE SUBMITTED?

The APR must be submitted to the HUD Field Office within 90 days of the end of the grantee's operating year. Operating start date for a project is:

- ❑ For projects that have acquisition, rehabilitation or new construction, it is after the development work is completed, the Certificate of Occupancy has been submitted to HUD and when the first participant has been admitted into the project.
- ❑ For projects without acquisition, rehabilitation or new construction, it is when the grantee begins to provide services to the first participant.
- ❑ For S+C projects, it is when HUD signs the grant agreement.
- ❑ For S+C/SRO and S.8 SRO, it's the effective date of the Housing Assistance Payments Contract.

Grantees should note that there is an automatic start-date trigger in the LOCCS system. If SHP projects draw down funds for operating costs or

supportive services, the system will automatically assign the date that those funds were first drawn as the operating start date.

4.   WHAT HAPPENS IF THE APR IS SUBMITTED LATE?

If the APR has not been submitted and approved by the HUD after 110 days from the operating start date, an automatic lock will be placed in the LOCCS system, preventing funds from being accessed. HUD will remove that once the APR has been received and approved.

Additionally, tardy submissions of the APR will have negative considerations when HUD is reviewing applications for renewal funding.

5.   MY GRANT RECEIVED AN EXTENSION FOR LESS THAN A YEAR. DOES MY ORGANIZATION STILL HAVE TO COMPLETE AN APR?

Yes. An APR must be completed for any extension period, regardless of whether it was a year in duration. To complete an APR for an extension:

- ❑ Indicate on the cover page that the APR is for an extension period.
- ❑ Enter the beginning and ending dates for the extension period on the cover page and circle the number indicating the same operating year for which this is an extension.
- ❑ Report only on the partial year in the APR.

6.   OUR SHP PROJECT DID NOT RECEIVE ANY RENEWAL FUNDING THIS YEAR, BUT WE DID ORIGINALLY RECEIVE FUNDS TO ACQUIRE THE BUILDING WHERE WE PROVIDE HOUSING TO HOMELESS FAMILIES. ARE WE REQUIRED TO SUBMIT AN APR?

No. You must, however, submit an Annual Certification. This is a one-page form, where the former grantee certifies that it remains in compliance with its HUD grant agreement.

7.   CAN WE CHANGE OUR OBJECTIVES FOR OUR PROJECT?

As part of submitting their APR, grantees are requested to identify their objectives for their next operating year. Although the objectives should be consistent with those in prior year(s), grantees are allowed to modify them so that they are consistent with what the project is currently seeking to achieve.

19.

APR Demographic Tracking Sheet

I. Date of Entry	II. Name of Participant	III. Single Individual or Family	IV. Status	V. Age & Gender	VI. Veteran Status	VII. Hispanic Non-Hisp.	VIII. Race	IX. Primary Disability	X. Prior Living Situation	XI. Gross Monthly Income at Entry

19.

APR Demographic Tracking Sheet

XII.	XIII.	XIV.	XV.	XVI.	XVII.	XVIII.	XIX.	XX.	XXI.	XXII.
Assistance Sources at Entry	Date Of Program Exit	Assistance Sources at Exit (TH)*	Length of Stay	Reasons for Leaving	Destination	Length of Stay	Types of PH	Tracking	How Many Participants left TH since Program Began?	Current Status of those in XX.

<div style="border:1px solid black; text-align:center;">

APR DEMOGRAPHIC TRACKING SHEET LEGEND

</div>

Note: Complete I through X for each participant and family member upon entry to the program. When completing the actual APR, note that some questions relate to persons entering the program during the operating year, some relate to persons served during the operating year regardless of date of entry, and some relate to persons who left during the operating year, regardless of date of entry. This format can be adapted for a dbase-use program and completed by multiple staff and submitted for data entry, or completed manually, as a log, preferably by one staff person at the time of intake, financial re-evaluation and exit from program. Questions XI through XXII should be completed annually, or at the time the participants leave the program, depending upon the question.

I.   Date of Admission
Note that you will be required to distinguish between persons who were present on the first day of the operating year, who entered the program during the operating year, who left the program during the operating year and who were present on the last day of the operating year, separated by individual and family status.

II.   Name of Participant

III.   Single Individual or Family
This identifies who is the program participant, even if they are in a family.
a. Participant, single individual
b. Participant, member of a family

IV.   Status
This identifies how many individuals vs. how many families.
a. Single individual household
b. Family household (if participant is a member of a family, mark b)

V.   Age and Gender
a. Single individual male, age 17 and under
b. Single individual female, age 17 and under
c. Single individual male, age 18 to 30
d. Single individual female, age 18 to 30
e. Single individual male, age 31 to 50
f. Single individual female, age 31 to 50
g. Single individual male, age 51 and over
h. Single individual female, age 51 and over
i. Male adults in families, age 18 to 30
j. Female adults in families, age 18 to 30
k. Male adults in families, age 31 to 50
l. Female adults in families, age 31 to 50
m. Male adults in families, age 51 and over
n. Female adults in families, age 51 and over

    o. Male children in families, under age 1
    p. Female children in families, under age 1
    q. Male children in families, age 1 to 5
    r. Female children in families, age 1 to 5
    s. Male children in families, age 6 to 12
    t. Female children in families, age 6 to 12
    u. Male children in families, age 13 to 17
    v. Female children in families, age 13 to 17

VI. **Veteran Status**
Only report person who are veterans, or families in which at least one adult member is a veteran. Please note: A veteran is anyone who has ever been on active military duty status.
    a. Single individuals, male
    b. Single individuals, female
    c. Adult male veterans in families
    d. Adult female veterans in families
    e. Adult male non-veterans in families
    f. Adult female non-veterans in families
    g. Male children in families (with an adult veteran)
    h. Female children in families (with an adult veteran)

VII. **Hispanic/Non-Hispanic**
    a. Hispanic
    b. Non-Hispanic

VIII. **Race**
    a. Asian/Pacific Islander
    b. Black
    c. Native American or Alaskan Native
    d. White

IX. **Primary Disability**
Individual agency may want to list other disabilities with correlating letters, such as: f. mental retardation
    a. Severe mental illness
    b. Chronic alcohol or other drug abuse
    c. Both severe mental illness and chronic alcohol or other drug abuse
    d. AIDS or related diseases
    e. Other disabilities (Please specify)

X.   Prior Living Situation

Individual agency may want to list other living situations, such as: l.Living in places not designed for human habitation, car, railroad car, etc.
*If a participant or family head(s) of household came from one of these facilities but were there less than 30 days and were living on the street or in emergency shelter before entering the treatment facility, they should be counted in either the street or shelter category, as appropriate.

a.   Streets
b.   Emergency shelter
c.   Transitional housing
d.   Psychiatric facility*
e.   Substance abuse treatment facility*
f.   Hospital*
g.   Jail/Prison*
h.   Domestic violence situation
i.   Living with relatives/friends
j.   Rental housing
k.   Other (please specify)

XI.   Gross Monthly Income at Entry

a.   No income
b.   1 – 250
c.   251 – 500
d.   501 – 1,000
e.   1,001 – 1,500
f.   1,501 – 2,000
g.   2,000+

XII.   Gross Monthly Income Increase at last Re-Examination

a.   0 – 25
b.   26 – 100
c.   101 – 250
d.   251 – 500
e.   501+
f.   Lost Income
g.   Not known

XIII. Assistance Sources at Entry

a.   Supplemental Security Income (SSI)
b.   Social Security Disability Insurance (SSDI)
c.   Social Security
d.   General Public Assistance
e.   Temporary Assistance to Needy Families (formerly AFDC)
f.   Child Support
g.   Veterans Benefits
h.   Employment Income
i.   Unemployment Benefits
j.   No Financial Resources
k.   Medicare
l.   Medicaid
m.   Food Stamps
n.   Child Care Subsidy
o.   Other (please specify)

XIV. Assistance Sources at Time of Exit From Program

For transitional housing programs, list income at time of exit from program only for those persons who left the program for permanent housing.

a. Supplemental Security Income (SSI)
b. Social Security Disability Insurance (SSDI)
c. Social Security
d. General Public Assistance
e. Temporary Assistance to Needy Families (formerly AFDC)
f. Child Support
g. Veterans Benefits
h. Employment Income
i. Unemployment Benefits
j. No financial resources
k. Medicare
l. Medicaid
m. Food stamps
n. Child care subsidy
o. Other (please specify)

XV. Length of Stay

Complete this section only for participants in the program on the last day of the operating year.

a. Up to 3 months   e. 3 – 5 years
b. 3 – 6 months   f. 5 – 7 years
c. 6 months – 1 year   g. 7 – 10 years
d. 1 – 3 years   h. over 10 years

XVI. Reasons for Leaving

Complete question for persons who left the program during the operating year without obtaining permanent housing.

a. Voluntary departure, less than 3 months
b. Voluntary departure, 3 – 6 months
c. Voluntary departure, 7 – 12 months
d. Voluntary departure, over 12 months
e. Non-payment of rent, less than 3 months
f. Non-payment of rent, 3 – 6 months
g. Non-payment of rent, 7 – 12 months
h. Non-payment of rent, over 12 months
i. Non-compliance with supportive service requirements, less than 3 months
j. Non-compliance with supportive service requirements, 3 – 6 months
k. Non-compliance with supportive service requirements, 7 – 12 months
l. Non-compliance with supportive service requirements, over 12 months
m. Unknown/Disappeared, less than 3 months
n. Unknown/Disappeared, 3 – 6 months
o. Unknown/Disappeared, 7 – 12 months
p. Unknown/Disappeared, over 12 months
q. Criminal activity/destruction of property/violence, less than 3 months
r. Criminal activity/destruction of property/violence, 3 – 6 months

s. Criminal activity/destruction of property/violence, 7 – 12 months
t. Criminal activity/destruction of property/ over 12 months
u. Death, less than 3 months
v. Death, 3 – 6 months
w. Death, 7 – 12 months
x. Death, over 12 months
y. Other, less than 3 months
z. Other, 3 – 6 months
aa. Other 7 – 12 months
bb. Other, over 12 months

XVII. Destination

Complete this question for those participants who left the program during the operating year without obtaining permanent housing.
a. Alternate housing with support services
b. Other subsidized independent housing
c. Unsubsidized housing
d. Moved in with family or friends
e. Psychiatric hospital
f. Inpatient alcohol or other drug treatment facility
g. Other hospital
h. Jail/Prison
i. Places not meant for human habitation (street, car)
j. Emergency shelter
k. Unknown
l. Other (please specify)

Complete the following for those participants who left a transitional housing program for permanent housing during the operating year.

XVIII. Length of Stay

Of those who left the transitional housing program for permanent housing during the operating year, how many were in the program for the following lengths of time?
a. less than 3 months
b. 3 – 6 months
c. 7 – 12 months
d. 13 – 18 months
e. 19 – 24 months
f. Greater than 24 months

XIX. Types of Permanent Housing

Of those who left the transitional housing program for permanent housing during the operating year, how many participants moved into the following types of permanent housing?
a. Unsubsidized rental housing
b. Public Housing
c. Section 8
d. Subsidized housing other than Public Housing or Section 8

     e. Homeownership
     f. Other supportive housing (such as a group home or a special population,
        such as the mentally ill)
     g. Moved in with family or friends
     h. Other

XX.   **Tracking**
*For persons reported on in question XIX, complete the following on their current
housing status.*
     a. Still living in permanent housing
     b. Became homeless again during the operating year
     c. Living situation is currently unknown

XXI. **Participants Who Have Moved Out of Transitional to Permanent
Housing from Beginning of Program**
     a. Moved into Permanent Housing
     b. Did not move into Permanent Housing

XXII. **Tracking**
*For persons reported on in question XXI, as having obtained permanent housing,
what is their current status.*
     a. Still living in permanent housing
     b. Became homeless again during the operating year
     c. Have an unknown living situation

Financial Management and HUD Compliance: ADDITIONAL READINGS

Blake, J.: "The Times Square: A Case Study in Successful Supportive Housing." Development Training Institute, Inc., 1997
This publication looks at the development and operation of a large and innovative supportive housing project in New York City. It covers predevelopment and siting issues, financing, creation of a community, economic development initiatives and the day-to-day operations of the project, including service provision.

Corporation for Supportive Housing (CSH). "Between the Lines: A Question and Answer Guide on Legal Issues in Supportive Housing — National Edition." Corporation for Supportive Housing, 2001
This manual offers basic information about the laws that pertain to supportive housing and approaches to resolving common dilemmas.

Internet Sites:

Center for Urban Community Services
http://www.cucs.org
Center for Urban Community Services (CUCS) provides a continuum of supportive services for homeless and formerly homeless people, including street outreach, a drop-in center, transitional and permanent housing programs, and vocational and educational programs. Particular emphasis is placed on specialized services for people with mental illness, HIV/AIDS, and chemical dependency. This website provides information and links to a variety of resources regarding transitional and permanent housing.

Corporation for Supportive Housing
http://www.csh.org
CSH's mission is to help communities create permanent housing with services to prevent and end homelessness. CSH works through collaborations with private, nonprofit and government partners, and strives to address the needs of tenants of supportive housing. CSH's website includes a Resource Library with downloadable reports, studies, guides and manuals aimed at developing new and better supportive housing; policy and advocacy updates; and a calendar of events.

National Alliance to End Homelessness (NAEH)
http://www.naeh.org
The National Alliance to End Homelessness (NAEH), a nationwide federation of public, private and nonprofit organizations, demonstrates that homelessness can be ended. NAEH offers key facts on homelessness, affordable housing, roots of homelessness, best practice and profiles, publications and resources, fact sheets and comprehensive links to national organizations and government agencies that address homelessness.

National Resource Center on Homelessness and Mental Illness
http://www.prainc.com/nrc/
The National Resource Center on Homelessness and Mental Illness provides technical assistance, identifies and synthesizes knowledge, and disseminates information. Users can be linked to findings from Federal demonstration and Knowledge Development and Application (KDA) projects, research on homelessness and mental illness, and information on federal projects.