U.S. Department of Housing and Urban Development Office of Residential

OMB Approval No. 9999-9999 (exp. mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 1 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Warning: Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions.

Project Name Enter Name
FHA Project No. 000-00000
Address Enter Address

Instructions: Only light blue cells can be edited. Enter the staffing positions and salary projections for the subject as of the date when stabilized occupancy is realized. This tab is to be completed for both New Construction and for Substantial Rehab and 241a loans. For Substantial Rehabilitation and 241a loans also fill out the second tab (Current Staffing Schedule) with the subject's current staffing and salary information.

Indicate the year in which stabilized occupancy will be reached.

enter year

Job Title	# of Employees	Combined Hours Per Week	Combined Annual Salaries
Administrative			
e.g. Administrator			
e.g. Business Office			
e.g. Receptionist			
e.g. Marketing Manager			
e.g. Marketing Assistant			
Administrative - Payroll Taxes & Benefits			
- 44.44	Tota	l - Administrative	\$0
Building &			
e.g. Maintenance Supervisor			
e.g. Housekeeping Manager			
e.g. Housekeepers			
Building & Grounds - Payroll Taxes and Bene	efits		
,		ilding & Grounds	\$0
Activities & Other		Ŭ	
e.g. Activities Director			
e.g. Activities Assistant			
e.g. Transportation			
Activities & Other - Payroll Taxes and Benefi	te		
Activities & Other - Payron Taxes and Benefit		Activities & Other	\$0
Personal Care	1011111	reavines & Suier	Ψ.
e.g. Registered Nurses			
e.g. LPN's			
e.g. CNAs			
Personal Care - Payroll Taxes and Benefits	Tot	al - Personal Care	\$0
Dietary	100	ai - reisulidi Cdle	φu
e.g. Chef/Manager			
e.g. Cooks			
e.g. Assistants			
<u> </u>			
Dietary - Payroll Taxes and Benefits			

Full Time Equivalents Total (total # of hours divided by 40)

Total Number of Employees (full time and part time)

Totals
Combined Number of Hours

0

0

0

\$0

\$0

\$0

Public reporting burden for this collection of information is estimated to average 3 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties.

Warning: Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development in subject to criminal penalties, civil liability, and administrative sanctions.

Project Name Enter Name
FHA Project No. 000-00000
Address Enter Address

Instructions: In addition to the first tab (Forecasted Staffing Schedule), this tab needs to be filled out for substantial rehabilitation & 241a loans. Enter the current staffing & salary levels prior to the construction or rehabiliation taking place.

Indicate the year of the current staffing schedule.

enter year

Job Title	# of Employees	Combined Hours Per Week	Combined Annual Salaries
Administrative			
e.g. Administrator			
e.g. Business Office			
e.g. Receptionist			
e.g. Marketing Manager			
e.g. Marketing Assistant			
Administrative - Payroll Taxes & Benefit	ts		
		- Administrative	\$0
Building &			
e.g. Maintenance Supervisor			
e.g. Housekeeping Manager			
e.g. Housekeepers			
Building & Grounds - Payroll Taxes and			
	Total - Bui	lding & Grounds	\$0
Activities & Other			
e.g. Activities Director			
e.g. Activities Assistant			
e.g. Transportation			
Activities & Other - Payroll Taxes and B			
Personal Care	Total - A	ctivities & Other	\$0
e.g. Registered Nurses			
e.g. LPN's			
e.g. CNAs			
c.g. Givis			
Personal Care - Payroll Taxes and Benef		1 P 16	r.o.
Dietary	10ta	ıl - Personal Care	\$0
e.g. Chef/Manager			
e.g. Cooks			
e.g. Assistants			
Dietary - Payroll Taxes and Benefits			
Dietary - Payroll Taxes and Deficits		Total Dist	¢0
		Total - Dietary	\$0

Totals Combined Number of Hours

Total Annual Salaries Paid

Total Annual Taxes & Benefits

Total Annual Salaries with Benefits

Full Time Equivalents Total (total # of hours divided by 40)

Total Number of Employees (full time and part time)

0

0

\$0

\$0

\$0