lio Schedule for Capital Fund Financing Proposal

Note: All data entry is performed on the "Data Entry Sheet", this sheet is used by HUD staff during their review. The data is linked to the "CFFP Annual Contributions Terms and Conditions (ACC). Attach sheet which will be attached to the CFFP Annual Contributions Terms and Conditions (ACC) as part of the HUD Approval

(1) Enter name of Public Housing Authority.

(2) Enter number of Public Housing Authority.

(3) Enter Data the Capital Fund Financing Proposal is being submitted.

(4) Indicate any anticipated changes to the portfolio that would either increase or decrease the total units, and therefore affect the formula capital funds. This calculation should also feed into the Adjusted Capital Fund estimate in the Term Sheet, and the debt services schedule. On Line (a), indicate whether any units or properties will be demolished or disposed of, with a “Yes” or a “No”. On Line (b), indicate whether units will be merged into larger units either through the CFFP or otherwise, responding with a “Yes” or a “No”. On Line (c) indicate whether new units will be developed and placed under the ACC, responding with a “Yes” or a “No”. On Line (d) indicate any other anticipated change in unit count. Select from the Drop Down menu, which includes: Conversion (Mandatory, Required, Voluntary, Other); HOPE VI Demolition; HOPE VI Revitalization; Homeownership Sales; Casualty Condemnation; Asset Management [AMPS that are not economically viable that the PHA does not want to, or cannot, sustain]; or other.

(5) Enter the Fiscal Year of the Most Recent Capital Fund Grant received by the PHA. Use four digits (e.g., 2005).

(6) Enter the year of Capital Fund funding that will be used to make the first debt service payment. Use four digits (e.g., 2005).

(7) On the rows under this heading, List the HUD Project Number for each public housing development in the PHA’s portfolio.

(8) On the rows under this heading, List the Project Name that corresponds to the Project Number. All existing projects must be included on the form. Insert additional rows to the extent needed to.

(10) Enter the Capital Funding per unit. Note: HUD will provide you a per unit funding schedule showing the per-unit funding amount from prior grants.

(11) Estimated annual Capital Funding per Project is calculated by a formula.

(12) Enter any notes of explanation, if needed.

(13) Subtract any capital funds that need to be used for purposes other than housing authority operations, such as a Voluntary Compliance Agreement (VCA), a Consent Decree, or Litigation. The drop down menu will allow you to identify the nature of the reduction. In column (E), indicate the amount of the reduction as a negative number so that it is deducted from the total. Insert as many additional rows for as needed to enter all relevant data.

(14) Sign Certification that the information is accurate to the best of the PHA’s knowledge, and that the data for existing units agrees with data in PIC. This form must be signed by the PHA’s chief executive officer.

Capital Fund Financing Program
Portfolio Schedule Form

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157
(exp. 11/30/2023)

Public Reporting Burden for this collection of information is estimated to average 16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this collection of information is mandatory to obtain a benefit. The information requested does not lend itself to confidentiality. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, Office of Policy Development and Research, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-0157. This collection of information is required for the approval a Capital Fund Finance Proposal pursuant to HUD regulations 24 CFR 905. When providing comments, please refer to OMB Approval No. 2577-0157. Response to this collection of information is mandatory to obtain a benefit. The information requested does not lend itself to confidentiality.

(1) PHA Name	
(2) PHA Number	
(3) Date Submitted	
Person Completing Form/ Contact Person	
Contact Phone Number	
e-mail	
(4) Portfolio Changes Planned	
(a) Demolition or Disposition	
(b) Unit Consolidation or Merger	
(c) New Development with approved development proposal	
(d) Other (select from List)	
(5) FY of Most Recent Capital Fund Grant	
(6) 1st Year of CFP for Debt Service Payment	

(7) HUD Project Number	(8) Project Name	(9) Number of Units Under ACC	(10) Cap Fund Per Unit Funding	(11) Projected Funding by Development	(12) Comments	0	1	2	3	4	5	6	7	8	9	10
				$ -		0	0	0	0	0	0	0	0	0	0	0
				$ -		0	0	0	0	0	0	0	0	0	0	0
				$ -		0	0	0	0	0	0	0	0	0	0	0
				$ -		0	0	0	0	0	0	0	0	0	0	0
				$ -		0	0	0	0	0	0	0	0	0	0	0
				$ -		0	0	0	0	0	0	0	0	0	0	0
				$ -		0	0	0	0	0	0	0	0	0	0	0
						0	0	0	0	0	0	0	0	0	0	0
						0	0	0	0	0	0	0	0	0	0	0
						0	0	0	0	0	0	0	0	0	0	0
(13) LESS any Reductions	Consent Decree															
LESS any Reductions	Consent Decree															
Total Units		**0**				-	-	-	-	-	-	-	-	-	-	-
Total Capital Funds				$ -		-	-	-	-	-	-	-	-	-	-	-

II certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Signature: Title: Date:

Capital Fund Financing Program
Portfolio Schedule Form

OMB Approval No. 2577-0157
(exp. 1/31/2017)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0208
(exp. 11/2008)

(1) **PHA Name**		0
(2) PHA Number		0
(3) Date Submitted		1/0/1900
Person Completing Form/ Contact Person		
Contact Phone Number		
e-mail		
(4) Portfolio Changes Planned		
(a) Demolition or Disposition		
(b) Unit Consolidation or Merger		
(c) New Development with approved development proposal		
(d) Other (select from List)		
(5) FY of Most Recent Capital Fund Grant		
(6) 1st Year of CFP for Debt Service Payment		

(7) HUD Project Number	(8) Project Name	11	12	13	14	15	16	17	18	19	20	Total Units Removed	
		0	0	0	0	0	0	0	0	0	0		
		0	0	0	0	0	0	0	0	0	0		
		0	0	0	0	0	0	0	0	0	0		
		0	0	0	0	0	0	0	0	0	0		
		0	0	0	0	0	0	0	0	0	0		
		0	0	0	0	0	0	0	0	0	0		
		0	0	0	0	0	0	0	0	0	0		
		0	0	0	0	0	0	0	0	0	0		
		0	0	0	0	0	0	0	0	0	0		
		0	0	0	0	0	0	0	0	0	0		
(13) LESS any Reductions	Consent Decree												Less any reductions
LESS any Reductions	Consent Decree												Less any reductions
Total Units		-	-	-	-	-	-	-	-	-	-	-	
Total Capital Funds		-	-	-	-	-	-	-	-	-	-		

Capital Fund Financing Program
Portfolio Schedule Form

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157
(exp. 1/31/2017)

(1) PHA Name	
(2) PHA Number	
(3) Date Submitted	
Person Completing Form/ Contact Person	
Contact Phone Number	
e-mail	
(4) Portfolio Changes Planned	
(a) Demolition or Disposition	
(b) Unit Consolidation or Merger	
(c) New Development with approved development proposal	
(d) Other (select from List)	
(5) FY of Most Recent Capital Fund Grant	
(6) 1st Year of CFP for Debt Service Payment	

(7) HUD Project Number	(8) Project Name	(9) Number of Units Under ACC	(12) Comments	0	1	2	3	4	5	6	7	8	9	10	11
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(13) LESS any Reductions	Consent Decree	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LESS any Reductions	Consent Decree	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Units		**0**		-	-	-	-	-	-	-	-	-	-	-	-

I, the undersigned, hereby certify that the existing and projected number of units are true and correct to the best of the PHA's knowledge, and that the numbers for existing units agree with data in PIC.

Signature: Title: Date:

Capital Fund Financing Program
Portfolio Schedule Form

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157
(exp. 03/31/2020)

(1) **PHA Name**		0
(2) PHA Number		0
(3) Date Submitted		1/0/1900
Person Completing Form/ Contact Person		
Contact Phone Number		
e-mail		
(4) Portfolio Changes Planned		
(a) Demolition or Disposition		
(b) Unit Consolidation or Merger		
(c) New Development with approved development proposal		
(d) Other (select from List)		
(5) FY of Most Recent Capital Fund Grant		
(6) 1st Year of CFP for Debt Service Payment		

(7) HUD Project Number	(8) Project Name	12	13	14	15	16	17	18	19	20	Total Units Removed	
0	0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0	0		
(13) LESS any Reductions	Consent Decree	0	0	0	0	0	0	0	0	0		Less any reductions
LESS any Reductions	Consent Decree	0	0	0	0	0	0	0	0	0		Less any reductions
Total Units		-	-	-	-	-	-	-	-	-	-	