 **HOUSING TRUST FUND**

 **OPERATING and MAINTENANCE FUND**

Quarterly

O&M Project Performance Report

**(Submit an O&M Project Performance Report with each Quarterly reimbursement request.)**

**(This form is for Quarterly reporting only: provide occupancy data for last day of each month in the quarter.)**

**O&M Grant Number:**

**REPORT FOR THE PERIOD ENDING: (Months in Quarter)**

1. **Organization Name:**
2. **Project Name:**
3. **Brief description of tenant population:**
4. **Occupancy Data: Provide Occupancy of units at Last Day of Month:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month & Year** | **Total Units in Project** | **Units (≤) equal to or less than** **30% AMI** | **Units (>) Greater than** **30% AMI or S8 unit not eligible for funding** | **% O&M – eligible\*** |
| **Total O&M Units per C**ontract @ 30% | **O&M 30% AMI Units Occupied** | **O&M 30% AMI Units Vacant** | **Total O&M Units over 30% or have S8** | **O&M Units Occupied** | **O&M Units Vacant** |
| Example: Sept 2018 | 45 | 8 | 5 | 2 | 1 | 0 | 1 | +7/8=88% |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**\* % O&M-eligible =** (30% AMI units occupied + 30% AMI units vacant)/30% AMI units contracted.

(The % of O&M expenses eligible\* for reimbursement will be reduced if some O&M project units serve tenants that have incomes greater than 30% AMI) Only units @ 30% are eligible to receive reimbursement and do not receive S8.

1. **For Operating Reserves that have been or are being funded with HTF O&M funds, please complete the chart below. (This chart should only include HTF O&M funds that have been deposited to Operating Reserves.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Beginning Balance: | $ |
| Date | Explain All Withdrawals & Deposits to Operating Reserves for the period ending covered in this report | Withdrawals  | Deposits  | Reserve Balance  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Ending Balance: | $ |

1. **For Replacement Reserves that have been or are being funded with HTF O&M funds, please complete the chart below. (This chart should only include HTF O&M funds that have been deposited to Replacement Reserves.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Beginning Balance:** | **$** |
| **Date** | **Explain All Withdrawals & Deposits to Replacement Reserves for the Period Ending covered in this report** | **Withdrawals** | **Deposits** | **Reserve Balance** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Ending Balance:** | **$** |

1. **Has the amount of other funding/subsidies changed recently? Please explain.**

Completed By: Title:

Email Address: Date:

Telephone #: