

ATTACHMENT 3

Operating Fund Calculation of Operating Subsidy PHA-Owned Rental Housing

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

epartment of Housing	OMB Approval No. 2577-0029 (exp.10/31/200
Anna and An	

Section 1												
a) Name and Address of Public Housing Agency							b) Budget Submission to HUD required Yes No					
Town of Chapel Hil/Housing						c) Type of Submission						
317 Caldwell Street Ext.						, ,	` ⊠	Original				
Chape	Hill, N. C.	27516] Revisio	
d) No.	of HA Units	e) Unit Months Available (UMAs)	f) Subject FYE	g) ACC Num	ber	h) Ope	_					i) DUNS Number
335		4,020	06/30/2006	A-3963		N C	0 4	6	0 0	1 0	6 J	075563783
				Se	ction 2							
Line								R			/ PHA	HUD Modifications
No.			Description						. (PUM)		(PUM)
Part /	A. Allowabl	e Expenses and	Additions									
01		llowable expense	level (Part A, Line 08	of form HUE	0-52723 for	previo	us				331.40	
00	year)	e 01 multiplied by	005					+	1.66			
02			-B, if applicable (see	instructions)				+			1.00	
03			latest form HUD-527		Γ		336	3		··· . · · ·		
U4 	instructions	3)							<u>.</u>			
05			se level from previous	s fiscal year (see instruc	tions)		<u> </u>				
06	Total of Pa	rt A, Lines 01, 02,	, 03 and 05								333.06	
07	Inflation fa										1.030	
08	Revised al	lowable expense l	evel (AEL) (Part A, L	ine 06 times	Line 07)						343.05	
09	Transition											
10	Increase to							<u> </u>				
<u>11</u>			evel from form HUD-5					ļ.,			30.40	
12			dent Audit (IA) (Thro	ugh FYE	_)						1.95	
13	Costs attrib	outable to deprogr	ammed units					1				
14			and Additions (Sum	of Part A, Li	nes 08 thru	13)					375.40	
Part I		Rental Income			Ta '			_				
01		oll (as of 2/1/2005			\$		27,057					
02		occupied units as					311	_				
03		onthly dwelling re ar (Part B, Line 01	ntal charge per unit f + Line 02)	or current			87.00					
04	Average m	onthly dwelling re	ntal charge per unit f	or prior			90.86	6				
05	Average m	onthly dwelling re	ntal charge per unit t	or budget			107.89	9				
06		average monthly	dwelling rental char	ge per unit			95.00	D				
	([Part B, Li	ne 03+Line 04+Li	ne 05]÷ 3)		ļ		<u> </u>					
<u>07</u>			Line 03 + Line 06] + :		<u> </u>		87.00)			07.00	
08			ntal charge per unit (lesser of Pan	t B, Line 03	or Line	907)	140			87.00	
09	Rental income adjustment factor Projected average monthly dwelling rental charge per unit (Part B, Line 08 times Line			1.0	3		00.00	1.				
10	Projected a 09)	average monthly o	lwelling rental charge	e per unit (Pa	rt B, Line 0	8 times	Line				89.00	
11	Projected occupancy percentage from form HUD-52728						97%	%				
12									86.00			
Part (Iling Income						-				
01	Other inco							Т				
02	Total oper	ating receipts (P	art B, Line 12 plus P	art C, Line 01)						86.00	
03	PUM deficit or (Income) (Part A, Line14 minus Part C, Line 02)			\top			289.40					
							·	F		sted b	y PHA	HUD Modifications (Whole dollars)
24	D-6-4 /		ld-ons (Part C, Line (12 times Sect	ion 1 o			4	(AAUC		iars) ,163,388	
04	menciror (income) perore ac	n-ous teau r' rue r	m nines seci	ш.т.е)				*		, 100,000	4

	©						
			Project Number:				
Line			Requested by PHA	HUD Modifications			
No.	Description		(Whole Dollars)	(Whole Dollars)			
	D. Add-ons for changes in Federal law or regulation and ot FICA contributions	her eligibility	07.004	r 			
01			37,224				
02	Unemployment compensation						
03 04	Family Self Sufficiency Program						
05	Energy Add-On for loan amortization Unit reconfiguration						
06	Non-dwelling units approved for subsidy						
07	Long-term vacant units						
08	Phase Down for Demolitions						
09	Units Eligible for Resident Participation:	311					
UĐ	Occupied Units (Part B, Line 02)	311					
10	Employee Units						
11	Police Units						
12	Total Units Eligible for Resident Participation						
	(Sum of Part D, Lines 09 thru 11)						
13	Funding for Resident Participation (Part D, Line 12 x \$25)		7,775	<u></u>			
14	Other approved funding, not listed (Specify in Section 3)		7,770				
15	Total add-ons (sum of Part D, Lines 01, 02, 03, 04, 05, 06, 07	, 08, 13 and 14)	44,999				
Part E	Calculation of Operating Subsidy Eligibility Before Adjus		1.,000	L			
01	Deficit or (Income) before adjustments (Total of Part C, Line 04	1,208,387					
02	Actual cost of Independent Audit (IA)		,,,,				
03	Operating subsidy eligibility before adjustments (greater o	f Part E, Line 01 or Line	1,208,387				
	02) (If less than zero, enter zero (0))						
Part F	F. Calculation of Operating Subsidy Approvable for Subject	Fiscal Year (Note: Do n	ot revise after the end of	the subject FY)			
01	Utility Adjustment for Prior years		•				
02	Additional subject fiscal year operating subsidy eligibility (spec	ify)					
03	Unfunded eligibility in prior fiscal years to be obligated in subje	ct fiscal year					
04	HUD discretionary adjustments						
05	Other (specify)						
	Other (specify)						
07	Unfunded portion due to proration		(84,587)	(
	Net adjustments to operating subsidy (total of Part F, Lines 01						
09	Operating subsidy approvable for subject fiscal year (total	of Part E, Line 03 and	1,123,800				
	Part F, Line 08)						
HUD Use Only (Note: Do not revise after the end of the subject FY)							
10	Amount of operating subsidy approvable for subject fiscal year not funded (
11	Amount of funds obligated in excess of operating subsidy appr	ovable for subject fiscal		•			
40	year	00.4					
12	Funds obligated in subject fiscal year (sum of Part F, Lines (Must be the same as line 690 of the Operating Budget, form HUD-52564, for the						
	Appropriation symbol(s):						
				•			
Part G	6. Memorandum of Amounts Due HUD, Including Amounts	on Repayment Schedul	es	, .			
01	Total amount due in previous fiscal year (Part G, Line 04 of for	m HUD-52723 for					
	previous fiscal year)						
02	Total amount to be collected in subject fiscal year (Identify indi-	vidual amounts under	(·)	(

Previous edition is obsolete for PHA Fiscal Years
beginning 1/1/2004 and thereafter

Section 3)

03

04

Total additional amount due HUD (include any amount entered on Part F, Line 11)

(Identify individual amounts under Section 3)

Total amount due HUD to be collected in future fiscal year(s) (Total of Part G, Lines 01 thru 03) (Identify individual amounts under Section 3)

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	w	F	roject Number:	•			
Line	Dt-lk		Requested by PHA	HUD Modifications			
No.	Description H. Calculation of Adjustments for Subject Fiscal Year		(Whole Dollars)	(Whole Dollars)			
This part is to be completed only after the subject fiscal year has ended							
01	Indicate the types of adjustments that have been reflected on this form	1:					
	☐ Utility Adjustment ☐ HUD discretionary adjustment						
	(Specify under Section 3)						
	Utility adjustment from form HUD-52722-B						
03	Deficit or (Income) after adjustments (total of Part E, Line 01 and Part	H, Line 02)					
	Operating subsidy eligibility after year-end adjustments (greater of Pa Part H, Line 03)						
05	Part E, Line 03 of latest form HUD-52723 approved during subject F) (Do not use Part E, Line 03 of this revision)						
06	Net adjustments for subject fiscal year (Part H, Line 04 minus Part H,	Line 05)					
07	Utility adjustment (enter same amount as Part H, Line 02)						
08	Total HUD discretionary adjustments (Part H, Line 06 minus Line 07)						
	Unfunded portion of utility adjustment due to proration						
10	Unfunded portion of HUD discretionary adjustment due to proration						
11	Prorated utility adjustment (Part H, Line 07 plus Line 09)	·					
12	Prorated HUD discretionary adjustment (Part H, Line 08 plus Line 10)						
D	Section 3 rks (provide part and line numbers)	·					
, i tema	into (provide part and line fluttibets)						
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		,					
	•						
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, 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)						
Signature of Authorized HA Representative & Date: Signature of Authorized Field Office Representative				entative & Date:			
gu.	O	Signature of Authorized Field Office Representative & Date:					
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