

**STATE HOUSING
BALANCE SHEET / OPERATING STATEMENT**

1. Use the Tab button to navigate through the forms.
Cells are locked to protect the formulas
2. Input information in all sheets (see gray tabs at bottom of page)
3. The following accounts should be inputted as negative numbers:
 3210 Dwelling Vacancy Loss
 4130.1 Less: Legal Charges to Tenants
 6100 Extraordinary Income
4. Account 1504.1 assumes the current year's Congregate net program cost.
5. On the Analysis of Retained Earnings sheet, cell G-56 can be manually changed. The area accounts for the State Service Fees when using the APTS II program. If you are paying your State Service Fee to CHFA, put "0" in this cell.

Project Name: _____

Project #: _____

Sponsor/Authority Name: _____

**ADMINISTRATION FUND
BALANCE SHEET**

As of: _____

ASSETS

1111	Cash-Checking	_____	
1113	Reserve Cash-Saving and Investments	_____	
1114	Restricted Cash-Security Deposits	_____	
1115	Restricted Cash-Special Deposits	_____	
1116	Restricted Cash-Sales Program	_____	
1117	Petty Cash Fund	_____	
1118	Change Fund	_____	
	Total Cash	_____	\$ -
1122	Tenants' Accounts Receivable	_____	
1123	Vacated Tenants' Accounts Receivable	_____	
	Total Tenants' Accounts Receivable	\$ -	
1123.1	Less: Allowance for Collection Loss	_____	
	Net Tenants' Accounts Receivable	\$ -	
1124.1	Unissued State Subsidy - Congregate	_____	
1124.2	Unissued State Subsidy - Congregate	_____	
1125	Housing Assistance Payments Receivable	_____	
1126.1	Rehabilitation Funds Receivable, No.	_____	
1126.2	Rehabilitation Funds Receivable, No.	_____	
1128	Accounts Receivable-ineligible program costs	_____	
1129	Sundry Accounts Receivable	_____	
1145	Accrued Interest Receivable	_____	
1155	Advances to Revolving Fund	_____	
1156	Advances for Travel	_____	
	Total Accounts Receivable	_____	\$ -
1211	Unexpired Insurance	_____	
1212	Anticipated Dividends	_____	
1269	General Stores	_____	
	Total Deferred Charges and Prepayments	_____	\$ -
1405	Development Cost	_____	
1430	Furniture and Equipment	_____	
1440	Capital Improvements - State Rehab. Grants/Loan	_____	
	Total Fixed Assets	_____	\$ -
1501	Payroll Clearance	_____	
1502	Insurance Claims Clearance	_____	
1503.1	Rehabilitation Program Expenditures, No.	_____	
1503.2	Rehabilitation Program Expenditures, No.	_____	
1504.1	Net Program Cost Congregate - Contract No.	_____	
1504.2	Net Program Cost Congregate - Contract No.	_____	
1505	Incomplete Contracts	_____	
1507	RAP Subsidy Payments - Elderly Program Only	_____	
1508	Resident Services Coordinator Expenses-Elderly Program Only	_____	
1509	DECD Rental Subsidy (Congregate Program)	_____	
	Total Clearance	_____	\$ -
TOTAL ASSETS			\$ -

Project Name: _____

Project #: _____

Sponsor/Authority Name: _____

**ADMINISTRATION FUND
BALANCE SHEET**

LIABILITIES

2110	Administration Fund Creditors	_____	
2111	Contract Awards	_____	
2112	Contract Retentions	_____	
2113	ALSA Escrow-DSS Tenants and DECD Tenants	_____	
2116	Tenants' Security Deposits	_____	
2117	Payroll Deductions	_____	
2119	Sundry Accounts Payable	_____	
2120	Undistributed Proceeds - Sales Program	_____	
	Total Accounts Payable	_____	\$ -

2131	Accrued Interest and Principal - Mortgage	_____	
2131.1	Accrued Interest and Principal - Rehab. Loar	_____	
2135	Accrued Salaries and Wages	_____	
2135.1	Accrued Compensated Absences	_____	
2136	Accrued State Service Charge	_____	
2137	Accrued Liability to Municipalities	_____	
	In Lieu of Taxes (or Ad Valorem Taxes, if Applicable)	_____	
2139	Accrued Payroll Taxes	_____	
	Total Accrued Expenses	_____	\$ -

2240	Tenants' Prepaid Rents	_____	
2313	Indebtedness to the State of Connecticut - Mortgage	_____	
2313.1	Debt Retirement - Mortgage	_____	\$ -
2314	Indebtedness to the State of Connecticut - Rehabilitation Loan	_____	
2314.1	Debt Retirement - Rehabilitation Loar	_____	\$ -
	Total Long Term Liabilities	_____	\$ -

TOTAL LIABILITIES \$ -

EQUITY

2810	Capital Grant by the State of Connecticut	_____	
2810.1	Contribution by the State of Connecticut - Interest Earned on Development Advances	_____	
2811.1	State Subsidy Authorized - Congregate	_____	
2811.2	State Subsidy Authorized - Congregate	_____	
2813	Valuation of Fixed Assets	_____	
2814	Contribution by the Municipality	_____	
2814.3	Gifts and Donations	_____	
2820.1	Rehabilitation Funds Authorized, No	_____	
2820.2	Rehabilitation Funds Authorized, No	_____	
2821	Capital Grant by the State of Connecticut -Rehabilitatio	_____	
2825	Mortgage Loan Liquidation	_____	
2826	Rehabilitation Loan Liquidation	_____	
2827	Rental Assistance Grant Authorized-Elderly Program Only	_____	
2827.1	Rental Assistance Grant Unissued-Elderly Program Only	_____	
2828	Resident Services Coordinantor Grant Authorized-Elderly Program Only	_____	
2828.1	Resident Services Coordinator Grant Unissued-Elderly Program Only	_____	
2830	Unappropriated Retained Earnings	\$ -	
2830.1	Income and Expense Clearance	\$ -	
2830.2	Prior Year Adjustments	_____	
2830.3	Retained Earnings Appropriated for Developmen Improvements	\$ -	
2830.4	Retained Earnings Appropriated for Repairs. Maintenance and Replacements RM&R)	\$ -	
2830.5	Retained Earnings Appropriated for the Authorities Project Tenant Support (APTS) Program	\$ -	

Total Retained Earnings \$ -

TOTAL EQUITY \$ -

TOTAL LIABILITES AND EQUITY \$ -

Project Name: _____ Project #: _____

Sponsor/Authority Name: _____

**ADMINISTRATION FUND
OPERATING STATEMENT**

For the Quarter Ending: _____ # months
 No. of Dwelling Units: _____
 No. of Unit Months: _____

		Budget Amount	PUM	Actual Amount	PUM
INCOME					
3100	Rental Income - Base	_____	_____	_____	_____
3100.1	Rental Income - Excess of Base	_____	_____	_____	_____
3110	Excess Utilities	_____	_____	_____	_____
3120	Surcharges	_____	_____	_____	_____
	Total Rental Income	\$ -	_____	\$ -	_____
3210	Dwelling Vacancy Loss	_____	_____	_____	_____
3220	Dwelling Vacancy Subsidy	_____	_____	_____	_____
	Net Rental Income	\$ -	_____	\$ -	_____
3300	Non Dwelling Rental Income	_____	_____	_____	_____
3510	Sales and Service to Tenants (including Cable TV fee	_____	_____	_____	_____
3610	Interest Income	_____	_____	_____	_____
3620	Other Income	_____	_____	_____	_____
	GROSS INCOME	\$ -	_____	\$ -	_____
EXPENSE					
4120	Salaries - Office	_____	_____	_____	_____
4120.1	Compensated Absences-Administrative Salaries	_____	_____	_____	_____
4130	Legal and Other Services	_____	_____	_____	_____
4130.1	Less: Legal Charges to Tenants	_____	_____	_____	_____
4131	Accounting Fees	_____	_____	_____	_____
4132	Management Fees	_____	_____	_____	_____
4151	Office Supplies	_____	_____	_____	_____
4152	Rents	_____	_____	_____	_____
4153	Travel	_____	_____	_____	_____
4159	Other Office Expense	_____	_____	_____	_____
4160	Pensions and Other Funds	_____	_____	_____	_____
4161	Payroll Taxes	_____	_____	_____	_____
	Total Management Expense	\$ -	_____	\$ -	_____
4310	Water	_____	_____	_____	_____
4320	Electricity	_____	_____	_____	_____
4330	Gas	_____	_____	_____	_____
4340	Fuel	_____	_____	_____	_____
4350	Cable Television	_____	_____	_____	_____
4360	Sewer	_____	_____	_____	_____
	Total Utility Expense	\$ -	_____	\$ -	_____
4410	Maintenance Wages	_____	_____	_____	_____
4410.1	Compensated Absences-Maintenance Wages	_____	_____	_____	_____
4420	Materials and Supplies	_____	_____	_____	_____
4430	Contractual Services	_____	_____	_____	_____
4440	Maintenance & Shop Equipment Expense	_____	_____	_____	_____
	Total Maintenance Expense	\$ -	_____	\$ -	_____
4710	Refuse Removal	_____	_____	_____	_____
4711	Insurance	_____	_____	_____	_____
4715	Pilot or Taxes	_____	_____	_____	_____
4716	State Service Charge	_____	_____	_____	_____
4717	Interest Expense	_____	_____	_____	_____
	Total Other Expense	\$ -	_____	\$ -	_____
4810	Provision for Repairs,Maint. & Replacements	_____	_____	_____	_____
4820	Provision for Collection Loss	_____	_____	_____	_____
	Total Provisions	\$ -	_____	\$ -	_____
4910	Principal Payment-Mortgage	_____	_____	_____	_____
4920	Principal Payment-Rehabilitation Loan	_____	_____	_____	_____
	Total Principal Payments	\$ -	_____	\$ -	_____
6100	Extraordinary Income	_____	_____	_____	_____
6200	Extraordinary Expense	_____	_____	_____	_____
	TOTAL EXPENSES	\$ -	_____	\$ -	_____
	NET GAIN (LOSS) FOR THE PERIOD	\$ -	_____	\$ -	_____

Project Name: _____

Project #: _____

Sponsor/Authority Name: _____

**ADMINISTRATION FUND
ANALYSIS OF RETAINED EARNINGS**

As of: _____

ANALYSIS OF UNAPPROPRIATED RETAINED EARNINGS (2830.1, .2)

	Balance Fiscal Balance Calendar	July 1, _____ January 1, _____	
Add: Operating Gain (2830.1)		\$ -	
Prior Year Adjustments (2830.2)		\$ -	
Other Adjustment: _____		_____	\$ -
Deduct: Operating Loss (2830.1)		_____	
Prior Year Adjustments (2830.2)		_____	
Other Adjustment: _____		_____	\$ -
Balance as of: _____			\$ -

ANALYSIS OF RETAINED EARNINGS APPROPRIATED FOR DEVELOPMENT IMPROVEMENTS

(2830.3)

	Balance Fiscal Balance Calendar	July 1, _____ January 1, _____	
Deduct: Total Charges to Retained Earnings Appropriated for Development Improvements as Approved by DEC: (Per Attached Schedule		\$ -	\$ -
Balance as of: _____			\$ -

**ANALYSIS OF RETAINED EARNINGS APPROPRIATED FOR REPAIRS, MAINTENANCE AND
REPLACEMENTS (2830.4)**

	Balance Fiscal Balance Calendar	July 1, _____ January 1, _____	
Add: Provision		\$ -	
Other Adjustment: _____		_____	\$ -
Deduct: Total Charges to Retained Earnings Appropriated for RM&R (Per Attached Schedule)		\$ -	
Other Adjustment: _____		_____	\$ -
Balance as of: _____			\$ -

**ANALYSIS OF RETAINED EARNINGS APPROPRIATED FOR
the AUTHORITIES PROJECT TENANT SUPPORT (APTS II) Program (2830.5)**

	Balance Fiscal Balance Calendar	July 1, _____ January 1, _____	
Add: State Service Charge Provision		\$ -	
Other Adjustment: _____		_____	\$ -
Deduct: Total Charges to Retained Earnings Appropriated for APTS (Per Attached Schedule		\$ -	
Other Adjustment: _____		_____	\$ -
Balance as of: _____			\$ -

TOTAL RETAINED EARNINGS

\$ -

Project Name: _____ Project #: _____

Sponsor/Authority Name: _____

**ADMINISTRATION FUND
OPERATING STATEMENT - CONGREGATE SERVICES**

For the Quarter Ending: _____ - # months
 No. of Dwelling Units: 0
 No. of Unit Months: _____

	BUDGET Amount	P.U.M.	ACTUAL Amount	P.U.M.	VARIANCE
Revenue					
7010 Tenants' Contributions-Core Services					-
7020 Tenants' Contributions-Assist. Living Services					-
7011 Other Income/Meals					-
2811 State Subsidy- Core					-
2811 State Subsidy-Expanded Core					-
2811 State Subsidy-ALSA					-
Total Revenue Congregate Services	\$ -		\$ -		-

CONGREGATE CORE SERVICES

House Management

8101 Bookkeeping					-
8102 House Manager Salary					-
8103 Attendants' Wages					-
8104 O.T./Vacation Overlap					-
8105 Fringe Benefits					-
8106 Payroll Taxes					-
8107 Insurance-Workers Comp.					-
8108 Outside Security Services					-
Total Management	\$ -		\$ -		-

Housekeeping

8201 Chore Service Wages					-
8202 Cleaning Common Areas					-
8203 Laundry (Non Tenant)					-
8204 Cleaning Supplies					-
Total Housekeeping	\$ -		\$ -		-

Meal Expense

8301 Food Costs					-
8302 Meal Services					-
8303 Supplies/Utensils					-
8304 Utilities					-
Total Meals	\$ -		\$ -		-

Social Services

8401 Social Service Salary					-
8402 Supplies					-
Total Social Services	\$ -		\$ -		-

TOTAL EXPENSES -CORE SERVICES

\$ -		\$ -		-
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EXPANDED CORE SERVICES

9001 Resident Services Coordinator					-
9002 Wellness/Preventive Program					-
9003 Emergency Transportation					-
TOTAL EXPENSES- EXPANDED CORE	\$ -		\$ -		-

ASSISTED LIVING SERVICES

9004 Assisted Living					-
9005 Initial Assessment Eligibility					-
TOTAL ALSA EXPENSES	\$ -		\$ -		-

Total All Expenses

\$ -		\$ -		-
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1504 Net Program Cost (expenses minus revenue)	\$ -		\$ -		-
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Without DECD approval, expenses exceeding the authorized budget amount will be considered ineligible costs

Project Name _____ Project #: _____

Sponsor/Authority Name: _____

**ADMINISTRATION FUND
OPERATING STATEMENT - CONGREGATE SERVICES
SUPPLEMENTAL INFORMATION - PROGRAM COSTS**

1504 **Program Cost - Core Service**

Total Expenses - Core Services (Acct. 8101 thru 8402)	-
Less: Income - Acct. #7010 Tenant Contributions	-
Less: Income - Acct. #7011 Other Income	-
PROGRAM COST	\$ -

Less: DECD Core Service Subsidy Authorized (per M.Plan) _____ -

Due to DECD _____

Program Cost Exceeds Authorized Subsidy _____

1504 **Program Cost - Expanded Core Service**

Total Expenses - Expanded Core Services (Acct. 9001, 9002, 9003)	-
PROGRAM COST	\$ -

Less: DECD Expanded Core Service Subsidy Authorized (per M.Plan) _____ -

Due to DECD _____

Program Cost Exceeds Authorized Subsidy _____

1504 **Program Cost - Assisted Living Services (DECD Component)**

Total Expenses - Assisted Living Services (Acct. 9004 & 9005)	-
Less: Income - Acct. #7020 Tenant Contributions	-
PROGRAM COST	\$ -

Less: DECD ALSA Subsidy Authorized (per M.Plan) _____ -

Due to DECD _____

Program Cost Exceeds Authorized Subsidy _____