Appendix H

Financial Plan Form (Housing Only)

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Financial Plan

Housing Unit #	Name of Owner	Name of Occupant **(if rental property)** (indicate vacant if unoccupied)	**Type of Unit** (SB/Mod. or MHU)	Income	Activity (Rehab/Reco)	CDBG Cost *	Other Funds+	Total Cost	Lead Hazard Control **(25% of Total Cost) (Pre 1978 Rehab only)**	Type of Assistance

* If application is joint CDBG and CHIP the funds should not be mixed in a single unit. Proposed CHIP dollars should be identified as CHIP.

\+ If client participation is based on cost of rehab, use cost of rehab only (without lead) to determine required participation amount.

NOTE: Lead hazard control should be budgeted only for units constructed PRIOR to 1978 at 25% of total rehab cost.

REV 6/04