Exhibit H

Financial Plan

Unit #	Name of Owner	Occupant Name (if rental property) indicate if vacant or not	Property Address	Type of Unit (SB, Modular, MHU)	Income	Activity (rehab,recon)	CDBG Cost	Owner participation amount *	Total Cost	Lead Hazard Control (25% of Total Cost) (Pre 1978 Rehab only)	Type of Assistance

* If Owner participation amount is based on cost of rehab, use cost of rehab only (without Lead Hazard Control cost) 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.