



| II. Maximum Annual Contributions   | PHA Estimate (Housing Vouchers Only) |         | PHA Estimate Total | HUD Approved (Housing Vouchers Only) |         | HUD Approved Total |
|--|--------------------------------------|---------|--------------------|--------------------------------------|---------|--------------------|
|  | Housing Payments                     | PHA Fee |                    | Housing Payments                     | PHA Fee |                    |
| 16. Estimated Annual Housing Assistance Payments (form HUD-52672, Line 15)                                 |                                      |         |                    |                                      |         |                    |
| 17. Estimated Ongoing Administrative Fee (form HUD-52672, Line 18)   |                                      |         |                    |                                      |         |                    |
| 18. Estimated Hard-to-House Fee (form HUD-52672, Line 19)  |                                      |         |                    |                                      |         |                    |
| 19. Estimated Independent Public Accountant Audit Costs  |                                      |         |                    |                                      |         |                    |
| 20. Estimated Preliminary Administrative and General Expense (form HUD-52672, Lines 27 and 36)             |                                      |         |                    |                                      |         |                    |
| 21. Carryover of Preliminary Administrative and General Expense not Expended in the Previous FY Ending ( ) |                                      |         |                    |                                      |         |                    |
| 22. Estimated Non-Expendable Equipment Expense (form HUD-52672, Line 32)                                   |                                      |         |                    |                                      |         |                    |
| 23. Carryover of Non-Expendable Equipment Expense not Expended in the Previous FY Ending ( )               |                                      |         |                    |                                      |         |                    |
| 24. Total Annual Contributions Required—Requested Fiscal Year (Lines 16 through 23)                        |                                      |         |                    |                                      |         |                    |
| 25. Deficit at End of Current Fiscal Year—Estimated or Actual  |                                      |         |                    |                                      |         |                    |
| 26. Total Annual Contributions Required (Line 24 plus Line 25)   |                                      |         |                    |                                      |         |                    |
| 27. Estimated Project Account Balance at End of Requested Fiscal Year (Line 15 minus Line 26)              |                                      |         |                    |                                      |         |                    |
| 28. Provision for Project Account Requested Fiscal Year Increase (decrease) (Line 27 minus Line 14)        |                                      |         |                    |                                      |         |                    |

**III. Annual Contributions Approved**

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 29. Total Annual Contributions Approved/Requested Fiscal Year (Line 26 plus increase, if any, on Line 28)   |  |  |  |  |  |  |
| 30. Source of Total Contributions Approved/Requested Fiscal Year:<br>(a) Requested Fiscal Year Maximum Annual Contributions Commitment (Line 13 or Line 29, whichever is smaller) |  |  |  |  |  |  |
| (b) Project Account (Line 29 minus Line 30(a))  |  |  |  |  |  |  |

|                                |                   |   |                   |  |  |
|--------------------------------|-------------------|---|-------------------|--|--|
| Name of PHA Approving Official |                   | Name of Approving HUD Field Office Official |                   |  |  |
| Signature                      |                   | Signature                                   |                   |  |  |
| Title                          | Date (mm/dd/yyyy) | Title                                       | Date (mm/dd/yyyy) |  |  |