

**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

OMB Approval No. 2577-0157  
(Exp. 11/30/2008)

PHA/IHA Name	Comprehensive Grant Number
	FFY of Grant Approval

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	\$
B. Revised Funds Approved	\$
C. Funds Advanced	\$
D. Funds Expended (Actual Modernization Cost)	\$
E. Amount to be Recaptured (A-D)	\$
F. Excess of Funds Advanced (C-D)	\$

- That all modernization work in connection with the Comprehensive Grant has been completed;
- That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA have been fully paid;
- That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
- That the time in which such liens could be filed has expired.

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	Date
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**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
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The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
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Approved (Field Office Manager )	Date
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Public reporting burden for this collection of information is estimated to average 0.3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant and during implementation. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

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## Instructions for Preparation of Form HUD-52839—Actual Comprehensive Grant Cost Certificate

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### General Instructions:

Prepare and submit to the HUD Field Office an original and one copy of Form HUD-52839 for each terminated or completed annual grant under the Comprehensive Grant Program (CGP).

### Heading Instructions:

**PHA Name**—Enter the Public Housing Agency (PHA) name.

**Comprehensive Grant Number**—Enter the unique Comprehensive Grant Number for the grant for which this form is being submitted. This number is the same number as on Form HUD-52837, Annual Statement, for the same grant.

**Federal Fiscal Year of Grant Approval**—Enter the FFY in which the annual grant was originally approved.

### Line Instructions:

**Line 1A, Original Funds Approved**—For the identified grant, enter the total CGP funds originally approved by HUD through a CGP Amendment to the Consolidated Annual Contributions Contract(s).

**Line 1B, Revised Funds Approved**—For the identified grant,

enter the total revised CGP funds approved by HUD. This amount will generally be the same as the amount on Line 1A. This amount will be less than the amount on Line 1A where HUD is terminating the grant or otherwise recapturing grant funds.

**Line 1C, Funds Advanced**—For the identified grant, enter the total funds advanced by HUD. This amount may never exceed the amount on Line 1A and should be the same amount as on Line 1B.

**Line 1D, Funds Expended**—For the identified grant, enter the total funds expended (total cash disbursed) by the PHA. This amount may never exceed the amount on Line 1A and should be the same amount as on Line 1B.

**Line 1E, Amount To Be Recaptured (A minus D)**—For the identified grant, enter the amount to be recaptured by subtracting Line 1D from Line 1A.

**Line 1F, Excess of Funds Advanced (C minus D)**—For the identified grant, enter the excess of funds advanced by subtracting Line 1D from Line 1C; this is the amount to be remitted by the PHA to HUD. If Line 1D is greater than Line 1C, enter the figure in brackets; this is the amount of funds owed by HUD to the PHA.