

| 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

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|---|--|--|--|--|--|--|
| 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: (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)) | | | | | | |

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