



DEVELOPMENT ANNUAL BUDGET REPORT RESIDENT SERVICES (ADDENDUM B)

REPORT INFORMATION * Submit two (2) copies to MSHA.

| | | | | | | | | |
|---|--|---|-----------|---------------------------------|----------|-----|-----------|-----------|
| DEVELOPMENT | Name Location Number # of Units | Period Covered By This Budget Starting: Ending: | | | | | | |
| OWNER ENTITY | Name Address | RSC Name Date of Hire # Hrs this property | | | | | | |
| MANAGEMENT AGENT | Firm Address | Contact Title Telephone | | | | | | |
| BUDGETED DEVELOPMENT INCOME AND EXPENSES | Annual Budget This Year | PROJECTED | | Proposed Budget Next Year | MSHA USE | | | |
| | | Actual This Year | % Tot. | | Adjusted | | % Inc. | % Tot. |
| | | | | | Total | PUA | | |

| Resident Services Income | | | | | | | | |
|--|------------------------------------|-----|-----|--|-----|--|--|--|
| 01 | State Grant/Contract Reimbursement | | | | | | | |
| 02 | Federal Grant | | | | | | | |
| 03 | Housekeeping - Resident Fees | | | | | | | |
| 04 | Health Services - Resident Fees | | | | | | | |
| 05 | Transportation - Resident Fees | | | | | | | |
| 06 | Meals - Resident Fees | | | | | | | |
| 07 | Other | | | | | | | |
| 08 | Other | | | | | | | |
| 09 | Other | | | | | | | |
| Total Resident Services Income (Add to Schedule A, Line 49) | | \$0 | \$0 | | \$0 | | | |

| Resident Services Expenses | | | | | | | | |
|--|---|-----|-----|--|-----|--|--|--|
| 10 | Resident Service Coordination - Sal/Ben | | | | | | | |
| 11 | Resident Service Coordination - Other | | | | | | | |
| 12 | Housekeeping - Sal/Ben | | | | | | | |
| 13 | Housekeeping - Other | | | | | | | |
| 14 | Meals | | | | | | | |
| 15 | Transportation | | | | | | | |
| 16 | Health Services | | | | | | | |
| 17 | Newsletters/Publications | | | | | | | |
| 18 | Resident Education/Training | | | | | | | |
| 19 | Recreational Activities | | | | | | | |
| 20 | Resident Service Coordination - Training/Conferences | | | | | | | |
| 21 | Other | | | | | | | |
| Total Resident Services Expenses (Add to Schedule A, Line 37) | | \$0 | \$0 | | \$0 | | | |

| | | | | | | | |
|-----------------------------|-----|-----|--|-----|--|--|--|
| Net Income (Expense) | \$0 | \$0 | | \$0 | | | |
|-----------------------------|-----|-----|--|-----|--|--|--|

By _____

Date _____

MSHA Review
By _____