



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				
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By _____

Date _____

MSHA Review
By _____