

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE  
BUREAU OF HOUSING SERVICES

**HOMELESS HOUSING AND ASSISTANCE PROGRAM**

**ANNUAL REPORT FOR OPERATING PROJECTS**

Including Budget to Actual Report

Fiscal Year: \_\_\_\_\_

HHAC Contract Number: \_\_\_\_\_

HHAC ID Number: \_\_\_\_\_

**INSTRUCTIONS:** Please provide all information requested. A complete and timely Annual Report is required by your organization's Final Award/Loan Agreement with HHAC. If you have any questions regarding the report or need the electronic version of the report and budget to actual report format, contact the Asset Management Unit (AMU) at (518) 486-3433 or e-mail: [Brett.Hebner@otda.state.ny.us](mailto:Brett.Hebner@otda.state.ny.us). Return the completed report, the appropriate audited financial statements, proof of insurance, etc. to: **HHAC 40 North Pearl Street 10-A, Albany, NY 12243, Attn: Brett Hebner**

Project Sponsor: \_\_\_\_\_

Address:

Executive Director:

Phone: Fax: Email:

Contact Person: Title:

Phone: Fax: Email:

\* If site is owned by an organization other than the project sponsor, please provide the following information:

Property Owner:

Address:

Contact Person: Title:

Phone: Fax: Email:

\* If the site is managed by an organization other than the project sponsor, please provide the following information:

Management Company Name:

Address:

Contact Person: Title:

Phone Fax: Email:

**PROJECT INFORMATION**

**PROJECT TOTALS**

Number of Sites:

Total Number of Units in Project:

Total HHAP Units in Project:

Total HHAP Beds:

Is the project considered congregate or non-congregate?:  
(congregate projects typically offer shared bathing and/or kitchen facilities)

Population Housed (e.g. veterans, domestic violence victims, HIV/AIDS, etc.):

Housing Type (emergency, transitional or permanent):

Primary Revenue Source (e.g. Section 8, PA, tenant rents, other):

Does the project serve families, singles or both?:

**INDIVIDUAL SITE INFORMATION\***  
**Complete the information for each site**

Street Address: City/Town:

Zip:

County:

Number of HHAP Units:

Number of HHAP Beds:

Initial Date of Occupancy:

Building Description (single family, apartment building, etc.):

Facility Type (e.g. apartments, SRO, Shelter):

PROGRAM INFORMATION

1. For this reporting period (fiscal year), insert the **number** of referrals for the HHAP units by source:

- |     |   |     |                                    |
|-----|---|-----|------------------------------------|
| ___ | Emergency Housing/Shelter                         | ___ | Streets                            |
| ___ | Department of Homeless Services (DHS)             | ___ | Tier II Family Shelter             |
| ___ | Local DSS or Human Resources Administration (HRA) | ___ | Eviction from own apt/house        |
| ___ | HIV/AIDS Services Administration (HASA)           | ___ | Institution (jail, hospital, etc.) |
| ___ | Community Agency (specify)                        | ___ | Other (specify)                    |
- \_\_\_\_\_

**Please answer either Question 2 or 3 based on the type of project you are operating.** Question 2 deals with **vacancies**, which are typically tracked in projects that provide permanent housing, are apartments, and/or are non-congregate in design. Question 3 relates to **bed nights**, a measure which is typically appropriate for projects that provide emergency housing and/or are congregate in design. These are general guidelines to assist you in completing the report. There are exceptions and combinations. During this reporting period:

2. How many HHAP family vacancies occurred?: \_\_\_\_\_  
How many HHAP single vacancies occurred?: \_\_\_\_\_  
(A vacancy is defined as one unit vacant for one month)  
How many apartments are currently vacant?  
Family vacancies: \_\_\_\_\_  
Single vacancies: \_\_\_\_\_  
On average, how long is an apartment vacant?: \_\_\_\_\_  
Do you have a waiting list?: \_\_\_\_\_
3. How many HHAP bed nights were available?: \_\_\_\_\_  
(The number of bed nights available is = the number of beds x 365 days)  
How many HHAP bed nights were vacant: \_\_\_\_\_  
How many HHAP beds are currently vacant: \_\_\_\_\_  
On average, how long is a bed vacant? \_\_\_\_\_  
Do you have a waiting list? \_\_\_\_\_
4. How many HHAP tenants were evicted during the reporting period? Explain the cause(s) for each eviction:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

FINANCIAL/PROGRAM INFORMATION

**Please Check Off or Indicate N/A**

1. \_\_\_\_\_ Attach a current statement of any capital and replacement reserve accounts available for this project. If reserves were used during the year, provide a short explanation for the expenditure(s) (for what purpose, which funds and how much). Please indicate whether the reserves were initially capitalized by HHAC, LIHTC, or some other source.
2. \_\_\_\_\_ Annual deposits into an operating and replacement reserve account are typically required for HHAP projects, with few exceptions (such as “net deficit” funded programs). Provide an explanation for any under-funded reserve accounts.
3. \_\_\_\_\_ Attach the audited financial statements for your organization’s most recent fiscal year. The annual report schedule has been adjusted to provide six months from your organization’s fiscal year end to obtain the audit.
  - a) \_\_\_\_\_ If your organization is a subsidiary, please provide the parent organization’s most recent audited financial statements.
  - b) \_\_\_\_\_ If an affiliate organization such as a Limited Partnership or HDFC is the owner or operator of the project, please attach the most recent audited financial statements of both the Sponsor organization and affiliate(s).
4. \_\_\_\_\_ Complete the attached Budget to Actual Report for the HHAP project. If there are multiple sites, please submit one budget for each site and a combined budget. The line items may be adjusted to correspond to your particular budget items.
5. \_\_\_\_\_ Discuss any existing or potential problems (e.g., rent collection, unexpected repairs, taxes, insurance costs, other expenses, evictions, fundraising difficulties, etc.) including any management/operating issues with which you would like assistance. UAMU maintains contracts with Technical Assistance providers in various disciplines which may be able to assist your organization with the operation of your homeless project.

Attach the following information:

- \_\_\_\_\_ Documentation of current insurance coverage. **All policies must name the Homeless Housing and Assistance Corporation as an additional loss payee.**
- \_\_\_\_\_ An updated list of agency officers and board members for both the sponsor and affiliate organizations/property owner.
- \_\_\_\_\_ Proof of payment of property and sewer/water taxes (If exempt, please indicate).
- \_\_\_\_\_ A description of support services offered on and off site.
- \_\_\_\_\_ A description of specific tenant accomplishments as a result of receiving support services. (i.e. found employment, started or completed school or training program, stabilized personal finances, families reunited, etc.).
- \_\_\_\_\_ A current Rent Roll including rent sources and any arrearages.

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PROJECT LICENSING INFORMATION

If the project is licensed, certified or otherwise regulated by a State or local agency (other than HHAC), please provide the following information. Examples of such projects include Runaway and Homeless Youth Shelters, Office of Mental Health Community Residences, Tier II Facilities, Domestic Violence Programs, Group Homes, Office of Alcoholism and Substance Abuse Services Residential Treatment Programs.

Certifying Agency: \_\_\_\_\_

Type of Certificate: \_\_\_\_\_

Contact Person at Certifying Agency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Last Certification: \_\_\_\_\_

Total Units Certified: \_\_\_\_\_ Total Beds Certified: \_\_\_\_\_

HHAP Units Certified: \_\_\_\_\_ HHAP Beds Certified: \_\_\_\_\_

CERTIFICATION AND SIGNATURE

The undersigned certifies that all information contained in the report, is true, just and correct. Individual tenant files contain documentation that the tenants were homeless or at risk of being homeless. Records are available to support all information contained within.

Date: \_\_\_\_\_ Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_ Executive Director

Date: \_\_\_\_\_ By: \_\_\_\_\_ Board Chair