

**Pennsylvania Housing Finance Agency**

**Philadelphia Escrow Program Annual Budget (Form B)**

PHFA #:	Property Name:
Program Year:	
Annual Amount Requested for Escrow Funds:	
Contact Person:	Telephone:

**IF APPLICABLE**

Budget Category	Planned Expenses	Previous Year Actual Expenses	Previous Year Approved Budget
Personnel Title:			
1.			
2.			
3.			
4.			
5.			
Subtotal Personnel:			
Tax/Benefits @ _____ %			
<b>Total Payroll and Benefits</b>			
Program Expenses			
1.			
2.			
3.			
4.			
5.			
<b>Total Program Expenses</b>			
<b>Administrative Costs</b>			
<b>TOTAL EXPENSES</b>			

**Annual Supportive Services Plan:** The service provider must submit the proposed program and services to be offered to residents for the upcoming 12 month period with the annual budget. Please refer to the chapter on “Developing a Supportive Services Program” for information on the Agency’s guidelines for constructing an annual supportive services plan.

**For Previous Year Actual Expenses** (if applicable): Please explain excess expense or additional costs incurred if over 10% of budget category.