

Pennsylvania Housing Finance Agency

Philadelphia Escrow Program Distribution of Funds (Form A)

PHFA #:	Property Name:
Total Number of Units:	Service Provider:
Ten Yr. FSSP Escrow Amount:	FSSP Program Start Date:
Contact Person:	Telephone:

Ten Year Distribution of Funds

Year	Amount
Year One	
Year Two	
Year Three	
Year Four	
Year Five	
Year Six	
Year Seven	
Year Eight	
Year Nine	
Year Ten	
Total	

Distribution of Funds Narrative

Please include a narrative that explains what you anticipate the funds will cover during the ten year period. This narrative must correspond with the supportive services plan submitted and approved as part of the PennHOMES application. The Agency recognizes that residents' needs may change over the ten-year period, resulting in adjustments to the initial program budget projections.

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 @ _____ %			
Total Payroll and Benefits			
Program Expenses			
1.			
2.			
3.			
4.			
5.			
Total Program Expenses			
Administrative Costs			
TOTAL EXPENSES			

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.

**Pennsylvania Housing Finance Agency
Philadelphia Escrow and Waiver Programs**

Quarterly Activity Report

I. Participant Information

Quarter Ending:	PHFA Property #:
Site(s) Served:	Occupied Units/Total Units:
Service Provider:	Telephone:
Person Compiling Activity Report:	

II. Quantitative Program Data	Current Quarter	Year to Date Total
A. GENERAL INFORMATION		
1. Number of Family Needs Assessments completed		
2. Number of new residents		
3. Number of move-outs		
Positive: Family chooses to move w/ appropriate notice		
Negative: Eviction or family vacates without notice		
4. Resources Leveraged (Dollar Amount)		
B. FAMILY SUPPORTIVE SERVICES		
1. Total number of unduplicated group activities held		
2. Total number of unduplicated residents participating in group activities		
3. Total number of unduplicated direct services provided by on-site service provider to families		
4. Number of referrals made to outside service providers		
C. PROPERTY MANAGEMENT		
1. Number of referrals received from Property Management relating to lease violations		
2. Number of referrals received from Property Management relating to late payment or no payment of rent		
3. Number of referrals received from Property Management relating to poor housekeeping		
4. Number of referrals received from Property Management relating to potential evictions or actual evictions		

The worksheets labeled A-E will assist you in completing the above information. Please submit the worksheets with your quarterly activity report. If you have questions, call 610.270.1989.

PHFA Escrow and Waiver Programs Quarterly Report

Leveraged Resources (Worksheet A)

List the various agencies involved in helping to achieve Family Supportive Services Program goals this quarter. Be sure to state the type of assistance or support leveraged. Include the estimated in-kind cost, cash, or program dollars leveraged. Enter the total leveraged resources under Section A, General Information, line 4, of the Quarterly Activity Report form.

PHFA Property _____ Quarter Ending _____

EXAMPLE:

Agency	Type of Assistance or Support	Amount Leveraged
St. Neighborhood's Church	Donated space to hold 4 Workshops this quarter (usually charges \$50 an event).	\$200
Community Pool	Reduced tickets for swimming. Charges \$2 instead of \$3 (at 20 children x 4 trips this quarter)	\$80
Job Training Association	Employment Advisor on-site 4 hrs/wk to counsel interested residents. Estimated at \$12/hr for 12 weeks.	\$576
Property Management Co.	Provided subsidy for 8 children to attend summer camp (\$45 per child).	\$360
Summer Food Program	Provides lunch to 25 children for 10 weeks, three days a week. Estimated at \$1.50 per meal.	\$1,125
Local Grocery Store	Donated 10 gift certificates at \$5.00/each.	\$50
Total Leveraged Resources		\$2,391

Agency	Type of Assistance or Support	Amount Leveraged
TOTAL AMOUNT LEVERAGED (insert total Section A line 4)		

Philadelphia Escrow and Waiver Programs Quarterly Report

Unduplicated Group Activities (Worksheet B)

List type or name of activity, the sponsor, and unduplicated number in attendance. Transfer total number of activities listed in column 1 to Section B, Family Supportive Services, line 1, of the Quarterly Activity Report form. Transfer total of Unduplicated Number Attending to Section B, line 2 on the Quarterly Activity Report form.

PHFA Property _____

Quarter Ending _____

Activity	Sponsor	Frequency Offered	Unduplicated Number Attending
TOTAL:			

Philadelphia Escrow and Waiver Programs Quarterly Report

Property Management Referrals (Worksheet E)

Please include actions taken by the service provider and status or outcomes of those actions for all referrals received from property management. Enter totals for each type of referral in Section C, Property Management, lines 1-4, of the Quarterly Activity Report form. Note that you will need to combine figures for actual eviction and consideration for eviction for line 4.

PHFA Property _____

Quarter Ending _____

Type of Referral	No.	Actions Taken	Status or Outcome(s)
Lease Violation			
Late or Non Payment of Rent			
Poor Housekeeping			
Eviction (Actual)			
Eviction (Consideration)			
Other			