

CITY OF GAINESVILLE
HOME FINANCIAL REPORT

Attachment 3

A. Agency/Organization: _____

B. Reporting Period: _____

C. Program Revenues:	Approved Budget	Current Period	Cumulative to Date	Available Balance
1. City of Gainesville/HOME Funds	\$ -	\$ -	\$ -	\$ -
2. Subrecipient/Matching Funds	\$ -	\$ -	\$ -	\$ -
3. Program Income	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ -	\$ -	\$ -	\$ -

D. Program Expenditures:	Approved Budget	Current Period	Cumulative To Date	Available Balance
1. New Construction Costs	\$ -	\$ -	\$ -	\$ -
2. Rehabilitation Costs	\$ -	\$ -	\$ -	\$ -
3. Acquisition Costs	\$ -	\$ -	\$ -	\$ -
4. Relocation Costs	\$ -	\$ -	\$ -	\$ -
5. Other (Specify	\$ -	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -	\$ -
_____	\$ -	\$ -	\$ -	\$ -
Total Expenditures	\$ -	\$ -	\$ -	\$ -

E. HOME program income at the end of this reporting period: \$ -

F. HOME funds now requested: \$ -

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE DATA REPORTED HEREIN IS CORRECT.

Authorized signature: _____

Title: _____ Date: _____