

Year-End Settlement Statement
Suggested Format

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0149 (Exp. 7/31/2001)

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless that collection displays a valid OMB control number. Authority for this collection of information is the Housing and Community Development Act of 1987. Housing Agencies (HAs) required to maintain financial reports in accordance with accepted accounting standards to permit timely and effective audits. The financial records identify the amount of annual contributions that are received and disbursed by HAs. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

1. Public Housing Agency (HA) (name and address) KITSAP COUNTY CONSOLIDATED HOUSING AUTHORITY 9265 BAYSHORE DR. NW SILVERDALE, WA 98383		2. Project Number WA036VO0008-0010	3. Annual Contributions Contract Number WA036VO
4. Housing Program Type: <input type="checkbox"/> Rental Certificate <input checked="" type="checkbox"/> Rental Voucher <input type="checkbox"/> Moderate Rehab. <input type="checkbox"/> Section 23		5. HA Fiscal Year Ending Date: (mark one and complete the year) <input type="checkbox"/> March 31, ____ <input checked="" type="checkbox"/> June 30, 99 <input type="checkbox"/> Sept. 30, ____ <input type="checkbox"/> December 31, ____	
6. Number of Unit Months under Lease by Bedroom Size: 1BR		2BR	3BR
7. Average Tenant Contribution		4BR	5BR
8. Portability Accounts Payable -0-		Accounts Receivable -0-	

total = 673

Request is hereby made for the payment of annual contributions pursuant to the terms and conditions of the above numbered Annual Contributions Contract for the project and fiscal year shown above.

Part I. Request for Payment	Approved Budget Estimates (a)	HA Actuals Total (b)	HUD Approved Total (c)
Maximum Annual Contributions Available			
9. Maximum Annual Contributions Commitment (per ACC)		334,200.00	
10. Prorata Maximum Annual Contributions applicable to a Period of less than Twelve Months			
11. Contingency Reserve, ACC Program Reserve		167,644.00	(119,103)
12. Total Annual Contributions Available (sum of lines 9, 10, and 11)		501,844.00	382,741
Annual Contributions Required			
13. 4715 Housing Assistance Payments	222,312	236,538.15	
14. Security and Utility Deposit Fund (Section 23 Only)		-0-	
15. Ongoing Administrative Fees Earned	28,764	30,153.65	
16. Hard-to-House Fees Earned (Rental Certificates, Rental Vouchers, and Moderate Rehabilitation units converted to Rental Certificates)		-0-	
17. Actual Independent Public Accountant Audit Costs	500	-0-	
18. Total Preliminary Fees Earned		-0-	
19. Total Funds Required (sum of lines 13 thru 18)	251,576	266,691.60	
20. Deficit at End of Preceding Fiscal Year		-0-	
21. Program Receipts Other than Annual Contributions (3610, 3690, 7530, and Section 23 Security and Utility Deposits Repaid)		525.80	
22. Ongoing Fee Reduction			
23. Total Annual Contributions Required (line 19 plus line 20 minus line 21 minus line 22)	251,576	266,166.00	

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	Approved Budget Estimates (a)	HA Actuals Total (b)	HUD Approved Total (c)
Balance of Annual Contributions Available			
24. ACC Program Reserve Balance (Amount by which line 12 exceeds line 23)		235,678.00	116,575
25. Deficit (amount by which line 23 exceeds line 12)			
Provision for ACC Program Reserve			
a) Increase (Amount by which line 24 exceeds line 11)		68,034.00	
b) Decrease (amount by which line 11 exceeds line 24)			57,069
Year End Settlement			
27. Annual Contributions due for Fiscal Year (line 23 minus line 25)		266,166.00	
28. Total Partial Payments Approved by HUD for Fiscal Year		251,576.00	
29. Underpayment due HA (amount by which line 27 exceeds line 28)		14,590.00	
30. Overpayment due HUD (amount by which line 28 exceeds line 27)			
Part II. Operating Receipts			
31. 3300 Interest Earned on Operating Reserve		181.64	
32. 3300P Administrative Fee Income - Portable Certificates and Vouchers			
33. 3610 Interest Earned on General Fund Investment		525.80	
34. 3690 Other Income			
35. 7530 Receipts from Non-Expendable Equipment not Replaced			
36. Total Annual Contributions Required (line 23)		266,166.00	
37. Total Receipts (sum of lines 31 thru 36)		266,873.44	
Part III. Operating Expenditures			
38. 4715 Housing Assistance Payments	222,312	236,538.15	
39. Independent Public Accountant Costs (Section 8 only)	500	-0-	
40. Total Ongoing Administrative Expenses	28,764	31,173.64	
41. Total Preliminary Fees Earned			
42. Total Expenditures (sum of lines 38 thru 41)	251,576	267,711.78	
Prior Year Adjustments			
43. Affecting Residual Receipts (or Deficit) for Debit (Credit)			
44. Total Operating Expenses (line 42 plus line 43)		267,711.78	
45. Net Income (or Deficit) before Provision for Operating Reserve (line 37 minus line 44)		(838.35)	

	Approved Budget Estimates (a)	HA Actuals Total (b)	HUD Approved Total (c)
Part IV. Analysis of Operating Reserve			
46. Operating Reserve - Balance at Beginning of FY Covered by this Statement		3128.19	
47. Cash Deposits to (or Withdrawals from) Operating Reserve During Fiscal Year		-0-	
48. Net Income (or Deficit) before Provision for Operating Reserve (line 45)		3128.19	
Provision for Operating Reserve (Acct. 7016/Sec. 8; Acct. 7016.1/Rental Vouchers)			
49. Addition (The amount of income, if any, on line 48)			
50. Deduction (The amount of deficit, if any, on line 48)		(835.35)	
51. Operating Reserve - Balance at End of Fiscal Year Covered by this Statement (line 46 plus or minus line 47 plus line 49 or minus line 50)		2,289.84	

I Certify that: (1) housing assistance payments have been or will be made only in accordance with Housing Assistance Payments Contracts or Rental Voucher Contracts in the form prescribed by HUD and in accordance with HUD regulations and requirements; (2) units have been inspected by the HA in accordance with HUD regulations and requirements; and (3) this voucher for annual contributions has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Public Housing Agency KITSAP COUNTY CONSOLIDATED HOUSING AUTHORITY	Title of Authorized HA Official Roger Waid, Deputy Director	
	Signature of Authorized HA Official <i>Roger W. Waid</i>	Date 8/12/99

The Field Office has reviewed calculations of the Ongoing Administrative Fee. The HUD approved totals are the official totals as reported in HUD CAPs.

Name of Office Andrew R. Miller, Division Director Section 8 Financial Management Center	Signature of Director, Office of Public Housing	Date
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Overpayment to be offset \$ *Andrew R. Miller 1/5/00* Underpayment certified for payment to the HA \$ _____