SUPPORTIVE HOUSING PROGRAM
PROGRAM INCOME (PI) REPORT

Project Sponsor:_____ Contract Number: SHP_____

Contact Person:_____ Telephone:_____

E-mail Address:_____ City _____ ID Zip:_____

Income for the month of:_____ **DATE SUBMITTED:_____**

Property Address for which PI was received	**Amount of PI received**	**Date PI received**	**Cost for which PI was used** (SS for services, OP for operations. Please include specific line item.)	
			Total SS PI	**$**
			Total OP PI	**$**
			Total Program Income	**$**

CERTIFICATION: I certify that the above data is correct based on our (sponsor's) official accounting system and records, and the income shown has been received for the program stated, used towards costs for same program, and are in accordance with the contract terms and conditions. I further certify that all program income received is documented.

FOR IHFA USE ONLY

_____ _____

Authorized Sponsor Signature Date IHFA Reviewed

_____ _____

Printed Sponsor Name and Title IHFA Approved