

Housing Trust Fund Corporation  
 New York State HOME Program  
**CHDO OPERATING EXPENSE DETAIL FORM**

CHDO:		SHARS ID #:
VOUCHER #:		DATE:
Funds Expended:	This Period (__/__/__ to (__/__/__)	Total Requested to Date
<b>1. Personnel Services</b>		
	This Period	Total to date
Staff Salaries (list individually)		
a. Total salary		
1b. Fringe Benefits		
<b>2. Total Personnel Services</b>		
<b>3. OTPS (Specify)</b>		
<b>4. Other (Specify)</b>		
<b>5. Total</b> (add lines 2, 3, and 4)		