

**Title: SHIP Annual Report**  
**Collier County/Naples FY 2015/2016 Interim-2**

**Report Status: Unsubmitted**

**Form 1**

## SHIP Distribution Summary

### Homeownership

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
1	Purchase Assist					\$880,634.69	24
3	Owner Occupied Rehab					\$901,926.89	50
9	Acquisition / Rehab			\$112,000.00	2		
<b>Homeownership Totals:</b>				<b>\$112,000.00</b>	<b>2</b>	<b>\$1,782,561.58</b>	<b>74</b>

### Rentals

Code	Strategy	Expended Amount	Units	Encumbered Amount	Units	Unencumbered Amount	Units
<b>Rental Totals:</b>							
<b>Subtotals:</b>				<b>\$112,000.00</b>	<b>2</b>	<b>\$1,782,561.58</b>	<b>74</b>

### Additional Use of Funds

Use	Expended	Encumbered	Unencumbered
Administrative	\$110,568.42	\$55,443.98	
Homeownership Counseling			
Admin From Program Income		\$21,076.31	
Admin From Disaster Funds			

<b>Totals:</b>	<b>\$110,568.42</b>	<b>\$188,520.29</b>	<b>2</b>	<b>\$1,782,561.58</b>	<b>74</b>
----------------	---------------------	---------------------	----------	-----------------------	-----------

### Total Revenue (Actual and/or Anticipated) for Local SHIP Trust Fund

Source of Funds	Amount
State Annual Distribution	\$1,660,124.00
Program Income (Interest)	\$22,231.99
Program Income (Payments)	\$399,294.30
Recaptured Funds	
Disaster Funds	
Other Funds	
Carryover funds from previous year	\$ .00
<b>Total:</b>	<b>\$2,081,650.29</b>

**\* Carry Forward to Next Year: \$.00**

NOTE: This carry forward amount will only be accurate when all revenue amounts and all expended, encumbered and unencumbered amounts have been added to Form 1

### Rental Unit Information

Description	Eff.	1 Bed	2 Bed	3 Bed	4 Bed
-------------	------	-------	-------	-------	-------

√ The amount of rent charged for a rental unit based on the unit size complies with the Rent Limits posted on the Florida Housing website

### Recap of Funding Sources for Units Produced ("Leveraging")

Source of Funds Produced through June 30th for Units	Amount of Funds Expended to Date	% of Total Value
SHIP Funds Expended		
Public Moneys Expended		NaN
Private Funds Expended		NaN
Owner Contribution		NaN
Total Value of All Units	\$ .00	NaN

### SHIP Program Compliance Summary - Home Ownership/Construction/Rehab

Compliance Category	SHIP Funds	Trust Funds	% of Trust Fund	FL Statute Minimum %
Homeownership	\$1,782,561.58	\$1,660,124.00	107.38%	65%
Construction / Rehabilitation	\$1,273,926.89	\$1,660,124.00	76.74%	75%

### Program Compliance - Income Set-Asides

Income Category	SHIP Funds Expended	SHIP Funds Encumbered	SHIP Funds Unencumbered	Total of SHIP Funds	Total Available Funds % *
Extremely Low			\$100,000.00	\$100,000.00	4.80%
Very Low		\$56,000.00	\$610,000.00	\$666,000.00	31.99%
Low		\$56,000.00	\$631,292.20	\$687,292.20	33.02%
Moderate			\$441,269.38	\$441,269.38	21.20%
Over 120%-140%				\$ .00	.00%
<b>Totals:</b>	\$ .00	\$112,000.00	\$1,782,561.58	\$1,894,561.58	91.01%

### Project Funding for Expended Funds Only

Income Category	Total Funds Mortgages, Loans & DPL's	Mortgages, Loans & DPL Unit #s	Total Funds SHIP Grants	SHIP Grant Unit #s	Total SHIP Funds Expended	Total # Units
Extremely Low					\$ .00	0
Very Low					\$ .00	0
Low					\$ .00	0
Moderate					\$ .00	0
<b>Totals:</b>	\$ .00	0	\$ .00	0	\$ .00	0

### Form 3

#### Number of Households/Units Produced

Strategy	List Unincorporated and Each Municipality	ELI	VLI	Low	Mod	Total
Totals:						0

#### Characteristics/Age (Head of Household)

Description	List Unincorporated and Each Municipality	0 - 25	26 - 40	41 - 61	62+	Total
Totals:						0

#### Family Size

Description	List Unincorporated and Each Municipality	1 Person	2- 4 People	5 + People	Total
Totals:					0

#### Race (Head of Household)

Description	List Unincorporated and Each Municipality	White	Black	Hispanic	Asian	Amer-Indian	Other	Total
Totals:								0

#### Demographics (Any Member of Household)

Description	List Unincorporated and Each Municipality	Farm Worker	Devel. Disabled	Home-less	Elderly	Other	Other	Total
Totals:								0

#### Special Target Groups for Funds Expended (i.e. teachers, nurses, law enforcement, fire fighters, etc.) Set Aside

Description	Special Target Group	Expended Funds	Total # of Expended Units
-------------	----------------------	----------------	---------------------------

### Form 4

**Expended Funds**

Strategy	Full Name	Address	City	Zip Code	Expended Funds	Unit Counted
----------	-----------	---------	------	----------	----------------	--------------

Collier County/Naples 2015 Interim-2

**Form 5**

**Special Needs Breakdown**

**SHIP Expended and Encumbered for Special Needs Applicants**

Code(s)	Strategies	Expended Amount	Units	Encumbered Amount	Units
3	Owner Occupied Rehab				

**Special Needs Category Breakdown by Strategy**

Strategies	Special Needs Category	Expended Amount	Units	Encumbered Amount	Units
------------	------------------------	-----------------	-------	-------------------	-------

**LG Submitted Comments:**