

<b>Part 1: Individual Participants not in Families</b>	<b>Number of Participants</b>
Persons with:	
Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
<b>(a) Total Participants: (not in families)</b>	
<b>Part 2: Participants in Families</b>	
Persons with:	
Serious Mental Illness	
Chronic Substance Abuse Problems	
Both Serious Mental Illness & Chronic Substance Abuse Problems	
AIDS or Related Diseases	
Other Disabilities (specify)	
<b>(b) Total Participants: (in families)</b>	
<b>(c) Number of other Family Members Living with Participants</b>	
<b>Total Persons Served from Parts 1 and 2 [(a) + (b) +(c)]</b>	

Form HUD-40076-modified  
OMB Approval No. 3114-0001 (exp. 09/30/03)

### Section III. HUD Grant Application Requirements

grant execution to the following milestones:

*Part B. Shelter Plus Care Program (S+C) Application*

#### 5. Major Milestones

Please complete the chart by entering the number of months planned from

First unit occupied	Supportive services begin	Last unit occupied
months	months	months

### Section III. HUD Grant Application Requirements

*Part B. Shelter Plus Care Program (S+C) Application*

#### 6. Budget

Fill out the information requested for the S+C component you are requesting

funding for. Make certain that only one component (TRA, SRA, PRA without rehab) budget is completed in this section.

Requested subsidy cannot exceed current FMR unless an Exception Rent approval letter is attached.

#### 6.1. Tenant-based Rental Assistance (TRA) Project Budget

Applicants requesting TRA must complete the chart below showing the number of units expected to be used in your program. Multiply the applicable existing fair market rents (FMRs) as published in the **Federal Register** (FR)