

Quarterly reporting form for Texas Low Income Repair Assistance Program (LIRAP), Retrofit, and Accelerated Vehicle Retirement Program

Submission Date

Rpt Period Start Date

Rpt Period End Date

[COUNTY]

Name of County submitting this report:

Vendor ID

County Mailing Address

City

State

ZIP Code

Name of official representative of county (program manager or responsible party)

Title

Phone

[COG]

Name of COG preparing report on behalf of county (if applicable)

COG Representative Name (if applicable)

COG Representative Title (if applicable)

COG Phone

QUARTERLY SUMMARY DATA

Total number of applications **RECEIVED** this reporting period

Total number of applications **APPROVED** this reporting period

Total funds **RECEIVED** during this reporting period

	REPAIR ASSISTANCE	RETIREMENT	
Total funds DISBURSED during this reporting period for:	<input type="text" value="\$16,240.33"/>	<input type="text" value="\$144,000.00"/>	<input type="text" value="\$160,240.33"/>
Total # approved transactions during this reporting period:	<input type="text" value="28"/>	<input type="text" value="46"/>	<input type="text" value="74"/>
Total cost to the repair/retirement facilities:	<input type="text" value="\$21,914.93"/>	<input type="text" value="\$196,143.48"/>	<input type="text" value="\$218,058.41"/>
Total amount of funds paid to repair/retirement facilities:	<input type="text" value="\$16,240.33"/>	<input type="text" value="\$144,000.00"/>	<input type="text" value="\$160,240.33"/>

Total funds disbursed in excess of funds received this period: