

## 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 <b>DISBURSED</b> during this reporting period for: | <input type="text" value="\$132,897.20"/> | <input type="text" value="\$123,000.00"/> | <input type="text" value="\$255,897.20"/> |
| Total # approved transactions during this reporting period:    | <input type="text" value="235"/>          | <input type="text" value="40"/>           | <input type="text" value="275"/>          |
| Total cost to the repair/retirement facilities:                | <input type="text" value="\$158,112.89"/> | <input type="text" value="\$727,580.58"/> | <input type="text" value="\$885,693.47"/> |
| Total amount of funds paid to repair/retirement facilities:    | <input type="text" value="\$132,897.20"/> | <input type="text" value="\$123,000.00"/> | <input type="text" value="\$255,897.20"/> |

Total funds disbursed in excess of funds received this period: