

## 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="\$9,478.69"/>	<input type="text" value="\$135,500.00"/>	<input type="text" value="\$144,978.69"/>
Total # approved transactions during this reporting period:	<input type="text" value="17"/>	<input type="text" value="41"/>	<input type="text" value="58"/>
Total cost to the repair/retirement facilities:	<input type="text" value="\$11,481.80"/>	<input type="text" value="\$947,995.36"/>	<input type="text" value="\$959,477.16"/>
Total amount of funds paid to repair/retirement facilities:	<input type="text" value="\$9,478.69"/>	<input type="text" value="\$135,500.00"/>	<input type="text" value="\$144,978.69"/>

Total funds disbursed in excess of funds received this period: