1. Program Name and Unique Identifier:	17.3 HUD-VAS	H Rental Assistance	
2. Program Description (This sh	ould be the descrip	tion of the planned program.):	
Provide rental assistance for qualifying	Native American \	/eterans	
	ng in one activity, so	the Eligible Activity list. Do not combine that when housing units are reported in the or rental.):	17
4. Intended Outcome Number (Select one outcome	from the Outcome list.):	5
Describe Other Intended Outco	me (Only if you sele	ected "Other" above):	
5. Actual Outcome Number (In t	the APR identify the	actual outcome from the Outcome list.):	
Describe Other Actual Outcome	(Only if you select	ed "Other" above):	
	meless or at risk of	•	
Affairs Medical Center.	e, and who are refe	erred to the Housing Authority by the local \	
			/eteran's
7. Types and Level of Assistance each household, as applicable.): The program will provide monthly renta	ce (Describe the typ	erred to the Housing Authority by the local \ es and the level of assistance that will be proving families, based on local fair market rents	eteran's
7. Types and Level of Assistance each household, as applicable.): The program will provide monthly renta	ce (Describe the typ I subsidy to qualify not exceed 30% o	erred to the Housing Authority by the local \ es and the level of assistance that will be prove ing families, based on local fair market rents f their monthly adjusted income.	eteran's
7. Types and Level of Assistance each household, as applicable.): The program will provide monthly rentaensure that the participant's rent does	ce (Describe the typ I subsidy to qualify not exceed 30% o	erred to the Housing Authority by the local \ es and the level of assistance that will be prove ing families, based on local fair market rents f their monthly adjusted income.	eteran's
each household, as applicable.): The program will provide monthly renta ensure that the participant's rent does	ce (Describe the typ I subsidy to qualify not exceed 30% o	es and the level of assistance that will be proving families, based on local fair market rents their monthly adjusted income.	eteran's
7. Types and Level of Assistance each household, as applicable.): The program will provide monthly rentaensure that the participant's rent does 8. APR: Describe the accomplishing	ce (Describe the typ I subsidy to qualify not exceed 30% o	es and the level of assistance that will be proving families, based on local fair market rents their monthly adjusted income.	eteran's

APR: Actual Number of Units Completed in Program Year	APR: Actual Number of Households Served in Program Year	APR: Actual Number of Acres Purchased in Program Year	
1.10: APR: If the program is behi	ind schedule, expl	ain why. (24 CFR § 1000.512(b)(2))	

(11) Amended Sources of Funding (NAHASDA § 102(b)(2)(C)(i) and 404(b)) (Complete the <u>non-shaded</u> portions of the chart below to describe your estimated or anticipated sources of funding for the 12-month program year. APR Actual Sources of Funding -- Please complete the shaded portions of the chart below to describe your actual funds received. Only report on funds actually received and under a grant agreement or other binding commitment during the 12-month program year.)

			IHP					1	APR		
SOURCE	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(3)	(L)	(K)
	Estimated	Estimated	Estimated	Estimated	Estimated	Actual	Actual	Actual total	Actual funds	Actual	Actual
	no Junome	he received	of funds	funds to be	unexpended	amount on	amount	sources of	expended	unexpended	unexpended
	beginning of	during 12-	(A+B)	during 12-	remaining at	beginning of	during 12-	(F+G)	month	remaining at	obligated but
	program	month		month	end of	program	month		program	end of 12-	not expended
	year	program		program	program	year	program		year	month	at end of 12-
		year		year	year (c-b)		yca			(H-I)	program year
1. IHBG Funds	\$34,074,075	\$28,563,606	\$62,637,681	\$41,285,260	\$21,352,421			\$0		\$0	
2. IHBG Program Income	\$6,636,603	\$3,000,000	\$9,636,603	\$6,036,670	\$3,599,933			\$0		\$0	
3. Title VI	\$0	\$0	0\$	\$0	\$0			\$0		\$0	
4. Title VI Program Income	\$0	\$1,000,000	\$1,000,000	\$1,000,000	\$0			\$0		\$0	
5. 1937 Act Operating Reserves	\$0		\$0	\$0	\$0			\$0		\$0	
6. Carry Over 1937 Act Funds	\$0		\$0	\$0	\$0			\$0		\$0	
LEVERAGED FUNDS											
7. ICDBG Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
8. Other Federal Funds	\$0	\$194,405	\$194,405	\$194,405	\$0			\$0		\$0	
9. ЦНТС	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
10. Non-Federal Funds	\$0	\$0	\$0	\$0	\$0			\$0		\$0	
TOTAL	\$40,710,678	\$32,758,011	\$73,468,689	\$48,516,335	\$24,952,354	\$0	\$0	\$0	\$0	\$0	\$0

OTAL Columns C & H, 2 through 10	\$10,831,008	\$0
Votes:		

- a. For the IHP, fill in columns A, B, C, D, and E (non-shaded columns). For the APR, fill in columns F, G, H, I, J, and K (shaded columns).
- b. Total of Column D should match the total of Column N from the Uses of Funding table below.
- c. Total of Column I should match the Total of Column Q from the Uses of Funding table below.

include all the programs identified in Section 3. Actual expenditures in the APR section are for the 12-month program year.) (12) Amended Uses of Funding (NAHASDA § 102(b)(2)(C)(ii)) (Note that the budget should not exceed the total funds on hand and insert as many rows as needed to

		IHP			APR	
	(<u>-</u>)	(M)	(N)	(0)	(P)	(Ω)
PROGRAM NAME	Prior and current year IHBG (only) funds to	Prior and current year Total all other funds to be expended in 12-	Total funds to be expended in 12-month	Total IHBG (only) funds	Total all other funds	Total funds expended in 12-
	be expended in 12-	month program year	program year (L+M)	1-1110-50		0.00
	month program year					
Planning and Admin.		\$20,400	\$20,400			\$0
17.3 HUD-VASH Rental Assistance	*	\$174,005	\$174,005			\$0
TOTAL	\$0	\$194,405	\$194,405	\$0	\$0	\$0
Notes:						

Notes

- a. Total of Column L cannot exceed the IHBG funds from Column C, Row 1 from the Estimated Sources of Funding table in Line 2 above
- b. Total of Column M cannot exceed the total from Column C, Rows 2-10 from the Estimated Sources of Funding table in Line 2 above
- c. Total of Column O cannot exceed total IHBG funds received in Column H, Row 1 from the Estimated Sources of Funding table in Line 2 above.
- d. Total of Column P cannot exceed total of Column H, Rows 2-10 of the Estimated Sources of Funding table in Line 2 above.
- e. Total of Column Q should equal total of Column I of the Estimated Sources of Funding table in Line 2 above.

any planned loan repayment listed in the Uses of Funding table on the previous page. This planned loan repayment repaid and the NAHASDA-eligible activity and program associated with this loan): that has been determined to be in compliance by HUD. The text must describe which specific loan is planned to be can be associated with Title VI or with private or tribal funding that is used for an eligible activity described in an IHP the estimated sources or uses of funding, including leverage (if any). You must provide the relevant information for (13) Estimated Sources or Uses of Funding (NAHASDA § 102(b)(2)(C)). (Provide any additional information about

Nation. Supportive Housing Demonstration Program and will be administered by the Housing Authority of the Cherokee The additional funding is provided to the Cherokee Nation through the FY 2015 Tribal HUD-Veterans Affairs

activity and program associated with this loan.): including leverage (if any). You must provide the relevant information for any actual loan repayment listed in the Uses of Funding table on the previous page. The text must describe which loan was repaid and the NAHASDA-eligible (14) APR (NAHASDA § 404(b)) (Enter any additional information about the actual sources or uses of funding,

(15) Recipient:	Cherokee Nation
(16) Authorized Official's Name	Bill John Baker, Principal Chief
	I certify that all other sections of the IHP approved on
(17) Authorized Official's	are accurate and reflect the activities planned.
Girding.	
(18) Date (MM/DD/YYYY):	