

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Community Services Section Cumulative Inventory Report

1. Program <input type="checkbox"/> CSBG <input type="checkbox"/> HPRP <input type="checkbox"/> ESGP <input type="checkbox"/> HHSP <input type="checkbox"/> OTHER _____ <input type="checkbox"/> CSBG ARRA			2. Contract or Reporting Period From _____ To _____		
3. Subrecipient	4. Contract Number:	5. Executive Director	6. Contact Name, Title and Telephone Number:		

7. Description of Property	8. Acquisition Date	9. Acquisition Cost	10. Serial Number	11. Condition	12. Title	13. % of Department participation & funding sources	14. Date of Disposition (if applicable)

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signature and Date

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