

**Department of Housing and Community Development
Emergency Housing and Assistance Program Capital Development (EHAPCD)**

SAR NO.: _____ **Semi-Annual Report (SAR) Form for EHAPCD Loans**

Instructions: Please submit a completed SAR form **every 6 months** after the execution date on the original EHAPCD Standard Agreement and for the duration of the Standard Agreement Term.

Mail completed form to: EHAPCD
 Department of Housing and Community Development
 P.O. Box 952054, MS 400
 Sacramento, CA 94252-2054

EHAPCD Standard Agreement (Contract) No.: _____ -EHAPCD- _____

Borrower's Name: _____

Borrower's Email and Phone No.: _____

Project Name: _____

Reporting Period: _____ -- _____

SECTION I: Complete this section for occupied Projects. For Projects not yet occupied, complete SECTION II.

Past 6 Month & Year	No. of Persons Served Daily	No. of Days per Month	Average No. of Persons Served Monthly	No. of Beds Preserved/Created with EHAPCD \$
TOTALS:				

SECTION II: For each development activity being funded with EHAPCD funds please provide: a) a concise status update; b) a description of accomplished milestones (e.g. plans approved by building authority, bids received, etc.); and c) an outline of any delays and/or issues experienced with Project implementation.

Acquisition
Status:
New Construction
Status:
Rehabilitation
Status:
Additional Reporting Comments: (Use additional pages if needed)

I hereby certify that the information contained in this report is accurate and complete to the best of my knowledge. The records supporting the information summarized herein will be retained by our organization and be available for review by the State for at least five years after the expiration of the EHAPCD Standard Agreement.

Submitted by: _____ Date _____
 Original Signature and Title of Authorized Representative