

# Lake County Consortium Housing Fund Match Report

|                      |                          |
|----------------------|--------------------------|
| <b>Grantee Name:</b> | <b>Quarter End Date:</b> |
| <b>Project Name:</b> | <b>Grant Number:</b>     |

| Source of Match Funds | Date of Match Contribution | Amount of Match Contribution | If Match is in the Form of a Loan, Please Provide: |      |
|-----------------------|----------------------------|------------------------------|--|------|
|                       |                            |                              | Interest Rate                                      | Term |
|                       |                            |                              |  |      |
|                       |                            |                              |  |      |
|                       |                            |                              |  |      |
|                       |                            |                              |  |      |
|                       |                            |                              |  |      |

\_\_\_\_\_  
Name of Person Completing This Form

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature & Date