| **Housing Association:** |  |
| --- | --- |
| **Scheme Name / Address:** |  |
| **Scheme Reference Number (SRN):*****(If known)*** |  |
| **Total Scheme Costs:** |  |
|  |  |
| **Number of Properties:** |  |
| **Number of Persons Accommodated:** |  |
| **Housing Mix:** |  |
| **Council Area:** |  |
| **Housing Need Assessment Area:** |  |
| **Scheme Density** ***(New Build Schemes Only)*** |  |
|  |  |
| **Estimated Project Start Date:** |  |
| **Estimated Project Completion Date:** |  |
| **\* Post Project Evaluation (PPE) Date:** |  |
| **\*\* Consolidated PPE Report Date:** |  |
|  |  |
| **Contact Name (Author):** |  |
| **Contact Tel. Number:** |  |
| **Signature:** |  |
| **\*\*\* Approved:** |  |
| **Date:** |  |

**ECONOMIC APPRAISAL PRO-FORMA**