PHA Plans

OMB Control Number.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 (exp 05/31/2006)

Streamlined 5-Year/Annual Version

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief to certain PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection

of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined 5-Year Plan for Fiscal Years 2005 - 2009 Streamlined Annual Plan for Fiscal Year 2005

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

Streamlined Five-Year PHA Plan Agency Identification

PHA Name: Tewksbury			PHA Number	r: 139-001
PHA Fiscal Year Beginnin	g: 07/20	005		
PHA Programs Administer Public Housing and Section Number of public housing units: 50 Number of S8 units: 110	8 S e	· —	ublic Housing Onler of public housing units	•
PHA Consortia: (check be				
Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				
Main administrative offic PHA development manag PHA local offices				
Display Locations For PHA				
The PHA Plans and attachments apply)	(if any) ar	e available for public i	inspection at: (selec	ct all that
Main administrative offic PHA development manag PHA local offices				
Main administrative offic Main administrative offic	e of the C	county government		
Main administrative officPublic libraryPHA website	e of the S	tate government		
Other (list below)				
PHA Plan Supporting Documents Main business office of the PHA development manage	e PHA		(select all that app	ly)

PHA Name: HA Code:	5-Year Plan for Fiscal Years: 20 20 Annual Plan for FY 20
Oth	Streamlined Five-Year PHA Plan PHA FISCAL YEARS 2005 - 2009 [24 CFR Part 903.12]
A. Missi	
	A's mission for serving the needs of low-income, very low income, and extremely low-income families jurisdiction. (select one of the choices below)
Dev	e mission of the PHA is the same as that of the Department of Housing and Urban velopment: To promote adequate and affordable housing, economic opportunity and a table living environment free from discrimination.
in recent legi objectives. V ENCOURA OBJECTIV numbers of fa	d objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized slation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or Whether selecting the HUD-suggested objectives or their own, PHAs ARE STRONGLY GED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR ES OVER THE COURSE OF THE 5 YEARS. (Quantifiable measures would include targets such as: amilies served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the low the stated objectives.
HUD Stra	tegic Goal: Increase the availability of decent, safe, and affordable housing.
	A Goal: Expand the supply of assisted housing jectives: Apply for additional rental vouchers: Reduce public housing vacancies: Leverage private or other public funds to create additional housing opportunities: Acquire or build units or developments Other (list below)
	A Goal: Improve the quality of assisted housing jectives: Improve public housing management: (PHAS score) Improve voucher management: (SEMAP score) Increase customer satisfaction: Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) Renovate or modernize public housing units: Demolish or dispose of obsolete public housing: Provide replacement public housing: Provide replacement vouchers: Other: (list below)

PHA Goal: Increase assisted housing choices

	Object	ives:
		Provide voucher mobility counseling:
	$\overline{\boxtimes}$	Conduct outreach efforts to potential voucher landlords
	$\overline{\square}$	Increase voucher payment standards subject to HUD funding
	Ħ	Implement voucher homeownership program:
		Implement public housing or other homeownership programs:
		Implement public housing site-based waiting lists:
		Convert public housing to vouchers:
	H	Other: (list below)
	Ш	other. (list below)
HUD	Strateg	ic Goal: Improve community quality of life and economic vitality
\boxtimes	PHA (Goal: Provide an improved living environment
	Object	ives:
		Implement measures to deconcentrate poverty by bringing higher income public
		housing households into lower income developments: Implement measures to promote income mixing in public housing by assuring
	Ш	access for lower income families into higher income developments:
		Implement public housing security improvements:
		Designate developments or buildings for particular resident groups (elderly,
		persons with disabilities)
		Other: (list below)
нпр	Straton	ic Goal: Promote self-sufficiency and asset development of families and
indivi	_	ic Goal. I follote sen-sufficiency and asset development of families and
\boxtimes	PHA (Goal: Promote self-sufficiency and asset development of assisted households
	Object	ives:
	\boxtimes	Increase the number and percentage of employed persons in assisted families:
	$\overline{\square}$	Provide or attract supportive services to improve assistance recipients'
		employability:
	\boxtimes	Provide or attract supportive services to increase independence for the elderly or
		families with disabilities.
		Other: (list below)
		other. (list below)
HUD	Strateg	ic Goal: Ensure Equal Opportunity in Housing for all Americans
	ou areg	to could Ensure Equal opportunity in Fronting for an immericans
\boxtimes	PHA (Goal: Ensure equal opportunity and affirmatively further fair housing
	Object	
	\boxtimes	Undertake affirmative measures to ensure access to assisted housing regardless of
	<u></u>	race, color, religion national origin, sex, familial status, and disability:
	\bowtie	Undertake affirmative measures to provide a suitable living environment for
		families living in assisted housing, regardless of race, color, religion national
		in abbitted notating, regardless of face, color, religion national

HA Code:	
\boxtimes	origin, sex, familial status, and disability: Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
	Other: (list below)

5-Year Plan for Fiscal Years: 20__ - 20__

Other PHA Goals and Objectives: (list below)

PHA Name:

Annual Plan for FY 20__

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1 Housing Needs

Streamlined Annual PHA Plan

PHA Fiscal Year 2007

[24 CFR Part 903.12(b)]

Table of Contents

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

A. ANNUAL STREAMLINED PHA PLAN COMPONENTS

	1. Hodding receds
	2. Financial Resources
\boxtimes	3. Policies on Eligibility, Selection and Admissions
\boxtimes	4. Rent Determination Policies
\boxtimes	5. Capital Improvements Needs
	6. Demolition and Disposition
	7. Homeownership
\boxtimes	8. Civil Rights Certifications (included with PHA Certifications of Compliance)
	9. Additional Information
	a. PHA Progress on Meeting 5-Year Mission and Goals
	b. Criteria for Substantial Deviations and Significant Amendments
	c. Other Information Requested by HUD
	 Resident Advisory Board Membership and Consultation Process
	ii. Resident Membership on the PHA Governing Board
	iii. PHA Statement of Consistency with Consolidated Plan
	iv. (Reserved)
\boxtimes	10. Project-Based Voucher Program
\boxtimes	11. Supporting Documents Available for Review
	12. FY 2006 Capital Fund Program and Capital Fund Program Replacement Housing
	Factor, Annual Statement/Performance and Evaluation Report
	13. Capital Fund Program 5-Year Action Plan
	14. Other (List below, providing name for each item)

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50077, <u>PHA Certifications of Compliance with the PHA Plans and Related</u>
Regulations: Board Resolution to Accompany the Standard Annual, Standard Five-Year, and
<u>Streamlined Five-Year/Annual Plans</u>;

<u>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</u>
For PHAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions;

Form SF-LLL & SF-LLLa, <u>Disclosure of Lobbying Activities.</u>

Executive Summary (optional)

[903.7(r)]. If desired, provide a brief overview of the contents of the streamlined 5-Year/Annual Plan.

1. Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

A. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the PHA's Waiting Lists				
Waiting list type: (select one)				
Section 8 tenant-based a	ssistance			
Public Housing				
Combined Section 8 and				
		nal waiting list (optional)		
If used, identify which				
	# of families	% of total families	Annual Turnover	
Waiting list total	44421			
Extremely low income <=30% AMI	40253	91%		
	5217	120/		
Very low income 5317 12% (>30% but <=50% AMI)				
Low income	558	1%		
(>50% but <80% AMI)	338	1 70		
Families with children	28013	63%		
Elderly families	2538	6%		
Families with Disabilities	14670	33%		
White	21029	47%		
Black	8410	19%		
Asian	1438	3%		
Pacific Islander	104	0%		
American Indian	805	2%		
Hispanic	13469	30%		
Characteristics by Bedroom				
Size (Public Housing Only)				
			3	
2 BR 4 .07% 0		0		
3 BR				
4 BR				
5 BR				
5+ BR				

Housing Needs of Families on the PHA's Waiting Lists Is the waiting list closed (select one)? ☑ No ☐ Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes B. Strategy for Addressing Needs Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists IN THE UPCOMING YEAR. and the Agency's reasons for choosing this strategy. (I) Strategies Need: Shortage of affordable housing for all eligible populations Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by: Select all that apply ☑ Employ effective maintenance and management policies to minimize the number of public housing units off-line ☐ Reduce turnover time for vacated public housing units ☐ Reduce time to renovate public housing units ☐ Seek replacement of public housing units lost to the inventory through mixed finance development ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants
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particularly those outside of areas of minority and poverty concentration
to increase owner acceptance of program
Participate in the Consolidated Plan development process to ensure coordination with
broader community strategies
Other (list below)
Unit (list below)
C44
Strategy 2: Increase the number of affordable housing units by:
Select all that apply
Apply for additional section 0 waits should they be seen a see 1-1-1-
Apply for additional section 8 units should they become available
Leverage affordable housing resources in the community through the creation of mixed -

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities

	with disproportionate needs:
Select if	applicable
	Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below)
Strate	gy 2: Conduct activities to affirmatively further fair housing
	Il that apply
	Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units Market the section 8 program to owners outside of areas of poverty /minority concentrations Other: (list below)
(2) Re	Housing Needs & Strategies: (list needs and strategies below) easons for Selecting Strategies factors listed below, select all that influenced the PHA's selection of the strategies it will:
	Funding constraints Staffing constraints Limited availability of sites for assisted housing Extent to which particular housing needs are met by other organizations in the community Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA Influence of the housing market on PHA programs Community priorities regarding housing assistance Results of consultation with local or state government Results of consultation with residents and the Resident Advisory Board Results of consultation with advocacy groups Other: (list below)

PHA Name: HA Code:

Statement of Financial Resources

[24 CFR Part 903.12 (b), 903.7 (c)]

List on the following table the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

	ancial Resources: ed Sources and Uses	
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 20 grants)		
a) Public Housing Operating Fund		
b) Public Housing Capital Fund		
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-		
Based Assistance		
f) Resident Opportunity and Self-Sufficiency		
Grants		
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated		
funds only) (list below)		
3. Public Housing Dwelling Rental Income		
4. Other income (list below)		
4. Non-federal sources (list below)		
Total resources		

3. PHA Policies Governing Eligibility, Selection, and Admissions [24 CFR Part 903.12 (b), 903.7 (b)]

A. Public Housing
Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.
(1) Eligibility
 a. When does the PHA verify eligibility for admission to public housing? (select all that apply) When families are within a certain number of being offered a unit: (state number) When families are within a certain time of being offered a unit: (state time) Other: When notified of an opening, the next (2) applicants are notified that they are nearing the top of the waiting list. Verification process is then conducted.
 b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)? Criminal or Drug-related activity Rental history Housekeeping Other (describe)
 c. Yes No: Does the PHA request criminal records from local law enforcement agencie for screening purposes? d. Yes No: Does the PHA request criminal records from State law enforcement agencie for screening purposes? e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
(2)Waiting List Organization
 a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply) Community-wide list Sub-jurisdictional lists Site-based waiting lists Other (describe)
 b. Where may interested persons apply for admission to public housing? PHA main administrative office PHA development site management office Other (list below)

c. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to d.

		Site-Based Waiting Li	sts	
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

	2. What is the number of site based waiting list developments to which families may apply at one time?
	3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
	4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:
d.	Site-Based Waiting Lists – Coming Year
	If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment
	1. How many site-based waiting lists will the PHA operate in the coming year?
	2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)? If yes, how many lists?
	3. Yes No: May families be on more than one list simultaneously

If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)? PHA main administrative office All PHA development management offices Management offices at developments with site-based waiting lists At the development to which they would like to apply Other (list below) (3) Assignment
a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one) One Two Three or More
b. X Yes No: Is this policy consistent across all waiting list types?
c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:
(4) Admissions Preferences
a. Income targeting: Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
b. Transfer policies: In what circumstances will transfers take precedence over new admissions? (list below) Emergencies Over-housed Under-housed Medical justification Administrative reasons determined by the PHA (e.g., to permit modernization work) Resident choice: (state circumstances below) Other: (list below)
c. Preferences 1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy)

2. Which of the following admission preferences does the PHA plan to employ in the coming

ye	ear? (select all that apply from either former Federal preferences or other preferences)
Forme	er Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income)
Other	preferences: (select below) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below)
that re If you throug	the PHA will employ admissions preferences, please prioritize by placing a "1" in the space expresents your first priority, a "2" in the box representing your second priority, and so on. give equal weight to one or more of these choices (either through an absolute hierarchy or gh a point system), place the same number next to each. That means you can use "1" more once, "2" more than once, etc.
1 Dat	te and Time
Formo	er Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden
Other 2 2 2	preferences (select all that apply) Working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad range of incomes) Households that contribute to meeting income requirements (targeting)

PHA Name: HA Code:	5-Y	'ear Plan for Fiscal Years: 20 20	Annual Plan for FY 20
Victims of re	usly enrolled a prisals or hate ence(s) (list be		rd mobility programs
The PHA app	olies preference le: the pool o	ncome targeting requirements: ses within income tiers f applicant families ensures that t	the PHA will meet income
(5) Occupancy			
of occupancy of p The PHA-res The PHA's A	ublic housing ident lease admissions and seeminars or v	plicants and residents use to obta (select all that apply) d (Continued) Occupancy policy written materials	
 b. How often must residents notify the PHA of changes in family composition? (select all that apply) At an annual reexamination and lease renewal Any time family composition changes At family request for revision Other (list) 			
(6) Deconcentration	and Income	<u>Mixing</u>	
a. Yes No:	development	A have any general occupancy (f is covered by the deconcentration yes, continue to the next question	rule? If no, this section is
b. Yes No:	below 85%	nese covered developments have to 115% of the average incomes ion is complete. If yes, list these able:	of all such developments? If
		ntration Policy for Covered Developm	
Development Name	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

 a. What is the extent of screening conducted by the PHA? (select all that apply) Criminal or drug-related activity only to the extent required by law or regulation Criminal and drug-related activity, more extensively than required by law or regulation More general screening than criminal and drug-related activity (list factors): Other (list below)
b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
c. 🛛 Yes 🗌 No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
 e. Indicate what kinds of information you share with prospective landlords? (select all that apply) Criminal or drug-related activity Other (describe below)
(2) Waiting List Organization
 a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply) None Federal public housing Federal moderate rehabilitation Federal project-based certificate program Other federal or local program (list below)
 b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply) PHA main administrative office Other (list below) Other Housing Authorities who participates on the Centralized Waiting List
(3) Search Time
a. X Yes No: Does the PHA give extensions on standard 60-day period to search for a

unit?

If yes, state circumstances below:

After giving written documentation of units they have seen and the reason why they did not lease.

(4) Admissions Preferences

a. Income targeting	
	Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?
b. Preferences1. ∑ Yes ☐ No:	Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs)
	llowing admission preferences does the PHA plan to employ in the coming t apply from either former Federal preferences or other preferences)
Inaccessibil Victims of o Substandard Homelessno	Displacement (Disaster, Government Action, Action of Housing Owner, ity, Property Disposition) domestic violence housing
Working fa Veterans an Residents w Those enrol Households Households Those previ	select all that apply) milies and those unable to work because of age or disability d veterans' families who live and/or work in your jurisdiction led currently in educational, training, or upward mobility programs that contribute to meeting income goals (broad range of incomes) that contribute to meeting income requirements (targeting) ously enrolled in educational, training, or upward mobility programs reprisals or hate crimes rence(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more

than c	once, "2" more than once, etc.
1	Date and Time
Forme	er Federal preferences:
	Involuntary Displacement (Disaster, Government Action, Action of Housing Owner,
	Inaccessibility, Property Disposition) Victims of domestic violence
	Substandard housing
	Homelessness
	High rent burden
Other	preferences (select all that apply)
2	Working families and those unable to work because of age or disability
	Veterans and veterans' families Residents who live and/or work in your jurisdiction
	Those enrolled currently in educational, training, or upward mobility programs
	Households that contribute to meeting income goals (broad range of incomes)
H	Households that contribute to meeting income requirements (targeting)
H	Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes
	Other preference(s) (list below)
	nong applicants on the waiting list with equal preference status, how are applicants ed? (select one) Date and time of application Drawing (lottery) or other random choice technique
	the PHA plans to employ preferences for "residents who live and/or work in the isdiction" (select one)
	This preference has previously been reviewed and approved by HUD
$\overline{\boxtimes}$	The PHA requests approval for this preference through this PHA Plan
6. Re	lationship of preferences to income targeting requirements: (select one)
	The PHA applies preferences within income tiers
\boxtimes	Not applicable: the pool of applicant families ensures that the PHA will meet income
	targeting requirements
(5) S	pecial Purpose Section 8 Assistance Programs
sel	which documents or other reference materials are the policies governing eligibility, ection, and admissions to any special-purpose section 8 program administered by the PHA stained? (select all that apply)
\boxtimes	The Section 8 Administrative Plan

PHA Name: HA Code:	5-Year Plan for Fiscal Years: 20 20	Annual Plan for FY 20
_	ng sessions and written materials (list below)	
the public Throu	s the PHA announce the availability of any special-purpe? agh published notices (list below)	pose section 8 programs to
[24 CFR Part 90	ent Determination Policies 03.12(b), 903.7(d)]	
A. Public	Housing HAs that do not administer public housing are not required to com	nlete suh-component 4A
-	·	piete sub component 471.
Describe the PH	Based Rent Policies IA's income based rent setting policy/ies for public housing using, statute or regulation) income disregards and exclusions, in the app	
a. Use of dis	cretionary policies: (select one of the following two)	
public incom HUD The P	PHA will not employ any discretionary rent-setting police housing. Income-based rents are set at the higher of 3 ne, 10% of unadjusted monthly income, the welfare rent mandatory deductions and exclusions). (If selected, ske PHA employs discretionary policies for determining income to question b.)	80% of adjusted monthly t, or minimum rent (less kip to sub-component (2))
b. Minimum	Rent	
1. What amor	unt best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50	
2. Yes 🔀	No: Has the PHA adopted any discretionary minimum policies?	m rent hardship exemption
3. If yes to qu	nestion 2, list these policies below:	
c. Rents set	at less than 30% of adjusted income	
1. Yes 🔀	No: Does the PHA plan to charge rents at a fixed percentage less than 30% of adjusted income	

2.	If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:
d.	Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply) For the earned income of a previously unemployed household member For increases in earned income Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below:
	Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below:
	For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below)
e.	Ceiling rents
1.	Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)
	Yes for all developments Yes but only for some developments No
2.	For which kinds of developments are ceiling rents in place? (select all that apply)
	For all developments For all general occupancy developments (not elderly or disabled or elderly only) For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below)
3.	Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)
	Market comparability study Fair market rents (FMR) 95 th percentile rents 75 percent of operating costs

PHA Name: HA Code:	5-Year Plan for Fiscal Years: 20 20	Annual Plan for FY 20
Operating	nt of operating costs for general occupancy (family costs plus debt service al value" of the unit below)) developments
f. Rent re-determ	inations:	
	ne reexaminations, how often must tenants report of PHA such that the changes result in an adjustment	•
Never		
Any time	option the family experiences an income increase a family experiences an income increase above a the : (if selected, specify threshold)	nreshold amount or
Other (list		
	o: Does the PHA plan to implement individual sav native to the required 12 month disallowance of ear n the next year?	
(2) Flat Rents		
establish compara The section Survey of Survey of	narket-based flat rents, what sources of information ability? (select all that apply.) on 8 rent reasonableness study of comparable housi rents listed in local newspaper similar unassisted units in the neighborhood /describe below)	
B. Section 8 T	Tenant-Based Assistance	
component 4B. Unles	hat do not administer Section 8 tenant-based assistance are not so otherwise specified, all questions in this section apply o (vouchers, and until completely merged into the voucher	nly to the tenant-based section 8
(1) Payment Star		
	payment standards and policies.	
At or above 100% of F	A's payment standard? (select the category that begin to 90% but below 100% of FMR FMR 0% but at or below 110% of FMR 0% of FMR (if HUD approved; describe circumsta	
b. If the payment	standard is lower than FMR, why has the PHA sel	ected this standard? (select

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component 5B. All other PHAs must complete 5A as instructed.

5-Year Plan for Fiscal Years: 20__ - 20__

PHA Name:

d. | Yes | No:

e. Yes No:

below:

Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities

Will the PHA be conducting any other public housing development or

Annual Plan for FY 20___

PHA Name: HA Code:

replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

6 Domalition and	I Dianogition
6. Demolition and [24 CFR Part 903.12(b), 9	
	nt 6: Section 8 only PHAs are not required to complete this section.
7 1	1 1
a. Yes No:	Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI)of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If "No", skip to component 7; if "yes", complete one activity description for each development on the following chart.)
	Demolition/Disposition Activity Description
1a. Development name1b. Development (proje	
2. Activity type: Demo	
3. Application status (so Approved Submitted, pen Planned applications)	ding approval
	roved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affe6. Coverage of action (Part of the developeTotal development	(select one)
7. Timeline for activity a. Actual or pro	vicionia; vicion
7. Section 8 Tena [24 CFR Part 903.120]	ant Based AssistanceSection 8(y) Homeownership Program (b), 903.7(k)(1)(i)]
(1) Yes No:	Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)
(2) Program Descrip	tion

PHA Name: HA Code:	5-Year Plan for Fiscal Years: 20 20	Annual Plan for FY 20
a. Size of Program Yes No:	Will the PHA limit the number of families particles homeownership option?	cipating in the Section 8
	If the answer to the question above was yes, who of participants this fiscal year?	at is the maximum number
b. PHA established e	eligibility criteria Will the PHA's program have eligibility criteria Section 8 Homeownership Option program in ac If yes, list criteria below:	
c. What actions will	the PHA undertake to implement the program thi	s year (list)?
(3) Capacity of the PHA to Administer a Section 8 Homeownership Program		
a. Establishing a repurchase price and recresources. b. Requiring that a provided, insured or a mortgage market underwriting standard c. Partnering with years of experience be	a qualified agency or agencies to administer the	of at least 3 percent of ce comes from the family's in 8 homeownership will be comply with secondary accepted private sector program (list name(s) and
8. Civil Rights C [24 CFR Part 903.12 (b),		
PHA Plans and Relat Standard Five-Year, o	tions are included in the <i>PHA Plan Certifications of the Regulations: Board Resolution to Accompany and Streamlined Five-Year/Annual Plans</i> , which see Table of Contents.	the Standard Annual,
9. Additional Inf	ormation .	

[24 CFR Part 903.12 (b), 903.7 (r)]

A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 20___ - 20___.

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

- a. Substantial Deviation from the 5-Year Plan
- b. Significant Amendment or Modification to the Annual Plan

C. Other Information

[24 CFR Part 903.13, 903.15]

(1) Resident Advisory Board Recommendations
a. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
If yes, provide the comments below:
 b. In what manner did the PHA address those comments? (select all that apply) Considered comments, but determined that no changes to the PHA Plan were necessary.
The PHA changed portions of the PHA Plan in response to comments List changes below:
Other: (list below)
(2) Resident Membership on PHA Governing Board
The governing board of each PHA is required to have at least one member who is directly assisted by the PHA, unless the PHA meets certain exemption criteria. Regulations governing the resident board member are found at 24 CFR Part 964, Subpart E.
a. Does the PHA governing board include at least one member who is directly assisted by the PHA this year?
☐ Yes ⊠ No:
If yes, complete the following:
Name of Resident Member of the PHA Governing Board:

Metho	od of Selection:
	Appointment
	The term of appointment is (include the date term expires):
	Election by Residents (if checked, complete next sectionDescription of Resident Election Process)
	iption of Resident Election Process nation of candidates for place on the ballot: (select all that apply) Candidates were nominated by resident and assisted family organizations Candidates could be nominated by any adult recipient of PHA assistance Self-nomination: Candidates registered with the PHA and requested a place on ballot Other: (describe)
Eligib	le candidates: (select one) Any recipient of PHA assistance Any head of household receiving PHA assistance Any adult recipient of PHA assistance Any adult member of a resident or assisted family organization Other (list)
Eligib	le voters: (select all that apply) All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance) Representatives of all PHA resident and assisted family organizations Other (list)
	ne PHA governing board does not have at least one member who is directly assisted PHA, why not?
	The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis The PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
	Other (explain):
Date o	of next term expiration of a governing board member: 2006
	and title of appointing official(s) for governing board (indicate appointing official e next available position):

Names & Addresses	Appointed	Elected/ Exp.Date
Ms. Louise A Gearty, Chairman 5 Munroe Circle Tewksbury, MA 01876	4/5/04	4/2009
, Ms. Linda Ricardo/Brabant, Vice Chairman 2 John Street Tewksbury, MA 01876	4/1/05	4/2010
Mr. Robert C. Briggs, Asst. Treasurer 100 Starr Avenue Tewksbury, MA 01876	4/13/01	4/2006
Mr. Shawn Dillon, Treasurer 1501 Main Street Tewksbury, MA 01876	4/11/03	4/2008
Mr. John W. Deputat State Appointee 58 Hill Street Tewksbury, MA 01876	8/16/02	8/26/06

(3) PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

Consolidated Plan jurisdiction: (provide name here)

a. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply):

The	e PHA has based its statement of needs of families on its waiting list on the
nee	eds expressed in the Consolidated Plan/s.
] The	e PHA has participated in any consultation process organized and offered by
the	e Consolidated Plan agency in the development of the Consolidated Plan.
] The	e PHA has consulted with the Consolidated Plan agency during the
dev	velopment of this PHA Plan.
Act	tivities to be undertaken by the PHA in the coming year are consistent with the
init	tiatives contained in the Consolidated Plan. (list below)
Oth	her: (list below)
-	` '

b. The Consolidated Plan of the jurisdiction supports the PHA Plan with the	he following
actions and commitments: (describe below)	

(4) (Reserved)

Use this section to provide any additional information requested by HUD.

10. Project-Based Voucher Program

a.	Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If yes, answer the following questions.
b.	Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option?
	If yes, check which circumstances apply: Low utilization rate for vouchers due to lack of suitable rental units Access to neighborhoods outside of high poverty areas Other (describe below:) To assist disability persons in private homes offered by landlords.

c. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

11. List of Supporting Documents Available for Review for Streamlined Five-Year/ Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

ucu (11105 CO	nducted by the PHA. List of Supporting Documents Available for Review	
Applicable	Supporting Document Supporting Document	Related Plan Component
**************************************	Supporting Document	Related Fam Component
On Display		
On Display	PHA Certifications of Compliance with the PHA Plans and Related Regulations	Standard 5 Year and
X	and Board Resolution to Accompany the Standard Annual, Standard Five-Year,	Annual Plans; streamlined
21	and Streamlined Five-Year/Annual Plans.	5 Year Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan.	5 Year Plans
Λ	Fair Housing Documentation Supporting Fair Housing Certifications: Records	5 Year and Annual Plans
	reflecting that the PHA has examined its programs or poposed programs, identified	3 Tear and Annual Flans
	any impediments to fair housing choice in those programs, addressed or is	
X	addressing those impediments in a reasonable fashion in view of the resources	
Λ	available, and worked or is working with local jurisdictions to implement any of the	
	jurisdictions' initiatives to affirmatively further fair housing that require the PHA's	
	involvement.	
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which	Annual Plan:
	the PHA is located and any additional backup data to support statement of housing	Housing Needs
X	needs for families on the PHA's public housing and Section 8 tenant-based waiting	Trousing reces
11	lists.	
	Most recent board-approved operating budget for the public housing program	Annual Plan:
X	into the court approved operating cauges for the patient housing program	Financial Resources
	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP),	Annual Plan: Eligibility,
	which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-	Selection, and Admissions
X	Based Waiting List Procedure.	Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in	Annual Plan: Eligibility,
	Public Housing. \(\simeg \) Check here if included in the public housing A&O Policy.	Selection, and Admissions
X		Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility,
		Selection, and Admissions
X		Policies
	Public housing rent determination policies, including the method for setting public	Annual Plan: Rent
X	housing flat rents. \(\subseteq \text{Check here if included in the public housing A & O Policy.} \)	Determination
	Schedule of flat rents offered at each public housing development.	Annual Plan: Rent
	Check here if included in the public housing A & O Policy.	Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not	Annual Plan: Rent
	necessary as a supporting document) and written analysis of Section 8 payment	Determination
X	standard policies.	
	Check here if included in Section 8 Administrative Plan.	
	Public housing management and maintenance policy documents, including policies	Annual Plan: Operations
	for the prevention or eradication of pest infestation (including cockroach	and Maintenance
	infestation).	
	Results of latest Public Housing Assessment System (PHAS) Assessment (or other	Annual Plan: Management
X	applicable assessment).	and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations
		and Maintenance and
		Community Service &
		Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management
		and Operations
X	Any policies governing any Section 8 special housing types	Annual Plan: Operations
	check here if included in Section 8 Administrative Plan	and Maintenance

A 12 16 1	List of Supporting Documents Available for Review	1
Applicable &	Supporting Document	Related Plan Component
On Display		4 170
	Consortium agreement(s).	Annual Plan: Agency Identification and Operations/ Management
X	Public housing grievance procedures ☐ Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs ☐ Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing. Policy on Ownership of Pets in Public Housing Family Developments (as required	Annual Plan: Community Service & Self-Sufficiency Pet Policy
X	by regulation at 24 CFR Part 960, Subpart G). Check here if included in the public housing A & O Policy.	1 ct 1 oney
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Consortium agreement(s), if a consortium administers PHA programs.	Joint PHA Plan for Consortia
	Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection	Joint PHA Plan for Consortia
	Other supporting documents (optional). List individually.	(Specify as needed)

Annu	al Statement/Performance and Evaluation Ro	eport				
Capi	tal Fund Program and Capital Fund Program	Replacement Housin	ng Factor (CFP/CFP	RHF) Part I: Sumn	nary	
	lame: Tewksbury Housing Authority	Grant Type and Number MA06P13950103 Capital Fund Program Grant No: FY 2003 Replacement Housing Factor Grant No:				
	ginal Annual Statement Reserve for Disasters/ Emer formance and Evaluation Report for Period Ending:	rgencies Revised Annu SFinal Performance a		o:)	1 222	
Line	Summary by Development Account		mated Cost	Total Act	ual Cost	
	The state of the s	Original	Revised	Obligated	Expended	
1	Total non-CFP Funds	-0-	55,752	55,752	55,752	
2	1406 Operations		,	,	,	
3	1408 Management Improvements					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	15.000	-0-	-0-	-0-	
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	40,000	-0-	-0-	-0-	
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collaterization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	55,752	55,752	55,752	55,752	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 compliance					
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

Part II: Supporting Pages PHA Name: Tewksbury Housing Authority		Grant Type a Capital Fund Replacement	Program Gra	nt No: FY 2	Federal FY of Grant: FY 2003			
Development Number Name/HA-Wide Activities General Description of Major Work Categories		Replacement Housing Factor Grant No: Dev. Acct Quantity Total Estimated No. Cost		Total Actual Cost		Status of Work		
				Original	Revised	Funds Obligated	Funds Expended	
MA139-001	Operations	1460		-0-		55,752	5575	

Annual Statement/Performance and Evaluation Report										
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)										
Part III: Implementation Schedule										
PHA Name: Tewksbury F	Housing Author			nber MA06P13950	1-03		Federal FY of Grant: FY 2003			
			tal Fund Program acement Housin	n No: FY 2003 g Factor No:						
Development Number Name/HA-Wide Activities	Fund Obligater Ending D			Il Funds Expended uarter Ending Date		Reasons for Revised Target Dates				
	Original	Revised	Actual	Original	Revised	Actual				
MA139-1	08/25/05		08/25/05	08/28/05		08/25/05				

	nal Statement/Performance and Evaluation Re	•				
	tal Fund Program and Capital Fund Program Name: Tewksbury Housing Authority	Grant Type and Number MA06P13950203 Capital Fund Program Grant No: FY 2003 Replacement Housing Factor Grant No:				
	iginal Annual Statement Reserve for Disasters/ Eme			o: 1)	2003	
Line	formance and Evaluation Report for Period Ending: Summary by Development Account	☐ Final Performance a	nd Evaluation Report nated Cost	Total Act	rual Cast	
Line	Summary by Development Account	Original	Revised	Obligated	Expended	
1	Total non-CFP Funds	Original	Reviseu	Obligateu	Expended	
2	1406 Operations	11,111	-0-	11,111	11,111	
3	1408 Management Improvements	11,111	U	11,111	11,111	
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	11,111	-0-	-0-	-0-	
10	1460 Dwelling Structures	,				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collaterization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	11,111	-0-	11,111	11,111	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 compliance					
24	Amount of line 21 Related to Security – Soft Costs					
25	Amount of Line 21 Related to Security – Hard Costs					

Annu	Annual Statement/Performance and Evaluation Report											
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary												
PHA N	ame: Tewksbury Housing Authority	Grant Type and Number I	MA06P13950203		Federal							
Capital Fund Program Grant No: FY 2003												
			eplacement Housing Factor Grant No:									
					2003							
□Ori	ginal Annual Statement Reserve for Disasters/ Eme	rgencies 🗌 Revised Annu	al Statement (revision no	: 1)								
□Per	formance and Evaluation Report for Period Ending:	⊠Final Performance a	nd Evaluation Report									
Line	Summary by Development Account	Total Estimated Cost		Total Act	ual Cost							
Original Revised Obligated Expend												
26	Amount of line 21 Related to Energy Conservation Measures											

Annual Statement/	Performance and Evaluation R	eport						
	ram and Capital Fund Progran	n Replacem	ent Hous	ing Facto	r (CFP/C	CFPRHF)		
Part II: Supportin		T				1		
PHA Name: Tewksbur	ry Housing Authority	Grant Type and Number MA06P13950203 Capital Fund Program Grant No: FY 2003 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MA1391 Delaney Dr.	Operations	1406		11,111	-0-	11,111	11,111	

Annual Statement	/Performa	ance and	Evaluatio	n Report			
Capital Fund Prog	gram and	Capital F	Sund Prog	ram Replac	ement Hous	ing Factor	(CFP/CFPRHF)
Part III: Impleme	entation S	chedule					
PHA Name: Tewksbury H	lousing Author			nber MA06P1395	0203		Federal FY of Grant:20063
	tal Fund Program acement Housin	m No: FY 2003 g Factor No:					
Development Number		Fund Obligat			ll Funds Expended		Reasons for Revised Target Dates
Name/HA-Wide Activities				uarter Ending Dat	e)		
	Original	Revised	Actual	Original	Revised	Actual	
MA139-1 Delaney Dr.	08-25-05	-0-	08/25/05	08/25/05	-0-	08/25/05	
			1				
			1			1	
			+				

Annu	al Statement/Performance and Evaluation Re	eport			
Capi	tal Fund Program and Capital Fund Program	Replacement Housi	ng Factor (CFP/CFPR	RHF) Part I: Summa	ary
PHA N	lame: Tewksbury Housing Authority	Grant Type and Number	MA06P139501-04		Federal
		Capital Fund Program Gr	ant No: FY 2004		FY of
		Replacement Housing Fac	Grant: 2004		
Ori	ginal Annual Statement Reserve for Disasters/ Emer	gencies Revised Anni	ıal Statement (revision no:	:)	2004
	formance and Evaluation Report for Period Ending:	⊠ Final Performance a		,	
Line	Summary by Development Account		timated Cost	Total Act	ual Cost
	-	Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	45,000	64,567	64,567	64,567
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	19.000	-0-	-0-	-0-
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	64,567	64,567	64,567	64,567
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

Annual Statement/Performance and Evaluation Report												
Capit	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary											
PHA N	ame: Tewksbury Housing Authority	Grant Type and Number	MA06P139501-04			Federal						
		Capital Fund Program Gra	Capital Fund Program Grant No: FY 2004									
		Replacement Housing Fac				Grant:						
		3		2004								
Ori	ginal Annual Statement Reserve for Disasters/ Emer	gencies Revised Annu	al Statement (revision no:)								
□Per	formance and Evaluation Report for Period Ending:	⊠Final Performance a	nd Evaluation Report									
Line	Summary by Development Account	Total Est	Total Actual Cost									
		Original	Revised	Obligated	Exp	ended						
24	Amount of line 21 Related to Security – Soft Costs											
25	Amount of Line 21 Related to Security – Hard Costs											
26	Amount of line 21 Related to Energy Conservation Measures											

Part II: Supportin PHA Name: Tewksbu	ry Housing Authority	Capital Fund	Grant Type and Number MA06P139501-04 Capital Fund Program Grant No: FY 2004 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		
MA139-1	Water Penetration Work	1460		64,567		64,567	64,567		

Annual Statement				-			
Capital Fund Prog	_	_	und Prog	gram Replac	ement Hous	ing Factor	(CFP/CFPRHF)
PHA Name: Tewksbury H		ity Grant Capita		nber MA06P13950 m No: FY 2004 g Factor No:	1-04		Federal FY of Grant: FY 2004
Development Number Name/HA-Wide Activities	Fund Obligate arter Ending D	Obligated All Funds Expended			Reasons for Revised Target Dates		
	Original	Revised	Actual	Original	Revised	Actual	
MA139-1	06/30/06	-0-	06/30/06	06/30/2006	-0-	06/30/2006	

Annu	al Statement/Performance and Evaluation Re	eport					
Capit	tal Fund Program and Capital Fund Program	Replacement Housi	ng Factor (CFP/CFP	RHF) Part I: Sumn	nary		
PHA N	ame: Tewksbury Housing Authority	Grant Type and Number 2 Capital Fund Program Gra Replacement Housing Fact	Federal FY of Grant: 2005				
	ginal Annual Statement \square Reserve for Disasters/ Eme			o: 2)			
	formance and Evaluation Report for Period Ending:		nd Evaluation Report				
Line	Summary by Development Account		mated Cost	Total Actual Cost			
		Original	Revised	Obligated	Expended		
1	Total non-CFP Funds	10.000					
2	1406 Operations	10,000	-0-	-0-	-()-		
3	1408 Management Improvements						
4	1410 Administration						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	9,280	9,280	-0-	-0-		
8	1440 Site Acquisition	20,000	-0-				
9	1450 Site Improvement		54,000	-0-	-0-		
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable	24,000	-0-				
12	1470 Nondwelling Structures						
13	1475 Nondwelling Equipment						
14	1485 Demolition						
15	1490 Replacement Reserve						
16	1492 Moving to Work Demonstration						
17	1495.1 Relocation Costs						
18	1499 Development Activities						
19	1501 Collaterization or Debt Service						
20	1502 Contingency						
21	Amount of Annual Grant: (sum of lines 2 – 20)	63,280	63,280	-0-	-()-		
22	Amount of line 21 Related to LBP Activities						
23	Amount of line 21 Related to Section 504 compliance						
24	Amount of line 21 Related to Security – Soft Costs						

Annual Statement/Performance and Evaluation Report											
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary											
PHA N	ame: Tewksbury Housing Authority	Grant Type and Number	MA06P139501-05		Federal						
		Capital Fund Program Gra	ant No: FY 2005		FY of						
Replacement Housing Factor Grant No: G1 20											
Ori	ginal Annual Statement Reserve for Disasters/ Emer	gencies Revised Ann	ual Statement (revision no	o: 2)	12000						
Per	formance and Evaluation Report for Period Ending:	Final Performance	and Evaluation Report								
Line	Summary by Development Account	Total Esti	imated Cost	Total Actual Cost							
		Original	Revised	Obligated	Expended						
25	Amount of Line 21 Related to Security – Hard Costs										
26	Amount of line 21 Related to Energy Conservation Measures										

Part II: Supportin PHA Name: Tewksbu	ry Housing Authority	Grant Type and Number MA06P139501-05 Capital Fund Program Grant No: FY 2005 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	` '	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
139-01 Delaney Dr.	Fees & Costs Egress from 2 nd floor Balconey	1430		-0-	10,000	-0-	-0-	Planing
139-01 Delaney Dr.		1450			54,000			
-								
<u> </u>					_			

Annual Statemen Capital Fund Pro				-	ement Hous	ing Factor	(CFP/CFPRHF)
Part III: Implem	entation Sc	chedule					
PHA Name: Tewksbury I	Housing Authorit	-		nber MA06P13950	1-05		Federal FY of Grant: FY 2005
		Repla	cement Housir				
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)				Il Funds Expended uarter Ending Date	Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual	
MA139-1	07/07/2007			07/07/2008			

Capital Fund Program Five-Y Part I: Summary	ear Action	ı Plan			
PHA Name Tewksbury Housing Autl	nority			☐Original 5-Year Plan ☑Revision No: 1	
Development Number/Name/HA- Wide Year 1		Work Statement for Year 2 FFY Grant: PHA FY: 2006	Work Statement for Year 3 FFY Grant: PHA FY: 2007	Work Statement for Year 4 FFY Grant: PHA FY: 2008	Work Statement for Year 5 FFY Grant: PHA FY: 2009
	Annual Statement				
MA13901 Delaney Drive/HA-Wide		57,419	63,000	54,000	68,000
CFP Funds Listed for 5-year planning		57,419	63,000	54,000	68,000
Replacement Housing Factor Funds					

	tal Fund Program Five porting Pages—Work					
Activities for Year 1	Activities for Year :2_ FFY Grant: 2006 PHA FY: 2006			Activities for Year: _3 FFY Grant: 2007 PHA FY: 2007		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	139-01 Delaney Dr	Painting Balcony	57,419	139-01 Delaney Dr.	Administration	1,500
Annual	•				Fees & Costs	5,000
Statement					Siding Garage & Shed	21,000
					Electrical upgrade	35,500
	Total CFP Estimated	Cost	\$57,419			\$63,000

Capital Fund Program Five-Year Action Plan									
Part II: Supporting Page				'' C X7					
	ities for Year :_4 FY Grant: 2008		Activities for Year:5_ FFY Grant: 2009 PHA FY: 2009						
	PHA FY: 2008								
Development Name/Number	Major Work	Estimated Cost	Development Name/Number	Estimated Cost					
Development Name/Number	Categories	Estimated Cost	Development (vame/(vamber	Major Work Categories	Estimated Cost				
MA139-01	Stove Replacement	24,000	MA139-01	Site Improvement	20,000				
	Site Improvement	20,000		Door Security Locks	48,000				
	Computer Upgrade	10,000							
Total CFP Estimated Cost		\$54,000			\$68,000				