

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

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# PHA Plans

Annual Plan for Fiscal Year 2007

Approved at the Board of Commissioners Meeting  
September 26, 2006

**PHA Plan  
Agency Identification**

**PHA Name:** Hialeah Housing Authority

**PHA Number:** FL066

**PHA Fiscal Year Beginning:** 01/01/2007

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2005 - 2009**  
[24 CFR Part 903.5]

**A. Mission**

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

**The Hialeah Housing Authority is dedicated to providing this community with quality, affordable housing that is decent, sanitary and safe to eligible families. We shall serve our clients and all citizens with the highest level of professionalism, compassion and respect.**

**B. Goals**

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
    - 1. As NOFAs become available.**
  - Reduce public housing vacancies:
    - 1. Attain High Performer Status**
    - 2. Increase customer satisfaction by conducting Resident Satisfaction Surveys.**
    - 3. Initiate funding and land acquisition to provide additional affordable housing.**
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: (PHAS score)
    - 1. Attain "High Performer" Status**

- Improve voucher management: (SEMAP score)
  1. **Achieve 80% score at 12/31/2005**
  2. **Achieve 85% score at 12/31/2006**
  3. **Achieve 90% score at 12/31/2007**
  4. **Achieve 90% score at 12/31/2008**
  5. **Achieve 90% score at 12/31/2009**
- Increase customer satisfaction:
 

**By monitoring customer satisfaction through Resident Satisfaction Surveys.**

  - 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
 

Objectives:

  - Provide voucher mobility counseling:
    1. **When applicants are issued a voucher**
  - Conduct outreach efforts to potential voucher landlords
    1. **Annual mail-out to new landlords requesting participation in the Section 8 Program.**
    2. **Participate in local homeownership workshops sponsored by City of Hialeah and other housing authorities.**
    3. **HHA conducts a landlord summit on an annual basis.**
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs:
  - Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- PHA Goal: Provide an improved living environment
 

Objectives:

  - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 

**HHA will gather and analyze data, at least annually, on tenants' characteristics regarding income, for each development to assist in the HHA's deconcentration efforts. Flat rents are in place for all HHA's**

- developments to help attract higher income families and create a broad range of incomes and a more diverse tenant body.**
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements:
  - 1. Strict screening of applicants.**
  - 2. Strict enforcement of “One Strike” Policy.**
  - 3. Realize physical implements using CFP funds to implement crime prevention through environmental design principals.**
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)  
**The application for Designation of Public Housing for Occupancy by Elderly Families and Near Elderly Families for FY2000 has been approved. Currently applying for extension.**
- Other: (list below)

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
  - Increase the number and percentage of employed persons in assisted families:
 

**Pursuing partnerships with technical schools, community college and job placement entities to provide employability skills, on- the-job training and basic skills for youth and adult seeking employment**
  - Provide or attract supportive services to improve assistance recipients’ employability:
 

**Partner with local One Stop Centers and the South Florida Workforce to provide welfare-to-work services to residents. Seek agreements with service providers of the Wages Program to provide Entrepreneurial Training to Wages Recipients residents in addition to the Services and Programs we are currently providing.**
  - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
 

**HHA has developed interagency agreements with 3 social service agencies to provide services to this population. They are 1) the Citrus Health Network, Inc. 2) Spinal Cord Living Assistance Development, Inc. and the 3) Stein Gerontological Institute.**
  - Other: (list below)

## HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:
  - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:  
**HHA's Admissions and Continued Occupancy Policies and the Section 8 Administrative Plan assures any family the opportunity to apply for housing, and any qualified applicant the opportunity to lease housing suitable to its needs.**
  - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:  
**HHA provides information to all applicants during the family briefing session, regarding discrimination and any recourse available to them if they are victims of discrimination. Fair Housing information and Discrimination Complaint Forms are made part of the applicant's briefing packet.**
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:  
**HHA will grant exceptions to occupancy standards, upon request, to accommodate requests from persons with disabilities. HHA has units designated and constructed specifically to meet the needs of persons requiring the use of wheelchairs and persons requiring other modifications.**
  - Other: (list below)  
**Provided diversity training to all staff.**

Other PHA Goals and Objectives: (list below)

**Annual PHA Plan**  
**PHA Fiscal Year 2007**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

The Hialeah Housing Authority's Plan has been designed based on an extensive needs' assessment drawn from analysis on data collected from tenants and applicants in our programs, criminal statistics, resident's surveys, and meetings with both our partners and residents. Based on this, we have drawn a five year plan that vows to maintain a dynamic and developmental approach that will be modified, if necessary, on a yearly basis as we continue to bring in new services to respond to any newly identified need. The Hialeah Housing Authority recognizes that approaches might have to be modified in order to achieve our goals, and will constantly seek new avenues to respond to our resident's needs in these challenging times.

### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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#### **Attachments**

##### Required Attachments:

- Admissions Policy for Deconcentration
- FY 2005 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

##### Optional Attachments:

- PHA Management Organizational Chart
- FY 2005 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)



## Supporting Documents Available for Review

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources 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.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis 3.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	A & O Policy	
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/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
N/A	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
N/A	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	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	(PHDEP Plan)	
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **1. Statement of Housing Needs**

[24 CFR Part 903.7 9 (a)]

### **A. Housing Needs of Families in the Jurisdiction/s Served by the PHA**

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford- ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access- ibility</b>	<b>Size</b>	<b>Loca- tion</b>
Income <= 30% of AMI	8,700	5	5	N/A	N/A	5	Hialeah
Income >30% but <=50% of AMI	6,500	5	5	5	N/A	5	Hialeah
Income >50% but <80% of AMI	7,600	2	1	2	N/A	4	Hialeah
Elderly	5,400	5	5	5	N/A	5	Hialeah
Families with Disabilities	N/A	5	N/A	N/A	N/A	4	Hialeah
Race/Ethnicity	N/A	5	4	5	N/A	N/A	Hialeah
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	Hialeah
Race/Ethnicity	N/A	1	3	5	N/A	N/A	Hialeah
Race/Ethnicity	N/A	4	3	4	N/A	N/A	Hialeah

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2005 - 2010

- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

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

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	3,894		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	1,903		
Elderly families	1,806		
Families with Disabilities	185		
Race/ethnicity (Hispanics)	1,126		
Race/ethnicity (White)	3,881		
Race/ethnicity (Black)	14		
Race/ethnicity	0		

<b>Housing Needs of Families on the Waiting List</b>			
(Asian)			
Race/ethnicity (Pacific)	0		
Race/ethnicity (Mix)	0		
Characteristics by Bedroom Size (Public Housing Only)			
0BR	826		
1BR	631		
2 BR	264		
3 BR	79		
4 BR	4		
5 BR	2		
5+ BR	0		
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 2 Months			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

#### (1) 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 to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**HHA continues to implement a Flat Rent Policy and a Finance Hardship Policy for Public Housing residents.**

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Designated Public Housing to the Elderly**

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities **by notifying such agencies when HHA applications open.**
- Other: (list below)

**Applications were distributed April 3 and 4, 2006 for the Public Housing waiting list for 1, 2, 3, 4, and 5 bedrooms. Lottery was held May 8, 2006.**

**Applications were distributed April 3 and 4, 2006 for 1 bedroom elderly units. Lottery was held May 8, 2006.**

**Applications were distributed August 23, 24, and 25, 2005 for the Section 8 waiting list. Preference was given to a single person who is elderly (62 years of age or older) and/or families where at least one family member is disabled. Lottery was held September 23, 2005.**

**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:**

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units **by providing access to the list of participating landlords.**
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- 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)

**HHA waiting list analysis**

**There are presently 3,766 applicants in the Public Housing waiting list and 5,802 applicants in the Section 8 waiting list.**



## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>		
a) Public Housing Operating Fund	1,324,103	PH Operations
b) Public Housing Capital Fund	1,321,078	PH Operations
c) HOPE VI Revitalization	-0-	N/A
d) HOPE VI Demolition	-0-	N/A
e) Annual Contributions for Section 8 Tenant-Based Assistance	30,561,472	S8 HAP & Operations
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	-0-	N/A
g) Resident Opportunity and Self-Sufficiency Grants	25,000	PH Operations
h) Community Development Block Grant	-0-	N/A
i) HOME	-0-	N/A
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	2,797,810	PH Operations
<b>4. Other income (list below)</b>		
Interest Earned	115,247	PH Operations
Other Income	47,634	PH Operations
<b>4. Non-federal sources (list below)</b>		
Cell Phone Tower	18,000	PH Operations
<b>Sources</b>		
City of Hialeah School Bus	30,150	PH Elderly Transport
CFP – Hoffman Gardens	3,950,000	PH Complex Rehab
<b>Total resources</b>	<b>40,190,494</b>	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

##### **(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: (describe)

**When the applicant reach eligibility pool at the top of the waiting list.**

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 agencies for screening purposes?

d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies 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)

**At sites designated by the PHA as set forth in the Public Notice upon list opening.**

- c. 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.  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  
 Overhoused  
 Underhoused  
 Medical justification  
 Administrative reasons determined by the PHA (e.g., to permit modernization work)  
 Resident choice: (state circumstances below)  
 Other: (list below)

**Whenever necessary to help accomplish the Affirmative Housing goals of the HHA.**

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 year? (select all that apply from either former Federal preferences or other preferences)

Former 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)

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 once, “2” more than once, etc.

#### Date and Time

#### Former 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)

- 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)

#### 4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

**Applicant Orientation**

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 Mixing**

a.  Yes  No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- Adoption of site based waiting lists  
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

d.  Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

## **B. Section 8**

### **(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 below)
- Other (list below)

**Tenancy History**

**Credit Report**

**House Keeping**

- 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)
- Rental History**
- House Keeping**

**(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)
- The HHA will publicize the opening of its waiting list in a newspaper of general circulation giving reference to date, time and location of where to apply.**

**(3) Search Time**

- a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?



If yes, state circumstances below:

**The PHA grants extensions up to a total search time of 120 days. The Executive Director may grant additional extension to accommodate medical emergencies or ADA issues.**

1. **Extenuating circumstances such as hospitalization or a family emergency. Verification is required.**
2. **The family was prevented from finding a unit due to disability accessibility requirements or larger size bedroom unit requirement.**

**(4) Admissions Preferences**

a. Income targeting

Yes  No: 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. Preferences

1.  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**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former 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 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 your 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)  
**Elderly/Disabled**

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 once, “2” more than once, etc.

- 1** Elderly Disabled
- 2** Date and Time

Former 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)

- 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)
- 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)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD  
 The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers  
 Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

#### **(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan  
 Briefing sessions and written materials  
 Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- Through published notices  
 Other (list below)

### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

#### **A. Public Housing**

##### **(1) Income Based Rent Policies**

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0  
 \$1-\$25  
 \$26-\$50

2.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

2. If yes to question 2, list these policies below:

**HHA will offer a repayment agreement to the family for any minimum rent not paid during the temporary hardship period. HHA will evaluate each case individually and if HHA determines that there is a qualifying long-term or permanent hardship; HHA will then exempt the family from the minimum rent requirements.**

c. Rents set at less than 30% than adjusted income

1.  Yes  No: Does the PHA plan to charge rents at a fixed amount or 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<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never

- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \$50.00
- Other (list below)

g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

**B. Section 8 Tenant-Based Assistance**

**(1) Payment Standards**

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

- c. If the payment standard is higher than FMR, why has the PHA chosen this level?  
(select all that apply)
- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
  - Reflects market or submarket
  - To increase housing options for families
  - Other (list below)
- d. How often are payment standards reevaluated for adequacy? (select one)
- Annually
  - Other (list below)  
**As needed, not less than annually.**
- e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
- Success rates of assisted families
  - Rent burdens of assisted families
  - Other (list below)  
**Rent Reasonable Studies  
Funding**

## **(2) Minimum Rent**

- a. What amount best reflects the PHA's minimum rent? (select one)
- \$0
  - \$1-\$25
  - \$26-\$50
- b.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

### **A. PHA Management Structure**

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:  
**The management structure of the Hialeah Housing Authority consists of an Executive Director and a Board of Commissioners. The Mayor of the**

City of Hialeah appoints commissioners. A listing of the Board of Commissioners is attached to this Plan.

**B. HUD Programs Under PHA Management**

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	1,105	422
Section 8 Vouchers	2,758	384
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	1915 C 9 PH Disabled 304 FUP 187	155
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)	N/A	

**C. Management and Maintenance Policies**

- (1) Public Housing Maintenance and Management: (list below)
  - Admission Continual Occupancy Plan (ACOP)**
  - Grievance Procedures**
  - Pet Policy**
  - Maintenance Procedures**
  - Quality Control Procedures**
  - Disaster Preparedness Plan**
  
- (2) Section 8 Management: (list below)
  - Section 8 Administrative Plan**
  - HHA Personnel Policy**
  - Code of Federal Regulations (24 CFR)**
  - Federal State and Local Fair Housing Laws and Regulations**
  - Housing Choice Voucher Program Guidebook**



## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

### **A. Public Housing**

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

**After exhausting the informal conference procedures, a complainant shall be entitled to a hearing before a hearing officer.**

**The Head of household or other adult household member must attend the hearing.**

**If re-scheduling of the hearing is necessary, the hearing must be re-scheduled at least 48 hours in advance of the scheduled hearing time or the complainant waives their right to a hearing.**

**If the complainant fails to appear within 15 Minutes of the scheduled time, the complainant waives their right to a hearing.**

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office  
 PHA development management offices  
 Other (list below)

### **B. Section 8 Tenant-Based Assistance**

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

**Section 8 Administrative Manual – Chapter 19**

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

### **A. Capital Fund Activities**

#### **(1) Capital Fund Program Annual Statement**

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at **Attachment FL 06616v02**

-or-

- The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

#### **(2) Optional 5-Year Action Plan**

- a.  Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

- The Capital Fund Program 5-Year Action Plan is provided as part of the PHA Plan (see pages 49 – 53)

-or-

- The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

### **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

- Yes  No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - Revitalization Plan under development
  - Revitalization Plan submitted, pending approval
  - Revitalization Plan approved
  - Activities pursuant to an approved Revitalization Plan underway

Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below:

Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:

Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

**Replace fire extinguisher units at Hoffman Gardens**

**8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If

“yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	FL29-P066-01-004
2. Activity type:	Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<u>06/07/05</u>
5. Number of units affected:	None
6. Coverage of action (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: April 2006 b. Projected end date of activity: April 2007

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	Vernon Ashley Plaza
1b. Development (project) number:	FL29-PO66-001
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(7/13/01)</u>
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	199
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	Holland Hall
1b. Development (project) number:	FL29-PO66-002
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(7/13/01)</u>
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	101
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	Vivian Villas
1b. Development (project) number:	FL29-PO66-003
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(7/13/01)</u>
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	100
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	Milander Manor
1b. Development (project) number:	FL29-PO66-006
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(7/13/01)</u>
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	60
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	La Esperanza
1b. Development (project) number:	FL29-PO66-008
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(7/13/01)</u>
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	80
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	Ruth A. Tinsman Pavillion
1b. Development (project) number:	FL29-PO66-020
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	(7/13/01)
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	100
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

#### 2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.



<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	
<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)	

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	
<input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)	
3. Application status: (select one)	
<input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application	
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)	
5. Number of units affected:	
6. Coverage of action: (select one)	
<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	

## B. Section 8 Tenant Based Assistance

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 component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

### 2. Program Description:

#### a. Size of Program

- Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants  
 26 - 50 participants  
 51 to 100 participants  
 more than 100 participants

#### b. PHA-established eligibility criteria

- Yes  No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### A. PHA Coordination with the Welfare (TANF) Agency

#### 1. Cooperative agreements:

- Yes  No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

**The Hialeah Housing Authority will continue to use the local One Stop Center for resource and referral. The goal is to avoid duplication of services while enhancing the tenant's opportunities towards self sufficiency.**

**The Hialeah Housing Authority partners with social service agencies to bring job seekers government services and resources. The HHA will conduct bi-annual job fairs, monthly employment preparation workshops and basic computer classes. With the goal of removing barriers to work and helping tenants achieve self sufficiency.**

**In accordance with notice of Public Housing 2003-22, the HHA is requesting costs for salary and fringe benefits for an Elderly/Disabled Coordinator.**

## **B. Services and programs offered to residents and participants**

### **(1) General**

#### **a. Self-Sufficiency Policies**

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA

- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

- Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Opening Doors To Job Success (Monthly meeting, used to educate residents on how to obtain and maintain employment).</i>	<i>25.35 per month</i>	<i>Residents of Public Housing and Section 8</i>	<i>One site at PHA.</i>	<i>Residents of Public Housing and Section 8.</i>
<i>Basic Computer Skills</i>	<i>30</i>	<i>Residents of Public Housing and Section 8</i>	<i>Vivian Villas/Ruth Tinsman</i>	<i>Residents of Public Housing and Section 8.</i>

**(2) Family Self Sufficiency program/s**

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 7/17/06)
Public Housing	30	16
Section 8	103	163

- b.  Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?

If no, list steps the PHA will take below:

**The Hialeah Housing Authority is maintaining the minimum program size required by HUD in its Section 8 Family Self Sufficiency Program.**

### C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

**The Hialeah Housing Authority currently has a Memorandum of Agreement with the South Florida Employment and Training Consortium. The Hialeah Housing Authority has a memorandum of understanding with the South Florida Workforce. Residents are referred to the local One Stop Centers for employment opportunities and training needs.**

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

## **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments

- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below)

**Hoffman Gardens**  
**Donald Scott Villas**

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

2. Which developments are most affected? (list below)

**Hoffman Gardens**  
**Donald Scott Villas**

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

2. Which developments are most affected? (list below)

**Hoffman Gardens**  
**Donald Scott Villas**

**D. Additional information as required by PHDEP/PHDEP Plan**

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.



## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?
4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? 2
  1. **Land Lease Palm Center**
  2. **Financial Statements not submitted timely to trustees per trust indentures.**
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - Not applicable
  - Private management
  - Development-based accounting
  - Comprehensive stock assessment
  - Other: (list below)  
**Significant rehabilitation of the Public Housing complexes through CFP Programs.**
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
  
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
 Attached at Attachment (File name)  
 Provided below:
  
3. 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)

### **B. Description of Election process for Residents on the PHA Board**

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
  
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

#### 3. Description of Resident Election Process

- a. Nomination 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)

b. Eligible 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)

c. Eligible 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)

### C. Statement of Consistency with the Consolidated Plan

1. Consolidated Plan jurisdiction: (provide name here)
2. 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 PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

- **The Hialeah Housing Authority implements a family self-sufficiency program for the Section 8 Housing Voucher Program and the Public Housing Program serving over 100 families per year moving low income families from government dependence to work and self-sufficiency.**
- **The Hialeah Housing Authority operates a child and adult day care center providing day care services for 50 children and 50 adults of very low and low income families.**
- **The Hialeah Housing Authority operates a comprehensive transportation program for low and very low-income elderly/persons with disabilities in the City of Hialeah and provides services to 1780 unduplicated persons per year. The program provides daily grocery shopping trips for 30 persons**

per day, a minimum of one hundred and fifty (150) persons are served every week. In addition, the program provides for weekly field trips that include but are not limited to: theaters, restaurants, circus, flea markets and shopping excursions. There are thirty (30) persons per activity, and four (4) field trips per week for a total of 120 persons participating per week. Participation is on a “first come first serve” basis. In addition, the Hialeah Housing Authority provides transportation services for the congregate and homebound meals program around the 7 congregate dining sites at the Hialeah Housing Authority properties.

- The Hialeah Housing Authority has been operating the Hot Lunch Program in the City of Hialeah since 1972, and services all of the City of Hialeah. Under the current contract the Hialeah Housing Authority serves an average of 410 meals per day at 7 congregate dining sites throughout the City of Hialeah under Congregate Meals (OAA Title IIIC-1). The sites include:

1. Vernon Ashley Plaza – 70 East 7<sup>th</sup> Street, Hialeah
2. Holland Hall – 555 East 1<sup>st</sup> Avenue, Hialeah
3. Vivian Villas – 4650 West 12<sup>th</sup> Avenue, Hialeah
4. Patterson Pavillion – 1875 West 44<sup>th</sup> Place, Hialeah
5. Esperanza - 1770 West 44<sup>th</sup> Place, Hialeah
6. Milander Manor – 815 West 75<sup>th</sup> Street, Hialeah
7. Ruth A. Tinsman Pavillion – 6545 West 24<sup>th</sup> Avenue, Hialeah

And, through Homebound Delivered Meals (OAA Title IIIC-2) the Hialeah Housing Authority serves 400 meals per day throughout the City of Hialeah.

- The Hialeah Housing Authority is administering a total of 6,366 units that include: public housing units, non-subsidized apartments, Section 8 Housing Choice Rental Vouchers and a project-based Section 8 development. Through the Housing Choice Voucher Program the Hialeah Housing Authority has applied for and received Vouchers for special populations that include: Vouchers for Family Self-Sufficiency, Family Unification, Persons with Disabilities, 1915 C Medicaid Waiver Recipients, and, Non-Elderly Handicapped in Support of Elderly Designated Housing. And, through the Public Housing Program the Hialeah Housing Authority has received approval for the designation of 640 public housing units as all elderly.
- The Hialeah Housing Authority submitted an application to HUD and was approved to dispose of vacant Public Housing land to develop 35 affordable housing units for the elderly. The Hialeah Housing is in the process of securing financing for the development.

Other: (list below)

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

**The City of Hialeah's Consolidated Plan identified all of the aforementioned programs and services being operated by the Hialeah Housing Authority in the needs assessment of the City of Hialeah.**

**D. Other Information Required by HUD**

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

## Attachments

Use this section to provide any additional attachments referenced in the Plans.

FL06601v02	Annual Plan 2007 and Five Year Plan 2005-2009
FL06602v02	Annual Statement Progress
FL06603v02	CFP 2003
FL06604v02	CFP 2003 – Additional Monies
FL06605v02	CFP 2004
FL06606v02	CFP 2005
FL06607v02	CFP 2006
FL06608v02	Community Service
FL06609v02	Deconcentration Policy
FL06610v02	Pet Policy - Elderly
FL06611v02	Pet Policy - Family
FL06612v02	PH Conversion Assessment
FL06613v02	Resident Advisory Board
FL06614v02	Resident Commissioner
FL06615v02	Cap Fund Borrowing
FL06616v02	CFP 2007
FL06617v02	Board of Commissioners

## Capital Fund Program Five-Year Action Plan

### Capital Fund Program Five-Year Action Plan

#### Part I: Summary

PHA Name Hialeah Housing Authority					<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Work Statement for Year 1 FFY Grant: PHA FY: 2008	Work Statement for Year 2 FFY Grant: PHA FY: 2009	Work Statement for Year 3 FFY Grant: PHA FY: 2010	Work Statement for Year 4 FFY Grant: PHA FY: 2011	Work Statement for Year 5 FFY Grant: PHA FY: 2012	
FL29-P066-001 / ASHLEY PLAZA	\$1,040,000.00	\$ 0.00	\$ 0.00	\$ 100,000.00	\$ 430,000.00	
FL29-P066-002 / HOLLAND HALL	\$ 146,000.00	\$ 80,000.00	\$ 0.00	\$ 0.00	\$ 75,000.00	
FL29-P066-003 / VIVIAN VILLAS	\$ 88,000.00	\$ 60,000.00	\$ 0.00	\$ 0.00	\$ 75,000.00	
FL29-P066-004 / HOFFMAN GARDENS	\$ 40,000.00	\$ 600,000.00	\$ 650,000.00	\$ 100,000.00	\$1,230,000.00	
FL29-P066-005 / SEMINOLA VILLAS	\$ 230,000.00	\$ 45,000.00	\$ 100,000.00	\$ 0.00	\$ 0.00	
FL29-P066-006 / MILANDER MANOR	\$ 70,500.00	\$ 50,000.00	\$ 145,000.00	\$ 0.00	\$ 88,000.00	
FL29-P066-008 / LA ESPERANZA	\$ 521,000.00	\$ 0.00	\$ 385,000.00	\$ 0.00	\$ 101,000.00	
FL29-P066-010 / BRIGHT VILLAS	\$ 80,500.00	\$ 30,000.00	\$ 0.00	\$ 95,000.00	\$ 55,000.00	
FL29-P066-012 / DALE BENNETT	\$ 76,000.00	\$ 30,000.00	\$ 200,000.00	\$ 44,000.00	\$ 50,000.00	
FL29-P066-016 / MARTINEZ PAVILION	\$ 212,000.00	\$ 110,000.00	\$ 0.00	\$ 0.00	\$ 205,000.00	
FL29-P066-020 / RUTH TINSMAN	\$ 4,000.00	\$ 489,000.00	\$ 162,000.00	\$ 0.00	\$ 120,000.00	
FL29-P066-021 / PROJECT 21	\$ 1,000.00	\$ 105,500.00	\$ 0.00	\$ 0.00	\$ 11,000.00	
9000 Collateralization or Debt Service	\$ 438,672.00	\$ 438,672.00	\$ 438,672.00	\$ 438,672.00	\$ 438,672.00	
CFP Funds Listed for 5-year planning						
Replacement Housing Factor Funds						

## Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year: 2008 FFY Grant: PHA FY:			Activities for Year: 2009 FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	ASHLEY PLAZA / FL29-P066-001	NEW DOORS	\$ 150,000.00	ASHLEY PLAZA / FL29-P066-001		\$ 0.00
		NEW ROOF	\$ 200,000.00	HOLLAND HALL / FL29-P066-002	PAINT EXTERIOR	\$ 55,000.00
		BATHROOM RENOVATIONS	\$ 500,000.00		PARKING LOT IMPROVEMENTS	\$ 25,000.00
Annual		REPAINT UNITS	\$ 100,000.00	VIVIAN VILLAS / FL29-P066-003	PAINT EXTERIOR	\$ 35,000.00
		PAINT COMMON AREAS	\$ 40,000.00		PARKING LOT IMPROVEMENTS	\$ 25,000.00
		PARKING LOT IMPROVEMENTS	\$ 50,000.00	HOFFMAN GARDENS / FL29-P066-004	BATH/KITCHEN CABINETS	\$ 600,000.00
Statement	HOLLAND HALL / FL29-P066-002	DOOR SEALS	\$ 12,000.00	SEMINOLA VILLAS / FL29-P066-005	PAINT UNITS	\$ 45,000.00
		MAILBOX REPLACEMENT	\$ 4,000.00	MILANDER MANOR / FL29-P066-006	PAINT EXTERIOR	\$ 25,000.00
		PAINT UNITS	\$ 50,000.00		REPLACE BOILER	\$ 25,000.00
		PAINT COMMON AREAS	\$ 20,000.00	LA ESPERANZA / FL29-P066-008		\$ 0.00
		HURRICANE SHUTTERS	\$ 60,000.00	BRIGHT VILLAS / FL29-P066-010	PARKING LOT IMPROVEMENTS	\$ 30,000.00
				DALE BENNETT / FL29-P066-012	PARKING LOT IMPROVEMENTS	\$ 30,000.00
	VIVIAN VILLAS / FL29-P066-003	DOOR SEALS	\$ 12,000.00	MARTINEZ PAVILION / FL29-P066-016	PAINT INTERIOR	\$ 46,000.00
		MAILBOX REPLACEMENT	\$ 4,000.00		PAINT EXTERIOR	\$ 34,000.00
		PAINT UNITS	\$ 50,000.00		PARKING LOT IMPROVEMENTS	\$ 30,000.00
		PAINT COMMON AREAS	\$ 22,000.00	RUTH TINSMAN / FL29-P066-020	PAINT EXTERIOR	\$ 35,000.00
	HOFFMAN GARDENS / FL29-P066-004	DOOR SEALS	\$ 25,000.00		PARKING LOT IMPROVEMENTS	\$ 45,000.00
		MAILBOX REPLACEMENT	\$ 15,000.00		RETILE UNITS	\$ 100,000.00
	SEMINOLA VILLAS / FL29-P066-005	DOOR SEALS	\$ 15,000.00		PAINT INTERIOR	\$ 59,000.00
		REPLACE APPLIANCES	\$ 30,000.00		BATHROOM RENOVATIONS	\$ 250,000.00
		PAINT EXTERIOR	\$ 45,000.00	PROJECT 21 / FL29-P066-021	PAINT EXTERIOR	\$ 22,000.00
		PAINT INTERIOR	\$ 40,000.00		PAINT INTERIOR	\$ 9,500.00
		BATH/KITCHEN CABINETS	\$ 100,000.00		NEW CABINETS	\$ 50,000.00
	MILANDER MANOR / FL29-P066-006	DOOR SEALS	\$ 7,500.00		REPLACE APPLIANCES	\$ 14,000.00
		PAINT UNITS	\$ 35,000.00		PARKING LOT IMPROVEMENTS	\$ 10,000.00
		PAINT COMMON AREAS	\$ 28,000.00			
	LA ESPERANZA / FL29-P066-008	DOOR SEALS	\$ 20,000.00			
		MAILBOX REPLACEMENT	\$ 6,000.00			
		BATHROOM RENOVATION	\$ 200,000.00			
		CABINETS	\$ 130,000.00			
		ELEVATOR RENOVATION	\$ 165,000.00			
	BRIGHT VILLAS / FL29-P066-010	DOOR SEALS	\$ 6,500.00			
		MAILBOX REPLACEMENT	\$ 2,000.00			
		STORM PANELS	\$ 39,000.00			
		PAINT EXTERIOR	\$ 33,000.00			

*Continue Next Page*



Activities for Year 1	Activities for Year: 2008			Activities for Year: 2009		
	FFY Grant: PHA FY:			FFY Grant: PHA FY:		
	DALE BENNETT / FL29-P066-012	MAILBOX REPLACEMENT	\$ 2,000.00			
		PAINT EXTERIOR	\$ 35,000.00			
		STORM PANELS	\$ 39,000.00			
	MARTINEZ PAVILION / FL29-P066-016	DOOR SEALS	\$ 7,500.00			
		MAILBOX REPLACEMENT	\$ 2,500.00			
		STORM PANELS	\$ 42,000.00			
		KITCHEN CABINET REPLACEMENT	\$ 160,000.00			
	RUTH TINSMAN / FL29-P066-020	MAILBOX REPLACEMENT	\$ 4,000.00			
	PROJECT 21 / FL29-P066-021	MAILBOX REPLACEMENT	\$ 1,000.00			
	9000 Collateralization or Debt Service		\$ 438,672.00	9000 Collateralization or Debt Service		\$ 438,672.00
<b>Total CFP Estimated Cost</b>			<b>\$2,947,672.00</b>			<b>\$2,038,172.00</b>

## Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part II: Supporting Pages—Work Activities</b>					
Activities for Year : 2010 FFY Grant: PHA FY:			Activities for Year: 2011 FFY Grant: PHA FY:		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
ASHLEY PLAZA / FL29-P066-001		\$ 0.00	ASHLEY PLAZA / FL29-P066-001	PAINT EXTERIOR	\$ 100,000.00
HOLLAND HALL / FL29-P066-002		\$ 0.00	HOLLAND HALL / FL29-P066-002		\$ 0.00
VIVIAN VILLAS / FL29-P066-003		\$ 0.00	VIVIAN VILLAS / FL29-P066-003		\$ 0.00
HOFFMAN GARDENS / FL29-P066-004	RECREATION UPGRADE	\$ 50,000.00	HOFFMAN GARDENS / FL29-P066-004	PAINT EXTERIOR	\$ 100,000.00
	REPLACE WINDOWS	\$ 600,000.00	SEMINOLA VILLAS / FL29-P066-005		\$ 0.00
SEMINOLA VILLAS / FL29-P066-005	IRRIGATION SYSTEM	\$ 100,000.00	MILANDER MANOR / FL29-P066-006		\$ 0.00
MILANDER MANOR / FL29-P066-006	ELEVATOR RENOVATION	\$ 145,000.00	LA ESPERANZA / FL29-P066-008		\$ 0.00
LA ESPERANZA / FL29-P066-008	PAINT INTERIOR	\$ 90,000.00	BRIGHT VILLAS / FL29-P066-010	PAINT INTERIOR	\$ 45,000.00
	BATHROOM CABINET REPLACEMENT	\$ 130,000.00		NEW WINDOWS	\$ 50,000.00
	HURRICANE SHUTTERS	\$ 100,000.00	DALE BENNETT / FL29-P066-012	NEW WINDOWS	\$ 5,000.00
	PAINT EXTERIOR	\$ 65,000.00		PAINT INTERIOR	\$ 39,000.00
BRIGHT VILLAS / FL29-P066-010		\$ 0.00	MARTINEZ PAVILION / FL29-P066-016		\$ 0.00
DALE BENNETT / FL29-P066-012	STAIRWELL REPLACEMENT	\$ 200,000.00	RUTH TINSMAN / FL29-P066-020		\$ 0.00
MARTINEZ PAVILION / FL29-P066-016		\$ 0.00	PROJECT 21 / FL29-P066-021		\$ 0.00
RUTH TINSMAN / FL29-P066-020	PAINT COMMON AREAS	\$ 37,000.00			
	HURRICANE SHUTTERS	\$ 75,000.00			
	REPLACE APPLIANCES	\$ 50,000.00			
PROJECT 21 / FL29-P066-021		\$ 0.00			
9000 Collateralization or Debt Service		\$ 438,672.00	9000 Collateralization or Debt Service		\$ 438,672.00
<b>Total CFP Estimated Cost</b>		<b>\$ 2,080,672.00</b>			<b>\$ 777,672.00</b>

## Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>		
<b>Part II: Supporting Pages—Work Activities</b>		
Activities for Year : 2012		
FFY Grant:		
PHA FY:		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
ASHLEY PLAZA / FL29-P066-001	DISABLED PICK-UP/DROP-OFF	\$ 25,000.00
	HURRICANE SHUTTERS	\$ 255,000.00
	RETILE UNITS	\$ 150,000.00
HOLLAND HALL / FL29-P066-002	RETILE UNITS	\$ 75,000.00
VIVIAN VILLAS / FL29-P066-003	RETILE UNITS	\$ 75,000.00
HOFFMAN GARDENS / FL29-P066-004	RETILE UNITS	\$ 250,000.00
	SECURITY FENCE	\$ 280,000.00
	REPLACE APPLIANCES	\$ 100,000.00
	REPLACE DOORS	\$ 400,000.00
	STORM PANELS	\$ 200,000.00
SEMINOLA VILLAS / FL29-P066-005		\$ 0.00
MILANDER MANOR / FL29-P066-006	RETILE UNITS	\$ 48,000.00
	HURRICANE SHUTTERS	\$ 40,000.00
LA ESPERANZA / FL29-P066-008	RETILE UNITS	\$ 101,000.00
BRIGHT VILLAS / FL29-P066-010	REPLACE APPLIANCES	\$ 55,000.00
DALE BENNETT / FL29-P066-012	REPLACE APPLIANCES	\$ 50,000.00
MARTINEZ PAVILION / FL29-P066-016	REPLACE APPLIANCES	\$ 65,000.00
	NEW ROOF	\$ 140,000.00
RUTH TINSMAN / FL29-P066-020	NEW ROOF	\$ 120,000.00
PROJECT 21 / FL29-P066-021		\$ 0.00
9000 Collateralization or Debt Service		\$ 438,672.00
<b>Total CFP Estimated Cost</b>		<b>\$ 2,878,672.00</b>

## **ANNUAL STATEMENT PROGRESS IN MEETING 5 YEAR PLAN MISSION AND GOALS**

The Hialeah Housing Authority has crafted its 5 Year action Plan for Capital Fund with an emphasis on infrastructure improvements, tenant safety, and resident satisfaction. The Plan includes major repairs such as the redesign of Hoffman Gardens as well as replacement windows at several sites. Hurricane panels will also be installed at several developments and parking lot renovations are also scheduled. Elevator modernization and Bathroom renovations are also scheduled at several sites as well as stairwell and handrail replacement. These investments will help ensure a solid infrastructure for all Hialeah Housing Authority properties.

Responding to Tenant Surveys, the Hialeah Housing Authority has included funds for security improvements at all sites. From additional lighting and security fencing to closed circuit monitoring, the administration hopes to create the safest environment possible for its tenants.

The 5 Year Plan also includes funding for the installation or repair of irrigation systems and landscaping improvements. Several building exteriors will also be repainted. The Hialeah Housing Authority strives to ensure that all Public Housing developments instill a sense of pride and ownership on the part of our tenants. The goal is to ensure that the developments look not only as good as neighboring privately owned property, but superior to the properties in the surrounding area.

Improvements to the units themselves include appliance replacement, tub and toilet replacement, and electrical upgrades. The HHA's goal is to retire older appliances on a cycle basis to reduce maintenance costs and tenant inconvenience and to increase energy efficiency. Tub and toilet replacement will reduce water consumption. All elderly units will be converted from tubs to showers, to reduce accidents and injuries and to allow elderly tenant's greater ease when entering and exiting the shower.

The Hialeah Housing Authority has also included items that respond to tenant concerns such as budgeting to repaint all unit interiors on a five year cycle and the re-tiling of the unit interiors at several sites.

The Capital Fund Program has proven to be a valuable source of funding to the Hialeah Housing Authority in the past. The HHA has completed renovations at Donald Scott Villas which was one of our least eye-appealing developments. Today, this development stands as one of our nicest with new roofs, new windows, new doors, new hurricane shutters, new gutters, and new electrical panels and wiring. Furthermore, the HHA has begun work on the improvements to Hoffman Gardens. Using Capital Fund dollars from multiple funding cycles, these 200 townhouse-style units will be completely redone incorporating elements of Crime Prevention by Environmental Design and converting an unappealing property into the best looking development in the area.

The Five Year Plan crafted by the HHA addresses infrastructure, security, and tenant satisfaction. The Hialeah Housing Authority has worked to ensure that the Capital Fund dollars at its disposal are invested in a manner that ensures that the HHA will be able to provide safe, decent, and affordable housing to its tenants today, tomorrow, and into the foreseeable future.

# NAHRO Capital Fund Manager ©

## I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

### Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *CFP MANAGER© Capital Fund Management Software*. This product is designed to be used with Excel© Version 5.0 or higher or Lotus 1-2-3© for Windows, Version 3 or higher.

*CFP MANAGER©* helps you plan for the future and saves you hours of valuable staff time, by facilitating the preparation of the CFP portion of the Annual Plan, the CFP Performance and Evaluation ("P&E") report, which also goes along with the Annual Plan, and all the forms required under the program. It is a powerful **planning tool**, which helps you answer "WHAT IF" questions: to simulate various Capital Fund grant levels and capital and management improvement "investment" strategies. It can help you develop contingency plans to cope with the uncertainties we now face. In just a few keystrokes, you can "try on" various versions of your capital budget. It also facilitates Revised Annual Statements and Replacement Housing Factor (RHF) submittals.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, contact Dennis Mobley at:

**Cell: (678) 612-3286**  
**Page: (800) 317-8579**  
**Voice: (404) 584-7985**  
**Fax: (404) 584-7786**  
**E-mail: Dmobley671@aol.com**

*After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.*

### Step 1: Install

- 1) DOWNLOAD *NAHRO CFP MANAGER©* USING YOUR E-MAIL SOFTWARE, AND BE AWARE INTO WHICH "FOLDER" YOUR E-MAIL PROGRAM PUTS DOWNLOADED FILES
- 2) GET YOUR EXCEL© OR LOTUS© PROGRAM UP AND RUNNING.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER INTO WHICH THE CFP MANAGER© FILE WAS DOWNLOADED, AND OPEN THE FILE WITH EXCEL© OR LOTUS© (THE FILE IS NAMED NCFP101.XLS FOR EXCEL© USERS, NCFP101.WK4 FOR LOTUS© USERS).
- 4) CLICK ON "FILE", "SAVE AS", AND CREATE YOUR FIRST WORKING COPY OF THE FILE. GIVE IT A NEW FILE NAME SUCH AS FY2002A, ETC. YOU MAY WANT TO SAVE THIS FILE INTO A TOTALLY DIFFERENT FOLDER FROM THE ORIGINAL DOWNLOADED VERSION. (MANY PEOPLE USE "MY DOCUMENTS" OR SIMILAR FOLDERS FOR THIS PURPOSE).

This product has been designed as one (1) spreadsheet file with multiple worksheets, including "Annual Statement" and "Five-Year Action Plan" forms, including enough Part II forms for thirty (30) developments! The product can be used for the Annual Performance and Evaluation (P & E) report as well as for budgeting.

# NAHRO

## Capital Fund Manager ©

### I n s t r u c t i o n s ( c o n t ' d . )

**ENTER DATA IN THE BLUE CELLS**

**DO NOT CHANGE THE RED CELLS**

*To move from one worksheet to another, simply click on the labeled "file folders" on the computer screen (labelled "Annual\_Part I", etc.)*

**We have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed because they have formulae embedded in them.**

**However**, users may override information in any cell (at their own peril). This is in the spirit of making NAHRO's spreadsheet-based planning tools as flexible as possible, to suit your particular needs. We are always open to your suggestions on additional product ideas, or on improving existing products. (Feel free to call Technical Support in this regard).

For best printing results, use a LASER printer, and print each worksheet separately by **highlighting each one in turn**. First, "Set Print Area" from the "File" menu. On "Page Setup", use "Fit to 1 Page Tall by 1 Wide", and use *landscape* orientation. Use the following ranges where appropriate.

#### **NAHRO CFP MANAGER© Software Print Settings**

Worksheet	Print Range	Orientation
Annual Statement Part I	A1..N44	Landscape
Annual Statement Part II	[Various]	"
Annual Statement Part III	A1..L40	"
Five-Year Action Plan Part I	A1..M26	"
Five-Year Action Plan Part II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

## **Step 2: Start Planning and Reporting!**

Annual Statement /Performance and Evaluation Report		Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)		Rev.8/14/03,1/27/04,2/11/04,3/2/04,4/15,5/6		Part I: Summary	
PHA Name: <b>Hialeah Housing Authority</b>			Grant Type and Number			Federal FY of Grant:	
Revised <b>5/30/2006</b>			Capital Fund Program Grant No. <b>FL 14P06650103</b>			<b>2003</b>	
<input type="checkbox"/> Original Annual Statement 3/19/2003 <input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<input type="checkbox"/> Reserve for Disasters/Emergencies			<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 8 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost			
		Original	Revised	Obligated	Expended		
1	Total Non-CFP Funds						
2	1406 Operations	\$0.00	\$0.00	\$0.00	\$0.00		
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00		
4	1410 Administration	\$102,500.00	\$102,500.00	\$102,500.00	\$102,500.00		
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00		
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00		
7	1430 Fees and Costs	\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00		
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	.		
9	1450 Site Improvement	\$182,926.34	\$182,926.34	\$173,701.34	\$53,007.34		
10	1460 Dwelling Structures	\$733,851.65	\$735,830.89	\$690,830.89	\$154,095.58		
11	1465.1 Dwelling Equipment-Nonexpendable	\$81,000.00	\$79,020.76	\$79,020.76	\$41,388.33		
12	1470 Nondwelling Structures	\$92,638.01	\$92,638.01	\$62,638.01	\$62,638.01		
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00		
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00		
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00		
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00		
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00		
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00		
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00		
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00		
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	<b>\$1,222,916.00</b>	<b>\$1,222,916.00</b>	<b>\$1,138,691.00</b>	<b>\$443,629.26</b>		
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00		
23	Amount of line 21 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00		
24	Amount of line 21 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00		
25	Amount of line 21 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00		
26	<b>Amount of line 21 Related to Energy Conservation Measures</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>OPERATIONS</b>		1406		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Mgmt. Improvmts	1) Item 1	1408		\$0.00	\$0.00	\$0.00	\$0.00	
	2) Item 2	"		\$650.00	\$0.00	\$0.00	\$0.00	
	3) Item 3	"		\$0.00	\$0.00	\$0.00	\$0.00	
			<b>Total 1408</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$102,500.00	\$102,500.00	\$102,500.00	\$102,500.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$30,000.00	\$30,000.00	\$30,000.00	\$30,000.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>1</b> <b>ASHLEY</b> <b>PLAZA</b>	<b>Site:</b> Irrigation \$10,775.00 Landscaping \$9,225.00	1450		\$20,000.00	\$20,000.00	\$10,775.00	\$0.00	
			<b>Total Site:</b>	\$20,000.00	\$20,000.00	\$10,775.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			<b>Total M&amp;E:</b>	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> Security Enhancements \$10,667.00 Hurricane Security \$30,000.00	1460		\$40,667.00	\$40,667.00	\$40,667.00	\$10,667.00	
			<b>Total B.E.:</b>	\$40,667.00	\$40,667.00	\$40,667.00	\$10,667.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			<b>Total DUs:</b>	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			<b>Total D.E.:</b>	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> Dining Room Renovations \$30,000.00 New Tile Floors \$48,653.01	1470		\$78,653.00	\$78,653.01	\$48,653.01	\$48,653.01	
			<b>Total ICAs:</b>	\$78,653.00	\$78,653.01	\$48,653.01	\$48,653.01	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		<b>Total SWFs:</b>	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		<b>Total NDE:</b>	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>1</b>		<b>Project Total:</b>	\$139,320.00	\$139,320.01	\$100,095.01	\$59,320.01	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 2 HOLLAND HALL</b>	<b>Site:</b> Irrigation & Landscaping	1450		\$11,858.94	\$11,858.94	\$11,858.94	\$11,858.94	
			Total Site:	\$11,858.94	\$11,858.94	\$11,858.94	\$11,858.94	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> Security Enhancements \$7,316.00 Paint \$43,124.88	1460		\$50,440.88	\$50,440.88	\$50,440.88	\$50,440.88	
			Total B.E.:	\$51,580.38	\$50,440.88	\$50,440.88	\$50,440.88	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>2</b>		<b>Project Total:</b>	<b>\$62,869.57</b>	<b>\$62,299.82</b>	<b>\$62,299.82</b>	<b>\$62,299.82</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>3</b> <b>VIVIAN</b> <b>VILLAS</b>	<b>Site:</b> Irrigation & landscaping	1450		\$10,434.60	\$10,434.60	\$10,434.60	\$10,434.60	
			Total Site:	\$10,434.60	\$10,434.60	\$10,434.60	\$10,434.60	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> Security Enhancement \$7,316.00	1460		\$7,421.00	\$7,421.00	\$7,421.00	\$7,421.00	
			Total B.E.:	\$7,421.00	\$7,421.00	\$7,421.00	\$7,421.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>3</b>		<b>Project Total:</b>	<b>\$17,855.60</b>	<b>\$17,855.60</b>	<b>\$17,855.60</b>	<b>\$17,855.60</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 4 HOFFMAN GARDENS</b>	<b>Site:</b> Trash Enclosures New Parking, Remove / Replace Fences, New Lighting	1450		\$109,919.00	\$109,919.00	\$109,919.00	\$0.00	
			Total Site:	\$109,919.00	\$109,919.00	\$109,919.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> New Roof \$366,020.37	1460		\$366,020.37	\$366,020.37	\$366,020.37	\$22,559.20	
			Total B.E.:	\$366,020.37	\$366,020.37	\$366,020.37	\$22,559.20	
	<b>Dwelling Units:</b>	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> New Central A/C's \$81,000.00 (Difference moved to 2002)	1465.1		\$81,000.00	\$50,365.76	\$50,365.76	\$41,388.33	
			Total D.E.:	\$81,000.00	\$50,365.76	\$50,365.76	\$41,388.33	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>4</b>		<b>Project Total:</b>	<b>\$556,939.37</b>	<b>\$526,305.13</b>	<b>\$526,305.13</b>	<b>\$63,947.53</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 5 SEMINOLA VILLAS</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> Paint \$6,533.00	1460		\$6,533.00	\$6,533.00	\$6,533.00	\$6,533.00	
			Total B.E.:	\$6,533.00	\$6,533.00	\$6,533.00	\$6,533.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>5</b>		<b>Project Total:</b>	<b>\$6,533.00</b>	<b>\$6,533.00</b>	<b>\$6,533.00</b>	<b>\$6,533.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 6 MILANDER MANOR</b>	<b>Site:</b> Irrigation & Landscaping	1450		\$11,522.20	\$11,522.20	\$11,522.20	\$11,522.20	
			Total Site:	\$11,522.20	\$11,522.20	\$11,522.20	\$11,522.20	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> Security Enhancements \$6,169.00	1460		\$6,169.00	\$6,169.00	\$6,169.00	\$6,169.00	
			Total B.E.:	\$6,169.00	\$6,169.00	\$6,169.00	\$6,169.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>6</b>		<b>Project Total:</b>	<b>\$17,691.20</b>	<b>\$17,691.20</b>	<b>\$17,691.20</b>	<b>\$17,691.20</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 8 LA ESPERANZA</b>	<b>Site:</b>	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460		\$0.00	\$0.00	\$0.00	\$0.00	
	None		Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460		\$31,900.50	\$31,900.50	\$31,900.50	\$31,900.50	
	Paint \$31,900.50		Total B.E.:	\$31,900.50	\$31,900.50	\$31,900.50	\$31,900.50	
	<b>Dwelling Units:</b>	1460		\$0.00	\$0.00	\$0.00	\$0.00	
	None		Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
	None		Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b>	1470		\$0.00	\$0.00	\$0.00	\$0.00	
	None		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b>	1470		\$0.00	\$0.00	\$0.00	\$0.00	
	None		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b>	1475		\$0.00	\$0.00	\$0.00	\$0.00		
None		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>8</b>		<b>Project Total:</b>	<b>\$31,900.50</b>	<b>\$31,900.50</b>	<b>\$31,900.50</b>	<b>\$31,900.50</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 10 BRIGHT VILLAS</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> Security Enhancements\$5,000.00	1460		\$5,000.00	\$5,000.00	\$0.00	\$0.00	
			Total B.E.:	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> Kitchen Cabinets\$159,762.90 Paint Interiors\$35,950.00 Kitchen/Plumbing Supplies \$11,347.00	1460		\$207,059.90	\$207,059.90	\$207,059.90	\$15,765.00	
			Total DUs:	\$207,059.90	\$207,059.90	\$207,059.90	\$15,765.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>10</b>		<b>Project Total:</b>	<b>\$212,059.90</b>	<b>\$212,059.90</b>	<b>\$207,059.90</b>	<b>\$15,765.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>12</b> <b>DALE G.</b> <b>BENNETT</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> Security Enhancements \$5,000.00 Handrail Replacement \$1,979.24 (moved from 2002)	1460		\$5,000.00	\$6,979.24	\$6,979.24	\$6,979.24	
			Total B.E.:	\$5,000.00	\$6,979.24	\$6,979.24	\$6,979.24	
	<b>Dwelling Units:</b>	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>12</b>		<b>Project Total:</b>	<b>\$5,000.00</b>	<b>\$6,979.24</b>	<b>\$6,979.24</b>	<b>\$6,979.24</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 16 PROJECT 16</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> New Fence Along (Rear) \$5,000.00	1460		\$5,000.00	\$5,000.00	\$0.00	\$0.00	
			Total B.E.:	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>16</b>		<b>Project Total:</b>	<b>\$5,000.00</b>	<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 20 RUTH A. TINSMAN</b>	<b>Site:</b> Irrigation & Landscaping \$22,000.00	1450		\$19,191.60	\$19,191.60	\$19,191.60	\$19,191.60	
			Total Site:	\$19,191.60	\$19,191.60	\$19,191.60	\$19,191.60	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> Paint \$2,460.00	1460		\$2,640.00	\$2,640.00	\$2,640.00	\$2,640.00	
			Total B.E.:	\$2,640.00	\$2,640.00	\$2,640.00	\$2,640.00	
	<b>Dwelling Units:</b>	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> Tile Floors \$13,985.00	1470		\$13,985.00	\$13,985.00	\$13,985.00	\$13,985.00	
			Total ICAs:	\$13,985.00	\$13,985.00	\$13,985.00	\$13,985.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>20</b>		<b>Project Total:</b>	<b>\$35,816.60</b>	<b>\$35,816.60</b>	<b>\$35,816.60</b>	<b>\$35,816.60</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650103</b> Replacement Housing Factor Grant No:			<b>2003</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 21 PROJECT 21</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>21</b>		<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

# NAHRO Capital Fund Manager ©

## I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

### Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *CFP MANAGER© Capital Fund Management Software*. This product is designed to be used with Excel© Version 5.0 or higher or Lotus 1-2-3© for Windows, Version 3 or higher.

*CFP MANAGER©* helps you plan for the future and saves you hours of valuable staff time, by facilitating the preparation of the CFP portion of the Annual Plan, the CFP Performance and Evaluation ("P&E") report, which also goes along with the Annual Plan, and all the forms required under the program. It is a powerful **planning tool**, which helps you answer "WHAT IF" questions: to simulate various Capital Fund grant levels and capital and management improvement "investment" strategies. It can help you develop contingency plans to cope with the uncertainties we now face. In just a few keystrokes, you can "try on" various versions of your capital budget. It also facilitates Revised Annual Statements and Replacement Housing Factor (RHF) submittals.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, contact Dennis Mobley at:

**Cell: (678) 612-3286**  
**Page: (800) 317-8579**  
**Voice: (404) 584-7985**  
**Fax: (404) 584-7786**  
**E-mail: Dmobley671@aol.com**

*After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.*

### Step 1: Install

- 1) DOWNLOAD *NAHRO CFP MANAGER©* USING YOUR E-MAIL SOFTWARE, AND BE AWARE INTO WHICH "FOLDER" YOUR E-MAIL PROGRAM PUTS DOWNLOADED FILES
- 2) GET YOUR EXCEL© OR LOTUS© PROGRAM UP AND RUNNING.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER INTO WHICH THE CFP MANAGER© FILE WAS DOWNLOADED, AND OPEN THE FILE WITH EXCEL© OR LOTUS© (THE FILE IS NAMED NCFP101.XLS FOR EXCEL© USERS, NCFP101.WK4 FOR LOTUS© USERS).
- 4) CLICK ON "FILE", "SAVE AS", AND CREATE YOUR FIRST WORKING COPY OF THE FILE. GIVE IT A NEW FILE NAME SUCH AS FY2002A, ETC. YOU MAY WANT TO SAVE THIS FILE INTO A TOTALLY DIFFERENT FOLDER FROM THE ORIGINAL DOWNLOADED VERSION. (MANY PEOPLE USE "MY DOCUMENTS" OR SIMILAR FOLDERS FOR THIS PURPOSE).

This product has been designed as one (1) spreadsheet file with multiple worksheets, including "Annual Statement" and "Five-Year Action Plan" forms, including enough Part II forms for thirty (30) developments! The product can be used for the Annual Performance and Evaluation (P & E) report as well as for budgeting.

# NAHRO

## Capital Fund Manager ©

### I n s t r u c t i o n s ( c o n t ' d . )

**ENTER DATA IN THE BLUE CELLS**

**DO NOT CHANGE THE RED CELLS**

*To move from one worksheet to another, simply click on the labeled "file folders" on the computer screen (labelled "Annual\_Part I", etc.)*

**We have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed because they have formulae embedded in them.**

**However**, users may override information in any cell (at their own peril). This is in the spirit of making NAHRO's spreadsheet-based planning tools as flexible as possible, to suit your particular needs. We are always open to your suggestions on additional product ideas, or on improving existing products. (Feel free to call Technical Support in this regard).

For best printing results, use a LASER printer, and print each worksheet separately by **highlighting each one in turn**. First, "Set Print Area" from the "File" menu. On "Page Setup", use "Fit to 1 Page Tall by 1 Wide", and use *landscape* orientation. Use the following ranges where appropriate.

#### **NAHRO CFP MANAGER© Software Print Settings**

Worksheet	Print Range	Orientation
Annual Statement Part I	A1..N44	Landscape
Annual Statement Part II	[Various]	"
Annual Statement Part III	A1..L40	"
Five-Year Action Plan Part I	A1..M26	"
Five-Year Action Plan Part II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

## **Step 2: Start Planning and Reporting!**

Annual Statement /Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)			Rev. 01/31/2006		Part I: Summary
PHA Name:  Hialeah Housing Authority		5/2/2006	Grant Type and Number Capital Fund Program Grant No. FL 14P06650203 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003 - ADDITIONAL MONIES
<input type="checkbox"/> Original Annual Statement		1/27/2004	<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 5 ) 05/02/0606
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					<input type="checkbox"/> Final Performance and Evaluation Report
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$3,287.66	\$101,048.44	\$101,048.44	\$0.00
10	1460 Dwelling Structures	\$202,612.64	\$140,227.16	\$140,227.16	\$135,494.60
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$2,447.40	\$2,447.40	\$2,447.40	\$2,447.40
13	1475 Nondwelling Equipment	\$35,375.30	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	<b>\$243,723.00</b>	<b>\$243,723.00</b>	<b>\$243,723.00</b>	<b>\$137,942.00</b>
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 21 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 21 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	<b>Amount of line 21 Related to Energy Conservation Measures</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>OPERATIONS</b>		<b>1406</b>		<b>\$0.00</b>				
<b>HA-Wide Mgmt. Improvmts</b>	1) Item 1	<b>1408</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	2) Item 2	<b>"</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	3) Item 3	<b>"</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
			<b>Total 1408</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>HA-Wide Admin</b>	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	<b>1410</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>HA-Wide Fees and Costs</b>	A & E services @ 7% of the annual grant amount, based on actual scope of design work	<b>1430</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>HA-Wide</b>	Nonroutine vacancy prep.	<b>1460</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>"</b>	Nonroutine PM repairs	<b>1460</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>"</b>	Appliances	<b>1465</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>"</b>	Vehicle replacement	<b>1475</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>"</b>	Demolition (specify location[s])	<b>1485</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>"</b>	Relocation expenses	<b>1495.1</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>1</b> <b>ASHLEY</b> <b>PLAZA</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$2,447.40	\$2,447.40	\$2,447.40	\$2,447.40	
			Total ICAs:	\$2,447.40	\$2,447.40	\$2,447.40	\$2,447.40	
	<b>Site-Wide Facilities:</b> Common Area Tile	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>1</b>		<b>Project Total:</b>	<b>\$2,447.40</b>	<b>\$2,447.40</b>	<b>\$2,447.40</b>	<b>\$2,447.40</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			Status of Work
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Obligated	Expended	
<b>FL29-P066 2 HOLLAND HALL</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>2</b>		<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			Status of Work
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>3</b> <b>VIVIAN</b> <b>VILLAS</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>3</b>		<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			Status of Work
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>4</b> <b>HOFFMAN</b> <b>GARDENS</b>	<b>Site:</b> Trash Enclosures - Moved From 2002 New Parking, Remove / Replace Fences, New Lighting	1450		\$3,287.66	\$101,048.44	\$101,048.44	\$0.00	
			Total Site:	\$3,287.66	\$101,048.44	\$101,048.44	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>4</b>		<b>Project Total:</b>	<b>\$3,287.66</b>	<b>\$101,048.44</b>	<b>\$101,048.44</b>	<b>\$0.00</b>	





**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			Status of Work
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>5</b> <b>SEMINOLA</b> <b>VILLAS</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>5</b>		<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			Status of Work
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Obligated	Expended	
<b>FL29-P066 6 MILANDER MANOR</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>6</b>		<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>8</b> <b>LA</b> <b>ESPERANZA</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>8</b>		<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			Status of Work
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b>			
					<b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Obligated	Expended	
<b>FL29-P066 10 BRIGHT VILLAS</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> Recreation Improvements	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>10</b>		<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	





**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			Status of Work
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>12</b> <b>DALE G.</b> <b>BENNETT</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> Handrail Replacement (Difference moved to 2002)	1460		\$67,118.04	\$4,732.56	\$4,732.56	\$0.00	
			Total B.E.:	\$67,118.04	\$4,732.56	\$4,732.56	\$0.00	
	<b>Dwelling Units:</b> Paint Interior Units	1460		\$30,222.00	\$30,222.00	\$30,222.00	\$30,222.00	
			Total DUs:	\$30,222.00	\$30,222.00	\$30,222.00	\$30,222.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b>	1470			\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470			\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475			\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>12</b>		<b>Project Total:</b>	<b>\$97,340.04</b>	<b>\$34,954.56</b>	<b>\$34,954.56</b>	<b>\$30,222.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			Status of Work
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Obligated	Expended	
<b>FL29-P066 16 PROJECT 16</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> Paint Interior Units	1460		\$43,000.00	\$43,000.00	\$43,000.00	\$43,000.00	
			Total DUs:	\$43,000.00	\$43,000.00	\$43,000.00	\$43,000.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> New Recreation Equipemnt (Moved to 2002)	1475		\$35,375.30	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$35,375.30	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>16</b>		<b>Project Total:</b>	<b>\$78,375.30</b>	<b>\$43,000.00</b>	<b>\$43,000.00</b>	<b>\$43,000.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			Status of Work
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Obligated	Expended	
<b>FL29-P066 20 RUTH A. TINSMAN</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> Paint Interior Units	1460		\$54,500.00	\$54,500.00	\$54,500.00	\$54,500.00	
			Total DUs:	\$54,500.00	\$54,500.00	\$54,500.00	\$54,500.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>20</b>		<b>Project Total:</b>	<b>\$54,500.00</b>	<b>\$54,500.00</b>	<b>\$54,500.00</b>	<b>\$54,500.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650203</b> Replacement Housing Factor Grant No:			<b>2003</b> <b>ADDITIONAL MONIES</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 21 PROJECT 21</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> Paint Interior Units	1460		\$7,772.60	\$7,772.60	\$7,772.60	\$7,772.60	
			Total DUs:	\$7,772.60	\$7,772.60	\$7,772.60	\$7,772.60	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>	<b>21</b>		<b>Project Total:</b>	<b>\$7,772.60</b>	<b>\$7,772.60</b>	<b>\$7,772.60</b>	<b>\$7,772.60</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule (Continuation)**

PHA Name:  <b>Hialeah Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No.: <b>FL14P06650203</b> Replacement Housing Factor Grant No:	Federal FY of Grant:  <b>2003</b>
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Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

XX Y-19	Anywhere						
XX Y-20	Anywhere						
XX Y-21	Anywhere						
XX Y-22	Anywhere						
XX Y-23	Anywhere						
XX Y-24	Anywhere						
XX Y-25	Anywhere						
XX Y-26	Anywhere						
XX Y-27	Anywhere						
XX Y-28	Anywhere						
XX Y-29	Anywhere						
XX Y-30	Anywhere						



**Capital Fund Program Five-Year Action Plan  
Part I: Summary**

PHA Name:						<input checked="" type="checkbox"/>
<b>Hialeah Housing Authority</b>						<input type="checkbox"/>
Development Number/Name/HA-Wide	Year 1 <b>2003</b>	Work Statement for Year 2 FFY Grant: <b>2004</b> PHA FY:	Work Statement for Year 3 FFY Grant: <b>2005</b> PHA FY:	Work Statement for Year 4 FFY Grant: <b>2006</b> PHA FY:	Woi	
XX Y-01, Anywhere Homes	Annual Statement	\$0	\$0	\$0		
XX Y-02, Anywhere Homes		\$0	\$0	\$0		
XX Y-03, Anywhere Homes		\$0	\$0	\$0		
XX Y-04, Anywhere Homes		\$0	\$0	\$0		
XX Y-05, Anywhere Homes		\$0	\$0	\$0		
XX Y-06, Anywhere Homes		\$0	\$0	\$0		
XX Y-07, Anywhere Homes		\$0	\$0	\$0		
XX Y-08, Anywhere Homes		\$0	\$0	\$0		
HA-Wide Physical Activities		\$0	\$0	\$0		
HA-Wide Non-Physical Activities		\$0	\$0	\$0		
HA-Wide Contingency @ X%	\$0	\$0	\$0			
CFP Funds Listed for						
5-year planning		\$0	\$0	\$0		
Replacement Housing						
Factor Funds		\$0	\$0	\$0		

**Capital Fund Program Five-Year Action Plan  
Part I: Summary (Continuation)**

HA Name:						<input checked="" type="checkbox"/>
<b>Hialeah Housing Authority</b>						<input type="checkbox"/>
Development Number/Name/HA-Wide	Year 1 <b>2003</b>	Work Statement for Year 2 FFY Grant: <b>2004</b> PHA FY:	Work Statement for Year 3 FFY Grant: <b>2005</b> PHA FY:	Work Statement for Year 4 FFY Grant: <b>2006</b> PHA FY:	Woi	
XX Y-09, Anywhere Homes		\$0	\$0	\$0		
XX Y-10, Anywhere Homes		\$0	\$0	\$0		
XX Y-11, Anywhere Homes		\$0	\$0	\$0		
XX Y-12, Anywhere Homes		\$0	\$0	\$0		
XX Y-13, Anywhere Homes		\$0	\$0	\$0		
XX Y-14, Anywhere Homes		\$0	\$0	\$0		
XX Y-15, Anywhere Homes		\$0	\$0	\$0		
XX Y-16, Anywhere Homes		\$0	\$0	\$0		
XX Y-17, Anywhere Homes		\$0	\$0	\$0		
XX Y-18, Anywhere Homes		\$0	\$0	\$0		
XX Y-19, Anywhere Homes		\$0	\$0	\$0		
XX Y-20, Anywhere Homes		\$0	\$0	\$0		
XX Y-21, Anywhere Homes		\$0	\$0	\$0		
XX Y-22, Anywhere Homes		\$0	\$0	\$0		
XX Y-23, Anywhere Homes		\$0	\$0	\$0		
XX Y-24, Anywhere Homes		\$0	\$0	\$0		
XX Y-25, Anywhere Homes		\$0	\$0	\$0		
XX Y-26, Anywhere Homes		\$0	\$0	\$0		
XX Y-27, Anywhere Homes		\$0	\$0	\$0		
XX Y-28, Anywhere Homes		\$0	\$0	\$0		

XX Y-29, Anywhere Homes		\$0	\$0	\$0
XX Y-30, Anywhere Homes		\$0	\$0	\$0

\$0

\$0

\$0

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Original 5-Year Plan

Revision No: \_\_\_\_

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Work Statement for Year 5

FFY Grant: **2007**  
PHA FY:

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\$0

\$0

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Original 5-Year Plan

Revision No: \_\_\_\_

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Work Statement for Year 5

FFY Grant: **2007**  
PHA FY:

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\$0

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**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages---Work Activities**

Activities for Year 1  <b>2003</b>	Activities for Year 2 FFY Grant: <b>2004</b> PHA FY:			Activities for Year 3 FFY Grant: <b>2005</b> PHA FY:								
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost						
	<b>XX Y-01, Anywhere Homes</b>	<b>Site:</b> None	\$0	<b>XX Y-01, Anywhere Homes</b>	<b>Site:</b> None	\$0						
		Total Site:	\$0		Total Site:	\$0						
		<b>Mechanical and Electrical:</b> None	\$0		<b>XX Y-01, Anywhere Homes</b>	<b>Mechanical and Electrical:</b> None	\$0					
		Total M&E:	\$0			Total M&E:	\$0					
		<b>Building Exterior:</b> None	\$0			<b>XX Y-01, Anywhere Homes</b>	<b>Building Exterior:</b> None	\$0				
		Total B.E.:	\$0				Total B.E.:	\$0				
		<b>Dwelling Units:</b> None	\$0				<b>XX Y-01, Anywhere Homes</b>	<b>Dwelling Units:</b> None	\$0			
		Total DUs:	\$0					Total DUs:	\$0			
		<b>Dwelling Equipment:</b> None	\$0					<b>XX Y-01, Anywhere Homes</b>	<b>Dwelling Equipment:</b> None	\$0		
		Total D.E.:	\$0						Total D.E.:	\$0		
		<b>Interior Common Areas:</b> None	\$0						<b>XX Y-01, Anywhere Homes</b>	<b>Interior Common Areas:</b> None	\$0	
		Total ICAs:	\$0							Total ICAs:	\$0	
		<b>Site-Wide Facilities:</b> None	\$0							<b>XX Y-01, Anywhere Homes</b>	<b>Site-Wide Facilities:</b> None	\$0
		Total SWFs:	\$0								Total SWFs:	\$0
<b>Nondwelling Equipment:</b> None	\$0	<b>XX Y-01, Anywhere Homes</b>	<b>Nondwelling Equipment:</b> None	\$0								
Total NDE:	\$0		Total NDE:	\$0								
<b>Subtotal of Estimated Cost</b>			\$0	<b>Subtotal of Estimated Cost</b>							\$0	

# Actual Modernization Cost Certificate

U.S. Dep  
and Urban  
Office of P

Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)

Public Reporting burden for this collection of information is estimated to average 2 data sources, gathering and maintaining the data needed, and completing and reviewing any other aspect of this collection of information, including suggestions for reducing the burden, send comments to Washington, DC 20543-0044, Office of Information Technology, U.S. Department of Housing and Urban Development. If you do not send this form to the above address, a collection of information will not be processed. Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information which will be used by HUD to determine whether the modernization grant is ready to be audited at fiscal close out. Responses to the collection are required by regulation. The information is not to be used for any other purpose.

---

HA Name:

**Anytown Housing Authority**

---

The HA hereby certifies to the Department of Housing and Urban Development that:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") is:

---

A. Original Funds Approved

---

B. Funds Disbursed

---

C. Funds Expended (Actual Modernization Cost)

---

D. Amount to be Recaptured (A-C)

---

E. Excess of Funds Disbursed (B-C)

- 
2. That all modernization work in connection with the Modernization Grant ha
  3. That the entire Actual Modernization Cost or liabilities therefor incurred by
  4. That there are no undischarged mechanics', laborers', contractors', or mat  
work on file in any public office where the same should be filed in order to
  5. That the time in which such liens could be filed has expired.

---

I hereby certify that all the information stated herein, as well as any info  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in crim  
Signature of Executive Director & Date:

**X**

---

**For HUD Use Only**

---

**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

**X**

---

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

**X**

---

Approved: (Director, Office of Public Housing / ONAP Administrator)

**X**

---

**Department of Housing  
 and Urban Development  
 Public and Indian Housing**

OMB No. 2577-0044 (exp. 4/30/2004)

OMB No. 2577-0157 (exp. 12/31/99)

hours per response, including the time for reviewing instructions, searching existing data sources, gathering the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044), Washington, D.C. 20410-3600. This agency may not conduct or sponsor a collection of information unless that collection displays a currently valid OMB control number.

information to enable HUD to initiate the fiscal closeout process. The information provided is not to be edited and closed out. The information is essential for audit verification and the information requested does not lend itself to confidentiality.

	Modernization Project Number: <b>US001P0019XX</b>
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presented as follows:

Modernization Cost") of the Modernization Grant, is as shown below:

	<b>\$0.00</b>
	<b>\$0.00</b>
	<b>\$0.00</b>
	<b>\$0.00</b>
	<b>\$0.00</b>



\$0.00

is been completed;

the HA have been fully paid;

erial-mens' liens against such modernization  
be valid against such modernization work; and

rmation provided in the accompaniment herewith, is true and accurate  
inal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

	Date:
	Date:
	Date:

facsimile **form HUD-53001 (10/96)**  
ref. Handbooks 7475.1 & .3

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**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>				<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number		Development Name		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	Current Bedroom Distribution		<b>0.00%</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	0 _____	1 _____	2 <u>0</u>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	3 <u>0</u>	4 <u>0</u>	5 <u>0</u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	5+ _____		Total Current Units
Section 23, Bond Financed <input type="checkbox"/>					Urgency of Need (1-5)
General Description of Needed Physical Improvements					

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	
Per Unit Hard Cost	<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

HA Name	<b>HIALEAH HOUSING AUTHORITY</b>	<input checked="" type="checkbox"/> Original	
		<input type="checkbox"/> Revision Number _____	
Development Number	Development Name	DOFA Date or Construction Date _____	

Development Type:		Occupancy Type:		Structure Type:		Number of Buildings	Number of Vacant Units
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>		<b>N/A</b>
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution	
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0 _____ 1 _____ 2 _____	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3 _____ 4 _____ 5 _____	Units
Section 23, Bond Financed	<input type="text"/>					5+ _____	
General Description of Needed Physical Improvements							Urgency of Need (1-5)

**HA-WIDE Site:**

None

**ON-DEMAND Mechanical and Electrical:**

**ON-DEMAND Building Exterior:**

**ON-DEMAND Dwelling Units:**

None

**HA-WIDE Dwelling Equipment:**

None

**HA-WIDE Interior Common Areas:**

None

**HA-WIDE Site-Wide Facilities:**

None

**HA-WIDE Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements N/A

Per Unit Hard Cost N/A

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost      Yes       No

Development Has Long-Term Physical and Social Viability      Yes       No

Date Assessment Prepared

Source(s) of Information:  
 Modernization and maintenance personnel  
 Public Meetings with tenants  
 Maintenance Reports  
 Consultants

**Physical Needs Assessment**  
 Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name **HIALEAH HOUSING AUTHORITY**  Original  
 Revision Number \_\_\_\_\_

Development Number **FL29-P066-001**      Development Name **ASHLEY PLAZA**      DOFA Date or Construction Date October 30, 1969

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	<b>1</b>	<b>3</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>153</u> 1 <u>46</u> 2 <u>0</u>	Total Current Units <b>200</b>
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u> 1 non dwelling	

General Description of Needed Physical Improvements

Urgency of Need (1-5)

**Site:**

Security fence  
Re-seal and re-stripe parking

2  
2

**Mechanical and Electrical:**

Elevators/ Modernization

2

**Building Exterior:**

Water sealing / paint building  
Close open areas  
New roof

2  
2  
1

**Dwelling Units:**

Re-tile units floor

3

**Dwelling Equipment:**

None

**Interior Common Areas:**

Lobby / new tiles

5

**Site-Wide Facilities:**

**Nondwelling Equipment:**

Lobby/ new furnitures

5

Total Preliminary Estimated Hard Cost for Needed Physical Improvements

**\$780,000.00**

Per Unit Hard Cost

**\$3,900.00**

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No



Date Assessment Prepared

10-Jul-97

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <p style="color: red; font-weight: bold; margin-left: 40px;">HIALEAH HOUSING AUTHORITY</p>	<input checked="" type="checkbox"/> Original  <input type="checkbox"/> Revision Number _____
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Development Number <p style="color: blue; font-weight: bold; margin-left: 40px;">FL29-P066-002</p>	Development Name <p style="color: blue; font-weight: bold; margin-left: 40px;">HOLLAND HALL</p>	DOFA Date or Construction Date <p style="text-align: right; margin-left: 40px;">May 15, 1963</p>
---	--	---

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	0.00%	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	Total Current	
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	Units	
Section 23, Bond Financed <input type="checkbox"/>			101	

General Description of Needed Physical Improvements	Urgency of Need (1-5)
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**Site:**  
Re-seal and re-stripe parking

2

**Mechanical and Electrical:**  
Elevators / Modernization  
New A/C's units installation

1

1

**Building Exterior:**

Re-paint the building

New roof

Close open areas

2

2

2

**Dwelling Units:**

None

**Dwelling Equipment:**

None

1

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements **\$628,000.00**

Per Unit Hard Cost **\$6,217.82**

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes  No

Development Has Long-Term Physical and Social Viability Yes  No

Date Assessment Prepared 10-Jul-97

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

HA Name <b>HIALEAH HOUSING AUTHORITY</b>		<input checked="" type="checkbox"/> Original  <input type="checkbox"/> Revision Number _____	
Development Number <b>FL29-P066-003</b>	Development Name <b>VIVIAN VILLAS</b>	DOFA Date or Construction Date <b>November 1971</b>	
Development Type: Rental <input checked="" type="checkbox"/> XX Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input checked="" type="checkbox"/> XX Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input checked="" type="checkbox"/> XX	Number of Buildings Current Bedroom Distribution 0 <u>63</u> 1 <u>37</u> 2 _____ 3 _____    4 _____    5 _____ 5+ <u>0</u>
General Description of Needed Physical Improvements			Number of Vacant Units <b>0</b>  Total Current Units <b>100</b>  Urgency of Need (1-5)

**Site:**  
 Security fence  
 Re-seal and re-stripe parking  
 Repair water pump

**Mechanical and Electrical:**  
 None

**Building Exterior:**  
 New windows  
 Re-tile units

**Dwelling Units:**  
 Finishes / Kitchen cabinets

**Dwelling Equipment:**  
 None

1  
2  
3  
  
  
  
4  
4  
  
2

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$468,000.00</b>
Per Unit Hard Cost	<b>\$4,680.00</b>

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost      Yes       No

Development Has Long-Term Physical and Social Viability      Yes       No

Date Assessment Prepared

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Revision Number ___ 1
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Development Number <b>FL29-P066-004</b>	Development Name <b>HOFFMAN GARDEN</b>	DOFA Date or Construction Date <b>1970</b>
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Development Type:      Occupancy Type:      Structure Type:      Number of Buildings      Number of Vacant Units

Rental	<input checked="" type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>				4			
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input checked="" type="checkbox"/>	Row	<input type="checkbox"/>	Current Bedroom Distribution			2.00%			
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>	0	<u>0</u>	1	<u>34</u>	2	<u>76</u>	Total Current
Mutual Help	<input type="checkbox"/>			Elevator	<input checked="" type="checkbox"/>	3	<u>72</u>	4	<u>14</u>	5	<u>4</u>	Units
Section 23, Bond Financed	<input type="checkbox"/>					5+	<u>0</u>					200
General Description of Needed Physical Improvements												Urgency of Need (1-5)

		ESTIMATED COST	
<b>Site:</b>			
Security fence		\$250,000.00	2
Re-seal and re-stripe parking		\$25,000.00	2
<b>Mechanical and Electrical:</b>			
Install central reverse cycle A/C's		\$175,000.00	1
Elevators/ Modernization		\$90,000.00	2
<b>Building Exterior:</b>			
Re-paint exterior building		\$90,000.00	2
Repair fascia		\$250,000.00	1
<b>Dwelling Units:</b>			
Re-do bathrooms		\$260,000.00	4
Re-tile units floor		\$120,000.00	4
<b>Dwelling Equipment:</b>			
None			
<b>Interior Common Areas:</b>			
None			
<b>Site-Wide Facilities:</b>			
Sewer lines		\$120,000.00	1
<b>Nondwelling Equipment:</b>			
None			

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$1,380,000.00</b>
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Per Unit Hard Cost	<b>\$6,900.00</b>
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Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared	
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Source(s) of Information:

Modernization and maintenance personnel  
 Public Meetings with tenants  
 Maintenance Reports  
 Consultants

**Physical Needs Assessment**  
 Comprehensive Grant Program (CGP)

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

HA Name <b>HIALEAH HOUSING AUTHORITY</b>	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number <b>FL29-P066-005</b>	Development Name <b>SEMINOLA VILLAS</b>	DOFA Date or Construction Date _____
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Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input checked="" type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		<b>0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	<b>0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>8</u> 2 <u>12</u> <sup>1</sup>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>17</u> 4 <u>10</u> 5 <u>3</u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	<b>50</b>

General Description of Needed Physical Improvements	Urgency of Need (1-5)
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**Site:**

Re-seal and re-stripe parking

2

**Mechanical and Electrical:**

Install central reverse cycle a/c's

1

**Building Exterior:**

Exterior paint

2

Replace all windows according with Dade County Building Codes

2

**Dwelling Units:**

Re-do bathrooms

4

Re-tile units floor/installation

4

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements

**\$693,980.00**

Per Unit Hard Cost

**\$13,879.60**

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No

Development Has Long-Term Physical and Social Viability

Yes

No

Source(s) of Information:

Modernization and maintenance personnel  
 Public Meetings with tenants  
 Maintenance Reports  
 Consultants

**Physical Needs Assessment**  
 Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>FL29-P066-006</b>	Development Name <b>MILANDER MANOR</b>		DOFA Date or Construction Date <b>June 16,1976</b>
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>56</u> 1 <u>4</u> 2 <u>0</u>
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>
General Description of Needed Physical Improvements			Number of Vacant Units <b>0</b>
<p><b>Site:</b>                      Re-seal and re-stripe parking</p> <p><b>Mechanical and Electrical:</b>                      Elevators/ Modernization                      A/C units/ installation</p> <p><b>Building Exterior:</b>                      Replace all units windows according with Dade County Codes</p>			<b>0.00%</b>
			Total Current Units
			<b>60</b>
			Urgency of Need (1-5)
			<b>2</b>
			<b>2</b>
			<b>1</b>
			<b>1</b>



Re-paint building

2

**Dwelling Units:**

Re-roof building

2

Re-tile units floor

4

New kitchen cabinets

2

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements				<b>\$492,690.00</b>
Per Unit Hard Cost				<b>\$8,211.50</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Date Assessment Prepared				10-Jul-97

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

HA Name <b>HIALEAH HOUSING AUTHORITY</b>		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>FL29-P066-008</b>		Development Name <b>LA ESPERANZA</b>	
		DOFA Date or Construction Date <b>October 1984</b>	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input checked="" type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>  0  </u> 1 <u>  80  </u> 2 <u>  40  </u>
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	3 <u>  0  </u> 4 <u>  0  </u> 5 <u>  0  </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>  0  </u>
General Description of Needed Physical Improvements			Number of Vacant Units <b>1</b>
			<b>0.83%</b>
			Total Current Units <b>120</b>
			Urgency of Need (1-5)

**Site:**  
Re-seal and re-stripe parking

**2**

**Mechanical and Electrical:**  
Elevators/ Modernization  
A/C units/ intallation

**3**  
**1**

**Building Exterior:**  
Water sealing/ Re-paint the building

**2**

**Dwelling Units:**  
New kitchen cabinets in the Mid-rise units

**2**

**Dwelling Equipment:**  
None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements **\$648,900.00**

Per Unit Hard Cost **\$5,407.50**

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes  No

Development Has Long-Term Physical and Social Viability Yes  No

Date Assessment Prepared 10-Jul-97

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name **HIALEAH HOUSING AUTHORITY**  Original

Revision Number \_\_\_\_\_

Development Number **FL29-P066-010** DOFA Date  
Development Name **BRIGHT VILLAS** or  
Construction Date

**1989**

Development Type: Rental <input checked="" type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings	Number of Vacant Units <b>1</b>
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Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text" value="XX"/>	Row	<input type="text"/>	Current Bedroom Distribution			<b>2.00%</b>			
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>50</u>	4	<u>0</u>	5	<u>0</u>	Units
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					<b>50</b>

General Description of Needed Physical Improvements

Urgency of Need (1-5)

**Site:**

Re-seal and re-stripe parking  
Install sprinklers system

2  
3

**Mechanical and Electrical:**

Install A/C Central units

1

**Building Exterior:**

Re-paint building

2

**Dwelling Units:**

New kitchen cabinets

3

**Dwelling Equipment:**

Appliances/ New ranges (Five year replacement needs)

2

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$590,200.00</b>
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Per Unit Hard Cost	<b>\$11,804.00</b>
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Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared	10-Jul-97
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Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

HA Name <b>HIALEAH HOUSING AUTHORITY</b>	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number ____
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Development Number <b>FL29-P066-012</b>	Development Name <b>UNNAMED (PROJECT 12)</b>	DOFA Date or Construction Date <b>November 17, 1989</b>
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Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input checked="" type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		<b>2</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	<b>4.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>50</u> 4 <u>0</u> 5 <u>0</u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	<b>50</b>

General Description of Needed Physical Improvements	Urgency of Need (1-5)
---	-----------------------

**Site:**  
Upgrade Landscape

3

**Mechanical and Electrical:**  
Install A/C's central units

1

**Building Exterior:**  
None

**Dwelling Units:**  
New kitchen cabinets

2

**Dwelling Equipment:**  
New ranges (Five year)  
New refrigerators (Five year)

3

3

**Interior Common Areas:**  
None

**Site-Wide Facilities:**  
None

**Nondwelling Equipment:**  
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements				\$395,000.00
Per Unit Hard Cost				\$7,900.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Date Assessment Prepared				10-Jul-97

Source(s) of Information:

Modernization and maintenace personnel  
Public Meetings with tenants  
Maintenace Reports  
Consultants

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>			<input type="checkbox"/> Original <input checked="" type="checkbox"/> Revision Number ___ 1		
Development Number <b>FL29-P066-016</b>		Development Name <b>UNNAMED (PROJECT 16)</b>		DOFA Date or Construction Date _____	
Development Type:		Occupancy Type:		Structure Type:	
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>
Section 23, Bond Financed	<input type="checkbox"/>				
Number of Buildings					Number of Vacant Units
					<b>0</b>
Current Bedroom Distribution					<b>0.00%</b>
0	<u>0</u>	1	<u>0</u>	2	<u>0</u>
Total Current					
3	<u>0</u>	4	<u>0</u>	5	<u>0</u>
Units					
5+	<u>0</u>				<b>0</b>
General Description of Needed Physical Improvements					Urgency of Need (1-5)
<p><b>Site:</b> None</p> <p><b>Mechanical and Electrical:</b> None</p> <p><b>Building Exterior:</b> None</p>					

**Dwelling Units:**

None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$1,677,688.00</b>
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Per Unit Hard Cost	<b>\$0.00</b>
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Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Date Assessment Prepared	
--------------------------	--

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants



HA Name

**HIALEAH HOUSING AUTHORITY**

Original

Revision Number \_\_\_ 1

Development Number

**FL29-P066-020**

Development Name

**UNAMED (PROJECT20**

DOFA Date

or

Construction Date \_\_\_\_\_

Development Type:

Rental

Turnkey III - Vacant

Turnkey III - Occupied

Mutual Help

Section 23, Bond Financed

Occupancy Type:

Family

Elderly

Mixed

Structure Type:

Detached/Semi-Detached

Row

Walk-Up

Elevator

Number of Buildings

Current Bedroom Distribution

0   0  

1   0  

2   0  

3   0  

4   0  

5   0  

5+   0  

Number of Vacant Units

**0**

**0.00%**

Total Current

Units

**0**

General Description of Needed Physical Improvements

Urgency of Need (1-5)

**Site:**

None

**Mechanical and Electrical:**

None

**Building Exterior:**

None

**Dwelling Units:**

None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$0.00</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Modernization and maintenance personnel  
 Public Meetings with tenants  
 Maintenance Reports  
 Consultants

**Physical Needs Assessment**  
 Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001012</b>		Development Name <b>Garfield Heights</b>		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			<b>0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		<b>0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u>	1 <u>0</u>	2 <u>0</u>
					Total Current

Mutual Help <input type="text"/> Section 23, Bond Financed <input type="text"/>		Elevator <input type="text"/>	3 <u>0</u>	4 <u>0</u>	5 <u>0</u>	Units  <b>0</b>
General Description of Needed Physical Improvements						Urgency of Need (1-5)
<p><b>Site:</b> None</p> <p><b>Mechanical and Electrical:</b> None</p> <p><b>Building Exterior:</b> None</p> <p><b>Dwelling Units:</b> None</p> <p><b>Dwelling Equipment:</b> None</p> <p><b>Interior Common Areas:</b> None</p> <p><b>Site-Wide Facilities:</b> None</p> <p><b>Nondwelling Equipment:</b> None</p>						

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$19,455,999.00</b>
Per Unit Hard Cost	<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number <b>PA28P001013</b>	Development Name <b>Addison Addition</b>	DOFA Date or Construction Date _____
--	---	--

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		<b>0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	<b>0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current Units
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	

General Description of Needed Physical Improvements	Urgency of Need (1-5)
---	-----------------------

**Site:**  
None

**Mechanical and Electrical:**

None

**Building Exterior:**

None

**Dwelling Units:**

None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$7,093,157.00</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001014</b>		Development Name <b>Kelly St. High-Rise</b>		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units	
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		<b>0</b>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		<b>0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>  0  </u>	1 <u>  0  </u>	2 <u>  0  </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>  0  </u>	4 <u>  0  </u>	5 <u>  0  </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>  0  </u>		
General Description of Needed Physical Improvements					Urgency of Need (1-5)

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$6,760,532.00</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name

**HIALEAH HOUSING AUTHORITY**

Original

Revision Number \_\_\_\_\_

Development Number <b>PA28P001015</b>		Development Name <b>Bidwell</b>			DOFA Date or Construction Date _____								
Development Type:		Occupancy Type:		Structure Type:		Number of Buildings		Number of Vacant Units					
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>			<b>0</b>					
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution		<b>0.00%</b>					
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current	
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units	
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					<b>0</b>	
General Description of Needed Physical Improvements											Urgency of Need (1-5)		

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**  
None

**Site-Wide Facilities:**  
None



**Nondwelling Equipment:**  
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$3,192,886.00</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>		<input type="checkbox"/> Original	
		<input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001017</b>	Development Name <b>Pressley St. High-Rise</b>	DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>
		Number of Vacant Units <b>0</b>	
		<b>0.00%</b>	
		Total Current Units	
		<b>0</b>	

General Description of Needed Physical Improvements	Urgency of Need (1-5)
<p><b>Site:</b> None</p> <p><b>Mechanical and Electrical:</b> None</p> <p><b>Building Exterior:</b> None</p> <p><b>Dwelling Units:</b> None</p> <p><b>Dwelling Equipment:</b> None</p> <p><b>Interior Common Areas:</b> None</p> <p><b>Site-Wide Facilities:</b> None</p> <p><b>Nondwelling Equipment:</b> None</p>	
<p>Total Preliminary Estimated Hard Cost for Needed Physical Improvements</p>	<p><b>\$5,055,120.00</b></p>
<p>Per Unit Hard Cost</p>	<p><b>\$0.00</b></p>

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No

Development Has Long-Term Physical and Social Viability

Yes

No

Date Assessment Prepared

Source(s) of Information:

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ref. Handbook 7485.3

### Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name

**HIALEAH HOUSING AUTHORITY**

Original

Revision Number \_\_\_\_\_

Development Number

**PA28P001020**

Development Name

**Homewood North**

DOFA Date

or

Construction Date \_\_\_\_\_

Development Type:

Rental

Occupancy Type:

Family

Structure Type:

Detached/Semi-Detached

Number of Buildings

Number of Vacant Units

**0**

Turnkey III - Vacant

Elderly

Row

Current Bedroom Distribution

**0.00%**

Turnkey III - Occupied

Mixed

Walk-Up

0 0

1 0

2 0

Total Current

Mutual Help

Elevator

3 0

4 0

5 0

Units

Section 23, Bond Financed

5+ 0

**0**

General Description of Needed Physical Improvements

Urgency of  
Need (1-5)

**Site:**

None

**Mechanical and Electrical:**

None

**Building Exterior:**

None

**Dwelling Units:**

None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements				<b>\$3,564,947.00</b>
Per Unit Hard Cost				<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date Assessment Prepared				
Source(s) of Information:				

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>				<input type="checkbox"/> Original  <input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001022</b>		Development Name <b>Scattered Sites "22"</b>		DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings		Number of Vacant Units <b>0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		<b>0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>  0  </u>	1 <u>  0  </u>	2 <u>  0  </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>  0  </u>	4 <u>  0  </u>	5 <u>  0  </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>  0  </u>	Total Current Units <b>0</b>	
General Description of Needed Physical Improvements					Urgency of Need (1-5)

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$1,330,035.16</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>		<input type="checkbox"/> Original
		<input type="checkbox"/> Revision Number _____
Development Number <b>PA28P001024</b>	Development Name <b>Manchester Scattered Sites</b>	DOFA Date or Construction Date _____

Development Type:		Occupancy Type:		Structure Type:		Number of Buildings	Number of Vacant Units
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>		0
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	Units
Section 23, Bond Financed	<input type="text"/>					5+ <u>0</u>	0

General Description of Needed Physical Improvements

Urgency of Need (1-5)

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**  
None

**Site-Wide Facilities:**  
None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$0.00</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001029</b>		Development Name <b>East Hills High-Rise</b>		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			<b>0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		<b>0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>87</u>	1 <u>69</u>	2 <u>1</u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u>	4 <u>0</u>	5 <u>0</u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>		
General Description of Needed Physical Improvements					Urgency of Need (1-5)



**Site:**

None

**Mechanical and Electrical:**

None

**Building Exterior:**

None

**Dwelling Units:**

None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$2,682,048.00</b>
--	-----------------------

Per Unit Hard Cost	<b>\$17,083.11</b>
--------------------	--------------------

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared

Source(s) of Information:

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ref. Handbook 7485.3

### Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>			<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001031</b>		Development Name <b>Murray Towers</b>		DOFA Date or Construction Date _____
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		<b>0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	<b>0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>  0  </u> 1 <u>  0  </u> 2 <u>  0  </u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>  0  </u> 4 <u>  0  </u> 5 <u>  0  </u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>  0  </u>	<b>0</b>
General Description of Needed Physical Improvements				Urgency of Need (1-5)

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**  
None

**Site-Wide Facilities:**  
None

**Nondwelling Equipment:**  
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$2,960,692.00</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name <b>HIALEAH HOUSING AUTHORITY</b>			<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001032</b>		Development Name <b>Glen Hazel Heights</b>		DOFA Date or Construction Date _____
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		<b>0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	<b>0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>  0  </u> 1 <u>  0  </u> 2 <u>  0  </u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>  15  </u> 4 <u>  0  </u> 5 <u>  0  </u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>  0  </u>	<b>15</b>
General Description of Needed Physical Improvements				Urgency of Need (1-5)

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$1,169,308.40</b>
Per Unit Hard Cost					<b>\$77,953.89</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>		<input type="checkbox"/> Original	
		<input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001033</b>	Development Name <b>Bernice Crawley Manor</b>	DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings
			Number of Vacant Units <b>0</b>

Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution			<b>0.00%</b>			
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					<b>0</b>

General Description of Needed Physical Improvements

Urgency of Need (1-5)

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**  
None

**Site-Wide Facilities:**  
None

**Nondwelling Equipment:**  
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$898,806.00</b>
Per Unit Hard Cost	<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

HA Name <b>HIALEAH HOUSING AUTHORITY</b>		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001038</b>	Development Name <b>Glen Hazel Homes</b>	DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>6</u> 4 <u>0</u> 5 <u>0</u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>
General Description of Needed Physical Improvements			Number of Vacant Units <b>0</b>
			<b>0.00%</b>
			Total Current Units <b>6</b>
			Urgency of Need (1-5)

**Site:**

None

**Mechanical and Electrical:**

None

**Building Exterior:**

None

**Dwelling Units:**

None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements				<b>\$561,610.72</b>
Per Unit Hard Cost				<b>\$93,601.79</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date Assessment Prepared				



**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>			<input type="checkbox"/> Original  <input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001039</b>	Development Name <b>Scattered Sites "39"</b>		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		<b>0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	<b>0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>  0  </u> 1 <u>  0  </u> 2 <u>  0  </u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>  0  </u> 4 <u>  0  </u> 5 <u>  0  </u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>  0  </u>	<b>0</b>
General Description of Needed Physical Improvements				Urgency of Need (1-5)
<p><b>Site:</b> None</p> <p><b>Mechanical and Electrical:</b> None</p> <p><b>Building Exterior:</b> None</p>				

**Dwelling Units:**

None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$0.00</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name

**HIALEAH HOUSING AUTHORITY**

Original

Revision Number \_\_\_\_\_

Development Number

**PA28P001040**

Development Name

**Mazza Pavilion**

DOFA Date

or

Construction Date \_\_\_\_\_

Development Type:

Rental

Occupancy Type:

Family

Structure Type:

Detached/Semi-Detached

Number of Buildings

Number of Vacant Units

**0**

Turnkey III - Vacant

Elderly

Row

Current Bedroom Distribution

**0.00%**

Turnkey III - Occupied

Mixed

Walk-Up

0   0  

1   0  

2   0  

Total Current

Mutual Help

Elevator

3   0  

4   0  

5   0  

Units

Section 23, Bond Financed

5+   0  

**0**

General Description of Needed Physical Improvements

Urgency of Need (1-5)

**Site:**

None

**Mechanical and Electrical:**

None

**Building Exterior:**

None

**Dwelling Units:**

None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$1,074,572.00</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001041</b>		Development Name <b>Caliguiri Plaza</b>		DOFA Date or Construction Date _____	
Development Type:		Occupancy Type:		Structure Type:	
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>
				Number of Buildings	
				Number of Vacant Units <b>0</b>	
				Current Bedroom Distribution	
				<b>0.00%</b>	
				0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	
				Total Current	

Mutual Help <input type="text"/> Section 23, Bond Financed <input type="text"/>		Elevator <input type="text"/>	3 <u>0</u>	4 <u>0</u>	5 <u>0</u>	Units  <b>0</b>
General Description of Needed Physical Improvements						Urgency of Need (1-5)
<p><b>Site:</b> None</p> <p><b>Mechanical and Electrical:</b> None</p> <p><b>Building Exterior:</b> None</p> <p><b>Dwelling Units:</b> None</p> <p><b>Dwelling Equipment:</b> None</p> <p><b>Interior Common Areas:</b> None</p> <p><b>Site-Wide Facilities:</b> None</p> <p><b>Nondwelling Equipment:</b> None</p>						

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$0.00</b>
Per Unit Hard Cost	<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

HA Name <b>HIALEAH HOUSING AUTHORITY</b>	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number <b>PA28P001042</b>	Development Name <b>Scattered Sites "42"</b>	DOFA Date or Construction Date _____
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Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		<b>0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	<b>0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>  0  </u> 1 <u>  0  </u> 2 <u>  0  </u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>  0  </u> 4 <u>  0  </u> 5 <u>  0  </u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>  0  </u>	<b>0</b>

General Description of Needed Physical Improvements	Urgency of Need (1-5)
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**Site:**  
None

**Mechanical and Electrical:**

None

**Building Exterior:**

None

**Dwelling Units:**

None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$30,797.70</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b style="color: red;">HIALEAH HOUSING AUTHORITY</b>				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b style="color: blue;">PA28P001043</b>		Development Name <b style="color: blue;">Flowers Street</b>		DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings		Number of Vacant Units <b style="color: red;">0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		<b style="color: red;">0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>  0  </u>	1 <u>  0  </u>	2 <u>  0  </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>  0  </u>	4 <u>  0  </u>	5 <u>  0  </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>  0  </u>	Total Current Units <b style="color: red;">0</b>	
General Description of Needed Physical Improvements					Urgency of Need (1-5)

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None



**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$0.00</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name

**HIALEAH HOUSING AUTHORITY**

Original

Revision Number \_\_\_\_\_

Development Number <b>PA28P001044</b>		Development Name <b>Finello Pavilion</b>			DOFA Date or Construction Date _____								
Development Type:		Occupancy Type:		Structure Type:		Number of Buildings		Number of Vacant Units					
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>			<b>0</b>					
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution		<b>0.00%</b>					
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current	
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units	
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					<b>0</b>	
General Description of Needed Physical Improvements											Urgency of Need (1-5)		

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**  
None

**Site-Wide Facilities:**  
None

**Nondwelling Equipment:**  
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					<b>\$1,020,072.00</b>
Per Unit Hard Cost					<b>\$0.00</b>
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001045</b>		Development Name <b>Morse Gardens</b>		DOFA Date or Construction Date _____	
Development Type:		Occupancy Type:		Structure Type:	
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>
Section 23, Bond Financed	<input type="checkbox"/>				
				Number of Buildings	
				Current Bedroom Distribution	
				0	<u>0</u>
				1	<u>66</u>
				2	<u>0</u>
				3	<u>0</u>
				4	<u>0</u>
				5	<u>0</u>
				5+	<u>0</u>
				Number of Vacant Units	
				<b>0</b>	
				<b>0.00%</b>	
				Total Current	
				Units	
				<b>66</b>	

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**  
None

**Site-Wide Facilities:**  
None

**Nondwelling Equipment:**  
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements

**\$964,082.00**

Per Unit Hard Cost

**\$14,607.30**

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No

Development Has Long-Term Physical and Social Viability

Yes

No

Date Assessment Prepared

Source(s) of Information:

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HUD-52832 (10/96)

ref. Handbook 7485.3

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>PA28P001046</b>		Development Name <b>Pietragallo Regency</b>		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units	
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		<b>0</b>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	<b>0.00%</b>	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>  0  </u> 1 <u>  0  </u> 2 <u>  0  </u>	Total Current	
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>  0  </u> 4 <u>  0  </u> 5 <u>  0  </u>	Units	
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>  0  </u>	<b>0</b>	
General Description of Needed Physical Improvements				Urgency of Need (1-5)	

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**

None

**Dwelling Units:**

None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$0.00</b>
Per Unit Hard Cost	<b>\$0.00</b>

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared	
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Source(s) of Information:	
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HA Name <b style="color: red;">HIALEAH HOUSING AUTHORITY</b>				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b style="color: blue;">PA28P001047</b>		Development Name <b style="color: blue;">Gualtieri Manor</b>		DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings		Number of Vacant Units <b style="color: blue;">0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		<b style="color: red;">0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>  0  </u>	1 <u>  0  </u>	2 <u>  0  </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>  0  </u>	4 <u>  0  </u>	5 <u>  0  </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>  0  </u>	Total Current Units <b style="color: red;">0</b>	
General Description of Needed Physical Improvements					Urgency of Need (1-5)

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$93,340.25</b>
Per Unit Hard Cost	<b>\$0.00</b>

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost      Yes            No     

Development Has Long-Term Physical and Social Viability      Yes            No     

Date Assessment Prepared

Source(s) of Information:

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**HUD-52832 (10/96)**

ref. Handbook 7485.3

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>		<input type="checkbox"/> Original
		<input type="checkbox"/> Revision Number _____
Development Number <b>PA28P001050</b>	Development Name <b>Scattered Sites "50"</b>	DOFA Date or Construction Date _____
Development Type:	Occupancy Type:	Structure Type:
		Number of Buildings
		Number of Vacant Units



Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>		<b>0</b>
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution	<b>0.00%</b>
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	Units
Section 23, Bond Financed	<input type="text"/>					5+ <u>0</u>	<b>0</b>
General Description of Needed Physical Improvements							Urgency of Need (1-5)

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**  
None

**Site-Wide Facilities:**  
None

**Nondwelling Equipment:**  
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$166,362.09</b>
Per Unit Hard Cost	<b>\$0.00</b>

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost      Yes            No     

Development Has Long-Term Physical and Social Viability      Yes            No     

Date Assessment Prepared \_\_\_\_\_  
 Source(s) of Information: \_\_\_\_\_

**Physical Needs Assessment**  
 Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name **HIALEAH HOUSING AUTHORITY**  Original  
 Revision Number \_\_\_\_\_

Development Number **PA28P001051**      Development Name **Scattered Sites "51"**      DOFA Date or Construction Date \_\_\_\_\_

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		<b>0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	<b>0.00%</b>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	<b>0</b>

General Description of Needed Physical Improvements \_\_\_\_\_      Urgency of Need (1-5) \_\_\_\_\_

**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**  
None

**Site-Wide Facilities:**  
None

**Nondwelling Equipment:**  
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$166,362.09
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost      Yes            No     

Development Has Long-Term Physical and Social Viability      Yes            No     

Date Assessment Prepared

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b>HIALEAH HOUSING AUTHORITY</b>				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____		
Development Number <b>PA28P001052</b>		Development Name <b>Scattered Sites "52"</b>		DOFA Date or Construction Date _____		
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units	
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			<b>0</b>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		<b>0.00%</b>	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>  0  </u>	1 <u>  0  </u>	2 <u>  0  </u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>  0  </u>	4 <u>  0  </u>	5 <u>  0  </u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>  0  </u>			<b>0</b>
General Description of Needed Physical Improvements					Urgency of Need (1-5)	
<p><b>Site:</b> None</p> <p><b>Mechanical and Electrical:</b> None</p> <p><b>Building Exterior:</b> None</p>						

**Dwelling Units:**

None

**Dwelling Equipment:**

None

**Interior Common Areas:**

None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$166,362.09</b>
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Per Unit Hard Cost	<b>\$0.00</b>
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Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared	
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Source(s) of Information:	
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HA Name <p style="text-align: center; color: red; font-weight: bold;">HIALEAH HOUSING AUTHORITY</p>	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number <p style="text-align: center; color: blue; font-weight: bold;">PA28P001057</p>	Development Name <p style="text-align: center; color: blue; font-weight: bold;">Scattered Sites "57"</p>	DOFA Date or Construction Date _____
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Development Type: Rental <input style="width: 40px;" type="text"/>	Occupancy Type: Family <input style="width: 40px;" type="text"/>	Structure Type: Detached/Semi-Detached <input style="width: 40px;" type="text"/>	Number of Buildings	Number of Vacant Units <p style="text-align: center; color: blue; font-weight: bold;">0</p>
Turnkey III - Vacant <input style="width: 40px;" type="text"/>	Elderly <input style="width: 40px;" type="text"/>	Row <input style="width: 40px;" type="text"/>	Current Bedroom Distribution	<p style="text-align: center; color: red; font-weight: bold;">0.00%</p>
Turnkey III - Occupied <input style="width: 40px;" type="text"/>	Mixed <input style="width: 40px;" type="text"/>	Walk-Up <input style="width: 40px;" type="text"/>	0 <u>  0  </u> 1 <u>  0  </u> 2 <u>  0  </u>	Total Current
Mutual Help <input style="width: 40px;" type="text"/>		Elevator <input style="width: 40px;" type="text"/>	3 <u>  0  </u> 4 <u>  0  </u> 5 <u>  0  </u>	Units
Section 23, Bond Financed <input style="width: 40px;" type="text"/>			5+ <u>  0  </u>	<p style="text-align: center; color: red; font-weight: bold;">0</p>

General Description of Needed Physical Improvements	Urgency of Need (1-5)
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**Site:**  
None

**Mechanical and Electrical:**  
None

**Building Exterior:**  
None

**Dwelling Units:**  
None

**Dwelling Equipment:**  
None

**Interior Common Areas:**  
None

**Site-Wide Facilities:**

None

**Nondwelling Equipment:**

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	<b>\$166,362.09</b>
Per Unit Hard Cost	<b>\$0.00</b>

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost      Yes            No     

Development Has Long-Term Physical and Social Viability      Yes            No     

Date Assessment Prepared

Source(s) of Information:

**Management Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <p style="margin-left: 20px;"><b>HIALEAH HOUSING AUTHORITY</b></p>	<input checked="checked" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
General Description of Management/Operations Needs	Urgency of Need (1-5)	Preliminary Estimated HA-Wide Cost
1) STAFF TRAINING: Continuation of on-going programs to educate and train personnel in Procurement Management, Cost Estimating, Occupancy, Building Construction, and site-bades asset management Est. \$15,000/Year X 5	<b>2</b>	<b>\$75,000.00</b>
2) MANAGEMENT IMPROVEMENTS STRATEGY: Softwares, upgrades to improve efficiency and office automation needs. Est. \$15,000/Year X 5	<b>2</b>	<b>\$75,000.00</b>



Total Preliminary Estimated HA-Wide Cost	
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	<b>\$75,000.00</b>
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Date Assessment Prepared	
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	10-Jul-97
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Source(s) of Information:

Assesment of needs performed through a technical grant

**Executive Summary of  
Preliminary Estimated Costs**

Physical and Management/  
Operations Needs  
Comprehensive Grant Program (CGP)

**U.S. Department of Housing  
and Urban Development**

Office of Public and Indian Housing

OMB No. 2577-0157 (exp. 7/31/98)

HA Name				Federal Fiscal Year		
<b>HIALEAH HOUSING AUTHORITY</b>				<b>1998</b>		
Development Number/ Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long Term Viability Y/N	Percentage of Vacant Units	
0	0	200	\$780,000.00	\$3,900.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$693,980.00	\$13,879.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
<b>FL29-P066-016 UNNAMED (PROJECT 16 )</b>						
<b>FL29-P066-020 UNNAMED (PROJECT 20)</b>						
<b>Total Preliminary Estimated HA-Wide Cost</b>					<b>\$1,473,980.00</b>	
<b>Total Preliminary Estimated Cost for HA-Wide Management/Operations Need</b>					<b>\$0.00</b>	
<b>Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment</b>					<b>\$0.00</b>	
<b>Total Preliminary Estimated Cost for HA-Wide Administration</b>					<b>\$150,000.00</b>	
<b>Total Preliminary Estimated Cost for HA-Wide Other</b>					<b>\$150,000.00</b>	
<b>Grand Total of HA Needs</b>					<b>\$1,773,980.00</b>	

Signature of Executive Director  
**MARIA M. ROCA**

Date

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# Annual Statement /Performance and Evaluation Report

U. S. Department of Housing  
and Urban Development

## Capital Fund Proram (CFP)

## Part I: Summary

Office of Public and Indian Housing

HA Name <b>HIALEAH HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>FL14P06650104</b>	FFY of Grant Approval <b>2004</b>
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Original Annual Statement  Reserve for Disaster/Emergencies  Revised Annual Statement/Revision Number 3  Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  
**8/24/2004** **28-Mar-06**

Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost	
			Original	Revised	Obligated	Expended
<b>Total Non-CGP Funds</b>						
1	1406	O & M	\$0.00	\$0.00	\$0.00	\$0.00
2	1408	Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
3	1410	Administration	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00
4	1411	Audit	\$0.00	\$0.00	\$0.00	\$0.00
5	1415	Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
6	1430	Fees and Costs	\$10,000.00	\$10,000.00	\$2,959.79	\$2,959.79
7	1440	Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
8	1450	Site Improvement	\$104,317.00	\$443,822.00	\$339,505.00	\$0.00
9	1460	Dwelling Structures	\$49,338.00	\$49,338.00	\$49,338.00	\$48,973.00
10	1465.1	Dwelling Equipment-Nonexpendable	\$1,025,597.00	\$686,092.00	\$686,092.00	\$630,580.90
11	1470	Nondwelling Structures	\$61,065.00	\$61,065.00	\$61,065.00	\$61,065.00
12	1475	Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
13	1485	Demolition	\$0.00	\$0.00	\$0.00	\$0.00
14	1495.1	Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
15	1490	Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1498	Mod Used for Development	\$0.00	\$0.00	\$0.00	\$0.00
17	1502	Contingency (may not exceed 8% of 19)	\$0.00			
18	<b>Amount of Annual Grant</b>		<b>\$1,350,317.00</b>	<b>\$1,350,317.00</b>	<b>\$1,238,959.79</b>	<b>\$843,578.69</b>
19	Amount of line 19 Related to LBP Activities					
20	Amount of line 19 Related to Section 504 Compliance					
21	Amount of line 19 Related to Security					
22	Amount of line 19 Related to Energy Conservation					

Alex Morales, Executive Director



Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)			
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended		
<b>HA-Wide Mgmt. Improvmts</b>	1) STAFF TRAINING: Continuation of program to educate and train personnel procurement, cost estimating, occupan	1406 1408 " "							
	'Building Construction,and site-based management.	" "							
	2) MANAGEMENT IMPROVMTS STR softwares, upgrades to improve efficiency and office automation needs	"							
<b>HA-Wide Admin.</b>	Funding for Staff @ no more than 10% of the annual grant amount	1410		\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00		
<b>HA-Wide Fees and Costs</b>	A & E services @ no more than 7% of annual grant	1430		\$10,000.00	\$10,000.00	\$2,959.79	\$2,959.79		
<b>HA-Wide</b>	Nonroutine vacancy prep.	1460							
"	Nonroutine PM repairs	1460							
"	Appliances	1465							
"	Vehicle replacement	1475							
"	Demolition (specify location[s])	1485							
"	Relocation expenses	1495.1							
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement				Page 1 of 13		form HUD-52837 (10/96)			
(2) To be completed for the Performance and Evaluation Report						ref Handbook 7485.3			

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)			
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing			
							2004		
Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended		
<b>FL29-P066 001</b> <b>ASHLEY PLAZA</b>	<b>1.-Site:</b>	1450							
			Total Site:						
	<b>2.-Mechanical and Electrical:</b>	1460							
			Total M&E:						
	<b>3.-Building Exterior:</b>	1460							
			Total B.E.:						
	<b>4.-Dwelling Units:</b>	1460							
			Total DUs:						
	<b>5.-Dwelling Equipment:</b>	1465.1							
			Total D.E.:						
	<b>6.-Interior Common Areas:</b>								
	New Tile \$27,065.00	1470		\$27,065.00	\$27,065.00	\$27,065.00	\$27,065.00		
			Total ICAs:						
	<b>7.-Site-Wide Facilities:</b>	1470							
			Total SWFs:						
	<b>8.-Nondwelling Equipment:</b>	1475							
			Total NDE:						
	<b>Total,</b>		<b>Project Total:</b>		<b>\$27,065.00</b>	<b>\$27,065.00</b>	<b>\$27,065.00</b>	<b>\$27,065.00</b>	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report



Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)		
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		
						2004		
Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised	Funds Obligated	Funds Expended	
<b>FL29-P066 002 HOLLAND HALL</b>	<b>1.-Site:</b>	1450						
			Total Site:					
	<b>2.-Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>3.-Building Exterior:</b>	1460						
			Total B.E.:					
	<b>4.-Dwelling Units:</b>	1460						
			Total DUs:					
	<b>5.-Dwelling Equipment:</b>							
	Replace A/C Units	1465.1		\$74,497.00	\$74,992.00	\$74,992.00	\$74,992.00	
			Total D.E.:					
	<b>6.-Interior Common Areas:</b>	1470						
			Total ICAs:					
	<b>7.-Site-Wide Facilities:</b>	1470						
			Total SWFs:					
	<b>8.-Nondwelling Equipment:</b>	1475						
			Total NDE:					
<b>Total,</b>			<b>Project Total:</b>	<b>\$74,497.00</b>	<b>\$74,992.00</b>	<b>\$74,992.00</b>	<b>\$0.00</b>	

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

<b>Capital Fund Proram (CFP)</b>	<b>Part II: Supporting Pages</b>	Office of Public and Indian Housing	<b>2004</b>
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Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>FL29-P066 003 VIVIAN VILLAS</b>	<b>1.-Site:</b>	1450						
			<b>Total Site:</b>					
	<b>2.-Mechanical and Electrical:</b>	1460						
			<b>Total M&amp;E:</b>					
	<b>3.-Building Exterior:</b>	1460						
			<b>Total B.E.:</b>					
	<b>4.-Dwelling Units:</b>	1460						
			<b>Total DUs:</b>					
	<b>5.-Dwelling Equipment:</b>	1465.1						
			<b>Total D.E.:</b>					
	<b>6.-Interior Common Areas:</b>	1470						
			<b>Total ICAs:</b>					
	<b>7.-Site-Wide Facilities:</b>	1470						
			<b>Total SWFs:</b>					
	<b>8.-Nondwelling Equipment:</b>	1475						
			<b>Total NDE:</b>					
<b>Total,</b>			<b>Project Total:</b>					

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)		
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		
						2004		
Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
<b>FL29-P066 005</b>	<b>1.-Site:</b>	1450						
<b>SEMINOLA VILLAS</b>			Total Site:					
	<b>2.-Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>3.-Building Exterior:</b>	1460						
			Total B.E.:					
	<b>4.-Dwelling Units:</b>	1460						
			Total DUs:					
	<b>5.-Dwelling Equipment:</b>	1465.1						
			Total D.E.:					
	<b>6.-Interior Common Areas:</b>	1470						
			Total ICAs:					
	<b>7.-Site-Wide Facilities:</b>	1470						
			Total SWFs:					
	<b>8.-Nondwelling Equipment:</b>	1475						
			Total NDE:					
Total,			<b>Project Total:</b>					

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

**Annual Statement /Performance and Evaluation Report**

**U. S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0157 (7/31/98)

**Capital Fund Proram (CFP)**

**Part II: Supporting Pages**

Office of Public and Indian Housing

**2004**

Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>FL29-P066 006</b>	<b>1.-Site:</b>	1450						
<b>MILANDER MANOR/ Warehouse</b>			Total Site:					
	<b>2.-Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>3.-Building Exterior:</b>	1460						
			Total B.E.:					
	<b>4.-Dwelling Units:</b>	1460						
			Total DUs:					
	<b>5.-Dwelling Equipment: Replace Appliances, Range &amp; Refrigerator</b>	1465.1		\$32,100.00	\$32,100.00	\$32,100.00	\$31,760.00	
			Total D.E.:					
	<b>6.-Interior Common Areas:</b>	1470						
			Total ICAs:					
	<b>7.-Site-Wide Facilities:</b>	1470						
			Total SWFs:					
	<b>8.-Nondwelling Equipment:</b>	1475						
			Total NDE:					
<b>Total,</b>			<b>Project Total:</b>	<b>\$32,100.00</b>	<b>\$32,100.00</b>	<b>\$32,100.00</b>	<b>\$31,760.00</b>	

Annual Statement /Performance and Evaluation Report						U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)	
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
				Original	Revised	Funds Obligated	Funds Expended		
<b>FL-29-P066</b>	<b>1.-Site:</b>								
4	Trash Enclosures - Moved From 2002	1450		\$0.00	\$339,505.00	\$339,505.00	\$0.00		
<b>HOFFMAN GARDENS</b>	New Parking, Remove / Replace Fences, New Lighting								
	<b>2.-Mechanical and Electrical:</b>								
		1460							
	<b>3.-Building Exterior:</b>								
		1460							
	<b>4.-Dwelling Units:</b>								
		1460							
	<b>5.-Dwelling Equipment:</b>								
	Installation of Central A.C.	1465.1		\$919,000.00	\$579,000.00	\$579,000.00	\$523,828.88		
	<b>6.-Interior Common Areas:</b>								
		1470							
	<b>7.-Site-Wide Facilities:</b>								
		1470							
	<b>8.-Nondwelling Equipment:</b>								
		1475							
<b>Total,</b>			<b>Project Total:</b>	<b>\$919,000.00</b>	<b>\$918,505.00</b>	<b>\$918,505.00</b>	<b>\$523,828.88</b>		

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report						U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)	
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development Number/	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended		
FL29-P066 008 LA ESPERANZA	1.-Site: Parking Lot, Fencing, Security Improveme	1450		\$23,317.00	\$104,317.00	\$0.00	\$0.00		
			Total Site:						
	2.-Mechanical and Electrical:	1460							
			Total M&E:						
	3.-Building Exterior:	1460							
			Total B.E.:						
	4.-Dwelling Units: Interior Paint Townhouses	1460		\$42,135.00	\$42,135.00	\$42,135.00	\$42,135.00		
			Total DUs:						
	5.-Dwelling Equipment:	1465.1							
			Total D.E.:						
	6.-Interior Common Areas:	1470							
			Total ICAs:						
	7.-Site-Wide Facilities:	1470							
			Total SWFs:						
	8.-Nondwelling Equipment:	1475							
			Total NDE:						
<b>Total,</b>			<b>Project Total:</b>	<b>\$65,452.00</b>	<b>\$146,452.00</b>	<b>\$42,135.00</b>	<b>\$42,135.00</b>		
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement				Page _8 of _13		form HUD-52837 (10/96)		ref Handbook 7485.3	
(2) To be completed for the Performance and Evaluation Report									

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)		
Capital Fund Program (CFP)		Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
<b>FL29-P066</b>								
<b>010</b>	<b>Site:</b>	1450						
<b>BRIGHT VILLAS</b>			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460						
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b>	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475						
			Total NDE:					
<b>Total,</b>			<b>Project Total:</b>					

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)		
Capital Fund Proram (CFP)		Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
<b>FL29-P066 12 Project 12</b>	<b>Site:</b>	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460						
			Total B.E.:					
	<b>Dwelling Units:</b>							
	<b>Replace Door Seals</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b>	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475						
			Total NDE:					
<b>Total,</b>			<b>Project Total:</b>					

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report



Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)		
Capital Fund Proram (CFP)		Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
<b>FL29-P066 16 Project 16</b>	<b>Site:</b>	1450						
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460						
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:					
	<b>Interior Common Areas:</b>	1470						
			Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475						
			Total NDE:					
<b>Total,</b>			<b>Project Total:</b>					
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement				Page 11 of 13		form HUD-52837 (10/96)		
(2) To be completed for the Performance and Evaluation Report						ref Handbook 7485.3		

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)		
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		
						2004		
Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
<b>FL29-P066 20</b>	<b>Site:</b>	1450						
<b>RUTH A. TINSMAN</b>			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior: Security Improvements</b>	1460		\$8,838.00	\$7,203.00	\$7,203.00	\$6,838.00	
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:					
	<b>Interior Common Areas: Paint Common Areas</b>	1470		\$35,000.00	\$34,000.00	\$34,000.00	\$34,000.00	
			Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470						
			Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475						
			Total NDE:					
<b>Total,</b>			<b>Project Total:</b>	<b>\$43,838.00</b>	<b>\$41,203.00</b>	<b>\$41,203.00</b>	<b>\$40,838.00</b>	
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement								
(2) To be completed for the Performance and Evaluation Report								
				Page _12 of _13		form HUD-52837 (10/96)		
ref Handbook 7485.3								

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)	
Capital Fund Program (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing	
						2004	
Development			Total Estimated Cost		Total Actual Cost		Status of Proposed Work
Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Original	Revised	Funds Obligated	Funds Expended
<b>FL29-P066</b>	<b>Site:</b>						
<b>21</b>		1450					
<b>Project 21</b>			Total Site:				
	<b>Mechanical and Electrical:</b>						
		1460					
			Total M&E:				
	<b>Building Exterior:</b>						
		1460					
			Total B.E.:				
	<b>Dwelling Units:</b>						
		1460					
			Total DUs:				
	<b>Dwelling Equipment:</b>						
		1465.1					
			Total D.E.:				
	<b>Interior Common Areas:</b>						
		1470					
			Total ICAs:				
	<b>Site-Wide Facilities:</b>						
		1470					
			Total SWFs:				
	<b>Nondwelling Equipment:</b>						
		1475					
			Total NDE:				
<b>Total,</b>			<b>Project Total:</b>				

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report









































































# NAHRO Capital Fund Manager ©

## I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

### Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *CFP MANAGER© Capital Fund Management Software*. This product is designed to be used with Excel© Version 5.0 or higher or Lotus 1-2-3© for Windows, Version 3 or higher.

*CFP MANAGER©* helps you plan for the future and saves you hours of valuable staff time, by facilitating the preparation of the CFP portion of the Annual Plan, the CFP Performance and Evaluation ("P&E") report, which also goes along with the Annual Plan, and all the forms required under the program. It is a powerful **planning tool**, which helps you answer "WHAT IF" questions: to simulate various Capital Fund grant levels and capital and management improvement "investment" strategies. It can help you develop contingency plans to cope with the uncertainties we now face. In just a few keystrokes, you can "try on" various versions of your capital budget. It also facilitates Revised Annual Statements and Replacement Housing Factor (RHF) submittals.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, contact Dennis Mobley at:

**Cell: (678) 612-3286**  
**Page: (800) 317-8579**  
**Voice: (404) 584-7985**  
**Fax: (404) 584-7786**  
**E-mail: Dmobley671@aol.com**

*After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.*

### Step 1: Install

- 1) DOWNLOAD *NAHRO CFP MANAGER©* USING YOUR E-MAIL SOFTWARE, AND BE AWARE INTO WHICH "FOLDER" YOUR E-MAIL PROGRAM PUTS DOWNLOADED FILES
- 2) GET YOUR EXCEL© OR LOTUS© PROGRAM UP AND RUNNING.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER INTO WHICH THE CFP MANAGER© FILE WAS DOWNLOADED, AND OPEN THE FILE WITH EXCEL© OR LOTUS© (THE FILE IS NAMED NCFP101.XLS FOR EXCEL© USERS, NCFP101.WK4 FOR LOTUS© USERS).
- 4) CLICK ON "FILE", "SAVE AS", AND CREATE YOUR FIRST WORKING COPY OF THE FILE. GIVE IT A NEW FILE NAME SUCH AS FY2002A, ETC. YOU MAY WANT TO SAVE THIS FILE INTO A TOTALLY DIFFERENT FOLDER FROM THE ORIGINAL DOWNLOADED VERSION. (MANY PEOPLE USE "MY DOCUMENTS" OR SIMILAR FOLDERS FOR THIS PURPOSE).

This product has been designed as one (1) spreadsheet file with multiple worksheets, including "Annual Statement" and "Five-Year Action Plan" forms, including enough Part II forms for thirty (30) developments! The product can be used for the Annual Performance and Evaluation (P & E) report as well as for budgeting.

# NAHRO Capital Fund Manager ©

## I n s t r u c t i o n s ( c o n t ' d . )

**ENTER DATA IN THE BLUE CELLS**

**DO NOT CHANGE THE RED CELLS**

*To move from one worksheet to another, simply click on the labeled "file folders" on the computer screen (labelled "Annual\_Part I", etc.)*

**We have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed because they have formulae embedded in them.**

**However**, users may override information in any cell (at their own peril). This is in the spirit of making NAHRO's spreadsheet-based planning tools as flexible as possible, to suit your particular needs. We are always open to your suggestions on additional product ideas, or on improving existing products. (Feel free to call Technical Support in this regard).

For best printing results, use a LASER printer, and print each worksheet separately by **highlighting each one in turn**. First, "Set Print Area" from the "File" menu. On "Page Setup", use "Fit to 1 Page Tall by 1 Wide", and use *landscape* orientation. Use the following ranges where appropriate.

### NAHRO CFP MANAGER© Software Print Settings

Worksheet	Print Range	Orientation
Annual Statement Part I	A1..N44	Landscape
Annual Statement Part II	[Various]	"
Annual Statement Part III	A1..L40	"
Five-Year Action Plan Part I	A1..M26	"
Five-Year Action Plan Part II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

## Step 2: Start Planning and Reporting!

<b>Annual Statement /Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>	<b>Part I: Summary</b>
--	------------------------

<b>PHA Name:</b> <b>Hiialeah Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No. <b>FL14P06650105</b> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  <b>2005</b>
--	---	--

<input type="checkbox"/> Original Annual Statement 7/26/2005	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 ) 5/02/06
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	\$138,400.00	\$138,400.00	\$57,069.73	\$57,069.73
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$59,014.94	\$59,014.94	\$0.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$176,000.00	\$176,000.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$400,768.00	\$575,961.76	\$396,463.76	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$196,599.00	\$51,202.00	\$51,202.00	\$0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$68,597.06	\$38,800.30	\$38,800.30	\$0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	\$345,317.00	\$345,317.00	\$0.00	\$0.00
20	1502 Contingency				
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	<b>\$1,384,696.00</b>	<b>\$1,384,696.00</b>	<b>\$543,535.79</b>	<b>\$57,069.73</b>
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	<b>Amount of line 21 Related to Energy Conservation Measures</b>				

**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name: <b>Hialeah Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:			Federal FY of Grant:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>OPERATIONS</b>		<b>1406</b>						
<b>HA-Wide Mgmt. Improvmts</b>	1) Item 1 2) Item 2 3) Item 3	<b>1408</b> " "						
			<b>Total 1408</b>					
<b>HA-Wide Admin</b>	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	<b>1410</b>		<b>\$138,400.00</b>	<b>\$138,400.00</b>	<b>\$57,069.73</b>	<b>\$57,069.73</b>	
<b>HA-Wide Fees and Costs</b>	A & E services @ 7% of the annual grant amount, based on actual scope of design work	<b>1430</b>		<b>\$60,000.00</b>	<b>\$59,014.94</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>HA-Wide</b>	Nonroutine vacancy prep.	<b>1460</b>						
<b>"</b>	Nonroutine PM repairs	<b>1460</b>						
<b>"</b>	Appliances	<b>1465</b>						
<b>"</b>	Vehicle replacement	<b>1475</b>						
<b>"</b>	Demolition (specify location[s])	<b>1485</b>						
<b>"</b>	Relocation expenses	<b>1495.1</b>						

**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>1</b> <b>ASHLEY</b> <b>PLAZA</b>	<b>Site:</b>	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b>	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b> Replace A/C Units	1465.1	Total D.E.:	\$126,402.00	\$23,275.00	\$23,275.00		
	<b>Interior Common Areas:</b>	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475	Total NDE:					
	<b>Total,</b>		<b>Project Total:</b>		<b>\$126,402.00</b>	<b>\$23,275.00</b>	<b>\$23,275.00</b>	



**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:				
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066 2 HOLLAND HALL</b>	<b>Site:</b>	1450	Total Site:						
	<b>Mechanical and Electrical:</b>	1460	Total M&E:						
	<b>Building Exterior:</b> Window Replacement	1460	Total B.E.:	\$221,268.00	\$221,268.00	\$221,268.00			
	<b>Dwelling Units:</b>	1460	Total DUs:						
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:						
	<b>Interior Common Areas:</b>	1470	Total ICAs:						
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:						
	<b>Nondwelling Equipment:</b>	1475	Total NDE:						
	<b>Total,</b>			<b>Project Total:</b>	<b>\$221,268.00</b>	<b>\$221,268.00</b>	<b>\$0.00</b>		

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>3</b> <b>VIVIAN</b> <b>VILLAS</b>	<b>Site:</b>	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b>	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b> Replace A/C Units	1465.1	Total D.E.:	\$70,197.00	\$27,927.00	\$27,927.00		
	<b>Interior Common Areas:</b>	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475	Total NDE:					
	<b>Total,</b>		<b>Project Total:</b>	<b>\$70,197.00</b>	<b>\$27,927.00</b>	<b>\$27,927.00</b>		

**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:				
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066 4 HOFFMAN GARDENS</b>	<b>Site:</b>	1450	Total Site:						
	<b>Mechanical and Electrical: Exterior Renovations (Moved from 2002)</b>	1460	Total M&E:	\$0.00	\$175,195.76	\$175,195.76	\$0.00		
	<b>Building Exterior:</b>	1460	Total B.E.:						
	<b>Dwelling Units:</b>	1460	Total DUs:						
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:						
	<b>Interior Common Areas:</b>	1470	Total ICAs:						
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:						
	<b>Nondwelling Equipment:</b>	1475	Total NDE:						
	<b>Total,</b>		<b>Project Total:</b>		<b>\$0.00</b>				

**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:				
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066 5 SEMINOLA VILLAS</b>	<b>Site:</b>	1450	Total Site:						
	<b>Mechanical and Electrical:</b>	1460	Total M&E:						
	<b>Building Exterior:</b>	1460	Total B.E.:						
	<b>Dwelling Units:</b>	1460	Total DUs:						
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:						
	<b>Interior Common Areas:</b>	1470	Total ICAs:						
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:						
	<b>Nondwelling Equipment:</b>	1475	Total NDE:						
	<b>Total,</b>			<b>Project Total:</b>	<b>\$0.00</b>				

**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 6 MILANDER MANOR</b>	<b>Site:</b>	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b>	1460	Total B.E.:					
	<b>Dwelling Units:</b> Bathroom Renovations	1460	Total DUs:	\$145,000.00	\$145,000.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> Bathroom Renovations	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b>	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b> Mailbox Replacement (Moved from 2002)	1475	Total NDE:	\$0.00	\$1,750.00	\$0.00	\$0.00	
	<b>Total,</b>		<b>Project Total:</b>	<b>\$145,000.00</b>	<b>\$146,750.00</b>	<b>\$0.00</b>		

**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:				
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066 8 LA ESPERANZA</b>	<b>Site:</b> Parking Lot Improvements \$100,000.00 Landscape & Irrigation \$40,000.00	1450		\$140,000.00	\$140,000.00	\$0.00			
	<b>Mechanical and Electrical:</b>	1460	Total Site:						
	<b>Building Exterior:</b> Handrail Replacements	1460	Total M&E:	\$30,000.00	\$30,000.00	\$0.00			
	<b>Dwelling Units:</b>	1460	Total B.E.:						
	<b>Dwelling Equipment:</b>	1465.1	Total DUs:						
	<b>Interior Common Areas:</b>	1470	Total D.E.:						
	<b>Site-Wide Facilities:</b>	1470	Total ICAs:						
	<b>Nondwelling Equipment:</b>	1475	Total SWFs:						
				Total NDE:					
	<b>Total,</b>			<b>Project Total:</b>	<b>\$170,000.00</b>	<b>\$170,000.00</b>	<b>\$0.00</b>		

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 10 BRIGHT VILLAS</b>	<b>Site:</b> Landscaping & Irrigation	1450		\$12,000.00	\$12,000.00	\$0.00		
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460						
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:					
<b>Interior Common Areas:</b>	1470							
		Total ICAs:						
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:						
<b>Nondwelling Equipment:</b> Recreation Area Improvements	1475			\$37,050.30	\$37,050.30	\$37,050.30		
		Total NDE:						
<b>Total,</b>			<b>Project Total:</b>	<b>\$49,050.30</b>	<b>\$49,050.30</b>	<b>\$37,050.30</b>		

**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 12 DALE G. BENNETT</b>	<b>Site:</b> Landscaping & Irrigation	1450		\$12,000.00	\$12,000.00	\$0.00		
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b>	1460						
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:					
<b>Interior Common Areas:</b>	1470							
		Total ICAs:						
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:						
<b>Nondwelling Equipment:</b> Recreation Area (Moved to 2002)	1475			\$31,546.76	\$0.00	\$0.00		
		Total NDE:						
<b>Total,</b>			<b>Project Total:</b>	<b>\$43,546.76</b>	<b>\$12,000.00</b>	<b>\$0.00</b>		



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number				Federal FY of Grant:		
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 16 PROJECT 16</b>	<b>Site:</b> Landscaping & Irrigation	1450		\$12,000.00	\$12,000.00	\$0.00		
			Total Site:					
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:					
	<b>Building Exterior:</b> Security Improvements	1460		\$4,500.00	\$4,500.00	\$0.00		
			Total B.E.:					
	<b>Dwelling Units:</b>	1460						
			Total DUs:					
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:					
<b>Interior Common Areas:</b>	1470							
		Total ICAs:						
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:						
<b>Nondwelling Equipment:</b>	1475			\$0.00	\$0.00	\$0.00		
		Total NDE:						
<b>Total,</b>			<b>Project Total:</b>	<b>\$16,500.00</b>	<b>\$16,500.00</b>	<b>\$0.00</b>		

**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 20 RUTH A. TINSMAN</b>	<b>Site:</b>	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b>	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b>	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475	Total NDE:					
	<b>Total,</b>			<b>Project Total:</b>	<b>\$0.00</b>			

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No <b>FL14P06650105</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 21 PROJECT 21</b>	<b>Site:</b>	1450	Total Site:					
	<b>Mechanical and Electrical:</b>	1460	Total M&E:					
	<b>Building Exterior:</b>	1460	Total B.E.:					
	<b>Dwelling Units:</b>	1460	Total DUs:					
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:					
	<b>Interior Common Areas:</b>	1470	Total ICAs:					
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:					
	<b>Nondwelling Equipment:</b>	1475	Total NDE:					
	<b>Total,</b>		<b>Project Total:</b>		<b>\$0.00</b>			

# NAHRO Capital Fund Manager ©

## I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

### Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *CFP MANAGER© Capital Fund Management Software*. This product is designed to be used with Excel© Version 5.0 or higher or Lotus 1-2-3© for Windows, Version 3 or higher.

*CFP MANAGER©* helps you plan for the future and saves you hours of valuable staff time, by facilitating the preparation of the CFP portion of the Annual Plan, the CFP Performance and Evaluation ("P&E") report, which also goes along with the Annual Plan, and all the forms required under the program. It is a powerful **planning tool**, which helps you answer "WHAT IF" questions: to simulate various Capital Fund grant levels and capital and management improvement "investment" strategies. It can help you develop contingency plans to cope with the uncertainties we now face. In just a few keystrokes, you can "try on" various versions of your capital budget. It also facilitates Revised Annual Statements and Replacement Housing Factor (RHF) submittals.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, contact Dennis Mobley at:

**Cell: (678) 612-3286**  
**Page: (800) 317-8579**  
**Voice: (404) 584-7985**  
**Fax: (404) 584-7786**  
**E-mail: Dmobley671@aol.com**

*After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.*

### Step 1: Install

- 1) DOWNLOAD *NAHRO CFP MANAGER©* USING YOUR E-MAIL SOFTWARE, AND BE AWARE INTO WHICH "FOLDER" YOUR E-MAIL PROGRAM PUTS DOWNLOADED FILES
- 2) GET YOUR EXCEL© OR LOTUS© PROGRAM UP AND RUNNING.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER INTO WHICH THE CFP MANAGER© FILE WAS DOWNLOADED, AND OPEN THE FILE WITH EXCEL© OR LOTUS© (THE FILE IS NAMED NCFP101.XLS FOR EXCEL© USERS, NCFP101.WK4 FOR LOTUS© USERS).
- 4) CLICK ON "FILE", "SAVE AS", AND CREATE YOUR FIRST WORKING COPY OF THE FILE. GIVE IT A NEW FILE NAME SUCH AS FY2002A, ETC. YOU MAY WANT TO SAVE THIS FILE INTO A TOTALLY DIFFERENT FOLDER FROM THE ORIGINAL DOWNLOADED VERSION. (MANY PEOPLE USE "MY DOCUMENTS" OR SIMILAR FOLDERS FOR THIS PURPOSE).

This product has been designed as one (1) spreadsheet file with multiple worksheets, including "Annual Statement" and "Five-Year Action Plan" forms, including enough Part II forms for thirty (30) developments! The product can be used for the Annual Performance and Evaluation (P & E) report as well as for budgeting.

# NAHRO

## Capital Fund Manager ©

### I n s t r u c t i o n s ( c o n t ' d . )

**ENTER DATA IN THE BLUE CELLS**

**DO NOT CHANGE THE RED CELLS**

*To move from one worksheet to another, simply click on the labeled "file folders" on the computer screen (labelled "Annual\_Part I", etc.)*

**We have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed because they have formulae embedded in them.**

**However**, users may override information in any cell (at their own peril). This is in the spirit of making NAHRO's spreadsheet-based planning tools as flexible as possible, to suit your particular needs. We are always open to your suggestions on additional product ideas, or on improving existing products. (Feel free to call Technical Support in this regard).

For best printing results, use a LASER printer, and print each worksheet separately by **highlighting each one in turn**. First, "Set Print Area" from the "File" menu. On "Page Setup", use "Fit to 1 Page Tall by 1 Wide", and use *landscape* orientation. Use the following ranges where appropriate.

#### **NAHRO CFP MANAGER© Software Print Settings**

Worksheet	Print Range	Orientation
Annual Statement Part I	A1..N44	Landscape
Annual Statement Part II	[Various]	"
Annual Statement Part III	A1..L40	"
Five-Year Action Plan Part I	A1..M26	"
Five-Year Action Plan Part II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

## **Step 2: Start Planning and Reporting!**

Annual Statement /Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part I: Summary

PHA Name: **Hialeah Housing Authority**

Grant Type and Number

Capital Fund Program Grant No.

**FL14P06650106**

Replacement Housing Factor Grant No:

Federal FY of Grant:

**2006**

Original Annual Statement 6/29/2006

Reserve for Disasters/Emergencies

Revised Annual Statement (revision no: )

Performance and Evaluation Report for Period Ending:

Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$120,000.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$50,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$137,078.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$455,000.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$114,000.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$445,000.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	<b>\$1,321,078.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
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	<b>Amount of line 21 Related to Energy Conservation Measures</b>				

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
Hialeah Housing Authority		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>OPERATIONS</b>		1406		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Mgmt. Improvmts	1) Item 1 2) Item 2 3) Item 3	1408 " "		\$0.00	\$0.00	\$0.00	\$0.00	
			<b>Total 1408</b>	\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$120,000.00	\$0.00	\$0.00	\$0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$50,000.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$114,000.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
Hialeah Housing Authority		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 1 ASHLEY PLAZA</b>	<b>Site:</b>	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>			<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006				
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066 2 HOLLAND HALL</b>	<b>Site:</b> Landscaping and irrigation improvements (Urban Plaza)	1450	Total Site:	\$72,078.00	\$0.00	\$0.00	\$0.00		
	<b>Mechanical and Electrical:</b>	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Building Exterior:</b>	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Units:</b>	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Equipment:</b> Replace Appliances, Range & Refrigerator	1465.1	Total D.E.:	\$57,000.00	\$0.00	\$0.00	\$0.00		
	<b>Interior Common Areas:</b>	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Nondwelling Equipment:</b>	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Total,</b>			<b>Project Total:</b>	<b>\$129,078.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006				
Hialeah Housing Authority		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066</b> <b>3</b> <b>VIVIAN</b> <b>VILLAS</b>	<b>Site:</b>	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Mechanical and Electrical:</b>	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Building Exterior:</b>	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Units:</b> Bathroom Renovations	1460	Total DUs:	\$310,000.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Equipment:</b> Replace Appliances, Range & Refrigerator	1465.1	Total D.E.:	\$57,000.00	\$0.00	\$0.00	\$0.00		
	<b>Interior Common Areas:</b>	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Nondwelling Equipment:</b>	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Total,</b>			<b>Project Total:</b>	<b>\$367,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 4 HOFFMAN GARDENS</b>	<b>Site:</b>	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>			<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 5 SEMINOLA VILLAS</b>	<b>Site:</b>	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>			<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 6 MILANDER MANOR</b>	<b>Site:</b> Parking Improvements	1450						
			Total Site:	\$35,000.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> Window Replacement	1460						
			Total B.E.:	\$90,000.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>			<b>Project Total:</b>	<b>\$125,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 8 LA ESPERANZA</b>	<b>Site:</b>	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>		<b>Project Total:</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:				
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066 10 BRIGHT VILLAS</b>	<b>Site:</b>	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Mechanical and Electrical:</b>	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Building Exterior:</b>	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Units: Door Replacement</b>	1460	Total DUs:	\$55,000.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Interior Common Areas:</b>	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Nondwelling Equipment:</b>	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Total,</b>			<b>Project Total:</b>	<b>\$55,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
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PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 12 DALE G. BENNETT</b>	<b>Site:</b>	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>			<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006				
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066 16 PROJECT 16</b>	<b>Site:</b>	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Mechanical and Electrical:</b>	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Building Exterior:</b>	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Units:</b>	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Interior Common Areas:</b>	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Nondwelling Equipment:</b>	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Total,</b>		<b>Project Total:</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 20 RUTH A. TINSMAN</b>	<b>Site:</b> Parking Lot Improvements Disabled Drop Off	1450	Total Site:	\$30,000.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b>	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Nondwelling Equipment:</b>	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total,</b>		<b>Project Total:</b>	<b>\$30,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006				
Hialeah Housing Authority		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066 21 PROJECT 21</b>	<b>Site:</b>	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Mechanical and Electrical:</b>	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Building Exterior:</b>	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Units:</b>	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Interior Common Areas:</b>	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Nondwelling Equipment:</b>	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Total,</b>			<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

## Chapter 16

### COMMUNITY SERVICE

[24 CFR Part 960 Subpart F and 24 CFR 903.7(l)]

#### INTRODUCTION

#### **IMPORTANT NOTICE**

**The community service requirement was suspended for Federal Fiscal Year 2002, for all developments except HOPE VI developments (Department of Veteran Affairs and Housing and Urban Development, and Independent Agencies Appropriation Act, 2002, at Section 432). The requirement has been reinstated for Federal fiscal year 2003.**

#### **A. REQUIREMENT**

Each adult resident of the PHA shall:

Contribute 8 hours per month of community service (not including political activities) within the community in which that adult resides; or

Participate in an economic self-sufficiency program (defined below) for 8 hours per month; or

Perform 8 hours per month of combined activities (community service and economic self-sufficiency program)

## **B. EXEMPTIONS**

The PHA shall provide an exemption from the community service requirement for any individual who:

Is 62 years of age or older;

Is a blind or disabled individual, as defined under section 216[i][1] or 1614 of the Social Security Act, and who is unable to comply with this section, or is a primary caretaker of such individual;

Is engaged in a work activity as defined in section 407[d] of the Social Security Act;

Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program; or

Is in a family receiving assistance under a State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such program.

The PHA will re-verify exemption status annually except in the case of an individual who is 62 years of age or older.

The PHA will permit residents to change exemption status during the year if status changes.

## **C. DEFINITION OF ECONOMIC SELF-SUFFICIENCY PROGRAM**

For purposes of satisfying the community service requirement, participating in an economic self-sufficiency program is defined, in addition to the exemption definitions described above, by HUD as: Any program designed to encourage, assist, train or facilitate economic independence of assisted families or to provide work for such families.

These economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The PHA will give residents the greatest choice possible in identifying community service opportunities.

The PHA will consider a broad range of self-sufficiency opportunities.

#### **D. ANNUAL DETERMINATIONS**

For each public housing resident subject to the requirement of community service, the PHA shall, at least 30 days before the expiration of each lease term, review and determine the compliance of the resident with the community service requirement.

Such determination shall be made in accordance with the principles of due process and on a nondiscriminatory basis.

The PHA will verify compliance annually. If qualifying activities are administered by an organization other than the PHA, the PHA will obtain verification of family compliance from such third parties.

Family members will not be permitted to self-certify that they have complied with community service requirements.

#### **E. NONCOMPLIANCE**

If the PHA determines that a resident subject to the community service requirement has not complied with the requirement, the PHA shall notify the resident of such noncompliance, and that:

The determination of noncompliance is subject to the administrative grievance procedure under the PHA's Grievance Procedures; and

Unless the resident enters into an agreement to comply with the community service requirement, the resident's lease will not be renewed, and

The PHA may not renew or extend the resident's lease upon expiration of the lease term and shall take such action as is necessary to terminate the tenancy of the household, unless the PHA enters into an agreement, before the expiration of the lease term, with the resident providing for the resident to cure any noncompliance with the community service requirement, by participating in an economic self-sufficiency program for or contributing to community service as many additional hours as the resident needs to comply in the aggregate with such requirement over the 12-month term of the lease.

The head of household and the noncompliant adult must sign the agreement to cure.

#### **Ineligibility for Occupancy for Noncompliance**

The PHA shall not renew or extend any lease, or provide any new lease, for a dwelling unit for any household that includes an adult member who was subject to the community service requirement and failed to comply with the requirement.

**F. PHA RESPONSIBILITY**

The PHA will ensure that all community service programs are accessible for persons with disabilities.

The PHA will ensure that:

The conditions under which the work is to be performed are not hazardous;

The work is not labor that would be performed by the PHA's employees responsible for essential maintenance and property services; or

The work is not otherwise unacceptable.

# **HIALEAH HOUSING AUTHORITY'S**

## **DECONCENTRATION POLICY**

It is the policy of the Hialeah Housing Authority to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments.

Towards this end, upon examination of the Waiting List, the next eligible family's Income Limit will determine the development in which the family will be housed, if more than vacant unit of the size required by the family is available. We will accomplish this in a uniform and non-discriminating manner.

The Hialeah Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the Waiting List. Based on this analysis, we will determine the level of marketing strategies and deconcentration.



**RESOLUTION 99-16**

**Resolution of the Board of Commissioners to Adopt a Policy of Deconcentration for the Public Housing Program.**

**WHEREAS**, Public Housing Authorities in accordance with the Quality of Housing and work Responsibility Act of 1998, are prohibited from concentrating Low Income Families in Public Housing, and

**WHEREAS**, Public Housing Authorities are required by this Act to Develop a policy designed to provide for deconcentration of poverty and income mixing, and

**WHEREAS**, The Hialeah Housing Authority in accordance with this requirement has developed a policy herein (see attached) and have made changes to its admissions policy.

**THEREFORE , BE IT RESOLVED** by the Board of Commissioners of the Hialeah Housing Authority , hereby adopts this Resolution.

**PASSED and Adopted** this 5<sup>th</sup> day of August 1999.

**HIALEAH HOUSING AUTHORITY**

\_\_\_\_\_  
Julio Ponce, Chairman

**ATTEST:**

\_\_\_\_\_  
Maria M. Roca, Secretary

## Chapter 10

### PET POLICY – ELDERLY/DISABLED PROJECTS

[24 CFR Part 5, Subpart C]

#### **INTRODUCTION**

PHAs have discretion to decide whether or not to develop policies pertaining to the keeping of pets in public housing units. This Chapter explains the PHA's policies on the keeping of pets and any criteria or standards pertaining to the policy for elderly/disabled projects. The rules adopted are reasonably related to the legitimate interest of this PHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest of the PHA.

The purpose of this policy is to establish the PHA's policy and procedures for ownership of pets in elderly and disabled units and to ensure that no applicant or resident is discriminated against regarding admission or continued occupancy because of ownership of pets. It also establishes reasonable rules governing the keeping of common household pets.

#### **A. STANDARDS FOR PETS**

Pet rules will not be applied to animals that assist persons with disabilities.

##### **Persons With Disabilities**

To be excluded from the pet policy, the resident/pet owner must certify:

- That there is a person with disabilities in the household;**
- That the animal has been trained to assist with the specified disability; and**
- That the animal actually assists the person with the disability.**

##### **Types of Pets Allowed**

No types of pets other than the following may be kept by a resident.

**Tenants are not permitted to have more than one *type* of pet.**

1. **Birds**

**Maximum number - two  
Must be enclosed in a cage at all times**

2. **Fish**

Maximum aquarium size - 25 gallons

**B. PETS TEMPORARILY ON THE PREMISES**

**Pets that are not owned by a tenant will not be allowed.**

**Residents are prohibited from feeding or harboring stray animals.**

**C. PET AREA RESTRICTIONS**

**Pets must be maintained within the resident's unit.**

**D. NOISE**

**Pet owners must agree to control the noise of pets so that such noise does not constitute a nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises. This includes, but is not limited to chirping or other such activities.**

**E. CLEANLINESS REQUIREMENTS**

**The resident/pet owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.**

**F. PET CARE**

**No pet (excluding fish) shall be left unattended in any apartment for a period in excess of 24 hours.**

**All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.**

**G. RESPONSIBLE PARTIES**

The resident/pet owner will be required to designate two responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

**H. PET RULE VIOLATION NOTICE**

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

That the resident/pet owner has 3 days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;

That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

#### **I. NOTICE FOR PET REMOVAL**

If the resident/pet owner and the PHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the PHA, the PHA may serve notice to remove the pet.

The Notice shall contain:

A brief statement of the factual basis for the PHA's determination of the Pet Rule that has been violated;

The requirement that the resident /pet owner must remove the pet within 3 days of the notice; and

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

#### **J. TERMINATION OF TENANCY**

The PHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

#### **K. PET REMOVAL**

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. Includes pets who are poorly cared for or have been left unattended for over 24 hours.

If the responsible party is unwilling or unable to care for the pet, or if the PHA after reasonable efforts cannot contact the responsible party, the PHA may contact the appropriate State or local agency and request the removal of the pet.

**L. EMERGENCIES**

The PHA will take all necessary steps to insure that pets that become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are referred to the appropriate State or local entity authorized to remove such animals.

## Chapter 11

### PET POLICY – GENERAL OCCUPANCY (FAMILY) PROJECTS

[24 CFR Part 960, Subpart G]

#### **INTRODUCTION**

This Chapter explains the PHA's policies on the keeping of pets in general occupancy projects and any criteria or standards pertaining to the policy. The rules adopted are reasonably related to the legitimate interest of this PHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest of the PHA.

This policy does not apply to animals that are used to assist, support or provide service to persons with disabilities, or to service animals that visit public housing developments.

#### **A. ANIMALS THAT ASSIST, SUPPORT OR PROVIDE SERVICE TO PERSONS WITH DISABILITIES**

The resident/pet owner will be required to qualify animals (for exclusion from the pet policy) that assist, support or provide service to persons with disabilities.

Pet rules will not be applied to animals that assist, support or provide service to persons with disabilities. This exclusion applies to both service animals and companion animals as reasonable accommodation for persons with disabilities. This exclusion applies to such animals that reside in public housing and that visit these developments.

#### **B. STANDARDS FOR PETS**

##### **Types of Pets Allowed**

No types of pets other than the following may be kept by a resident. The following types and qualifications are consistent with applicable State and local law.

1. Birds

- \* **Maximum number - two**
- \* **Must be enclosed in a cage at all times**

2. Fish

Maximum aquarium size - 25 gallons

**C. PETS TEMPORARILY ON THE PREMISES**

**Excluded from the premises are all animals and/or pets not owned by residents, except for service animals.**

**Residents are prohibited from feeding or harboring stray animals.**

**D. PET RULE VIOLATION NOTICE**

Residents who violate these rules are subject to:

**Mandatory removal of the pet from the premises within 3 days of notice by the Housing Authority; or if for a threat to health and safety, removal within 24 hours of notice.**

**Lease termination proceedings.**

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

That the resident/pet owner has 3 days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;

That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

**E. NOTICE FOR PET REMOVAL**

If the resident/pet owner and the PHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the PHA, the PHA may serve notice to remove the pet.

The Notice shall contain:

A brief statement of the factual basis for the PHA's determination of the Pet Rule that has been violated;

The requirement that the resident/ pet owner must remove the pet within 3 days of the notice; and

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

#### **F. TERMINATION OF TENANCY**

The PHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

#### **G. PET REMOVAL**

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. This includes pets who are poorly cared for or have been left unattended for over 24 hours.

If the responsible party is unwilling or unable to care for the pet, or if the PHA after reasonable efforts cannot contact the responsible party, the PHA may contact the appropriate State or local agency and request the removal of the pet.

#### **H. EMERGENCIES**

The PHA will take all necessary steps to insure that pets that become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are referred to the appropriate State or local entity authorized to remove such animals.

**If it is necessary for the PHA to place the pet in a shelter facility, the cost will be the responsibility of the tenant/pet owner.**

**This Pet Policy will be incorporated by reference into the Dwelling Lease signed by the resident, and therefore, violation of the above Policy will be grounds for termination of the lease.**



**Hialeah Housing Authority**  
**Public Housing Conversion**  
**Assessment**  
**For the Annual Plan Year Ending**  
**December 31, 2007**

**a. How many of the PHA's developments are subject to the required initial assessments?**

Seven (7)

**b. How many of the PHA's developments are not subject to the required initial assessments based on exemptions?**

Six (6)

**c. How many assessments were conducted for the PHA's covered developments?**

Seven (7)

**d. Identify PHA developments that may be appropriate for conversion based on the required initial assessments?**

There are no developments that are appropriate for conversion for the FYE 2007.

**d. If the PHA has not completed the required initial assessments, describe the status of these assessments?**

All required assessments have been completed.

**Complexes NOT Subject to Section 202 Conversion**

<b>Vernon Ashley Plaza</b>	<b>200 units</b>	<b>FL066-001</b>
<b>Evelyn Holland Hall</b>	<b>101 units</b>	<b>FL066-002</b>
<b>Vivian Villas</b>	<b>100 units</b>	<b>FL066-003</b>
<b>Henry Milander Manor</b>	<b>60 units</b>	<b>FL066-006</b>
<b>La Esperanza</b>	<b>80 units</b>	<b>FL066-008</b>
<b>Ruth A. Tinsman Pavilion</b>	<b>100 units</b>	<b>FL066-020</b>

**Complexes Subject to Section 202 Conversion**

<b>Hoffman Gardens</b>	<b>200 units</b>	<b>FL066-004</b>
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Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

**Donald F. Scott                      50 units              FL066-005**

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

**La Esperanza                              53 units              FL066-008**

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

**James H. Bright Villas              50 units              FL066-010**

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

**Dale G. Bennett                              50 units              FL066-012**

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

**Project 16                                      60 units              FL066-016**

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

**Project 21                                      14 units              FL066-021**

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

**Conclusion: Based on the Hialeah Housing Authority's initial conversion assessment, there are no complexes meeting the criteria for Section 202 conversions during 2007.**

**Cost and per unit information can be reviewed on the attached financial statements.**

**HIALEAH HOUSING AUTHORITY  
COMPARISON OF PH VS S8 VOUCHER PER MONTH UNIT COSTS  
FOR THE ANNUAL PLAN YEAR ENDING DECEMBER 31, 2007**

**PUBLIC HOUSING**

PH Total Costs	5,392,217
CFP Total Costs	1,100,534
Drug Grants	0
Divided by:	
Unit Months	<u>13,183</u>
Monthly PH unit Costs	<u><b>493</b></u>

**SECTION 8**

Section 8 Total Costs	28,316,469
Divided by:	
Unit Months	<u>41,825</u>
Monthly S8 unit Costs	<u><b>677</b></u>

Notes:

1. All costs are based on the FYE December 31, 2005 audited filed FASS financial statements.
2. CFP includes hard/soft costs & depreciation.
3. PH & S8 costs include depreciation of existing assets & operating transfers out.

**HIALEAH HOUSING AUTHORITY  
CAPITAL FUND PROGRAM  
PROJECTED TOTAL EXPENSES  
FOR THE YEAR ENDING DECEMBER 31, 2007**

**EXPENSES**

**ADMINISTRATIVE**

Administrative salaries	116,537
Auditing fees	-
Compensated absences	-
Employee benefits – administrative	19,015
Other operating – administrative	4,169

**TENANT SERVICES**

Tenant services – salaries	-
Employee benefits - tenant services	-
Tenant services – other	-

**UTILITIES**

Water	-
Electricity	-
Gas	-
Other utility expense	-

**ORDINARY MAINTENANCE & OPERATION**

Labor	-
Materials and other	-
Contract costs	-
Employee benefits – maintenance	-

**PROTECTIVE SERVICES**

Labor	-
Contract costs	-

**GENERAL EXPENSES**

Insurance	-
Other general expenses	-
Payments in lieu of taxes	-
Bad debt - tenant rents	-
Bad debt – other	-
Interest expense	-

**TOTAL OPERATING EXPENSES**

139,721

Extraordinary Maintenance	347,930
Capital Fund Hard Costs	601,103
Depreciation expense	11,780

**TOTAL EXPENSES**

1,100,534

**HIALEAH HOUSING AUTHORITY  
PUBLIC HOUSING  
PROJECTED TOTAL EXPENSES  
FOR THE YEAR ENDING DECEMBER 31, 2007**

**EXPENSES**

**ADMINISTRATIVE**

911	Administrative salaries	487,112
912	Auditing fees	11,757
914	Compensated absences	8,040
915	Employee benefits – administrative	184,402
916	Other operating – administrative	413,731

**TENANT SERVICES**

921	Tenant services – salaries	117,272
923	Employee benefits - tenant services	57,581
924	Tenant services – other	35,880

**UTILITIES**

931	Water	91,790
932	Electricity	123,747
933	Gas	15,879
938	Other utility expense	111,064

**ORDINARY MAINTENANCE & OPERATION**

941	Labor	507,905
942	Materials and other	148,587
943	Contract costs	530,595
945	Employee benefits – maintenance	198,579

**PROTECTIVE SERVICES**

951	Labor	-
952	Contract costs	15,311

**GENERAL EXPENSES**

961	Insurance	489,045
962	Other general expenses	19,507
963	Payments in lieu of taxes	224,727
964	Bad debt - tenant rents	8,345
966	Bad debt – other	-
967	Interest expense	-

969	<b>TOTAL OPERATING EXPENSES</b>	3,800,856
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971	Extraordinary Maintenance	133,578
-----	---------------------------	---------

973	Housing assistance payments	-
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974	Depreciation expense	1,457,783
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900	<b>TOTAL EXPENSES</b>	5,392,217
-----	-----------------------	-----------

**HIALEAH HOUSING AUTHORITY  
VOUCHER PROGRAM  
TOTAL HAP, ADMIN FEE AND AUDIT EXPENSE COSTS  
FOR THE YEAR ENDING DECEMBER 31, 2007**

**EXPENSES**

**ADMINISTRATIVE**

General Expenses

Auditing fees

Housing assistance payments

Administrative Fees

Hard to House Fees/Coordinator's Salaries

38,136

24,858,126

3,352,227

67,980

**TOTAL EXPENSES**

**28,316,469**

**Total unit months**

**41,825**

**Hialeah Housing Authority**

**Resident Commissioner**

Ms. Alicia Perez was appointed by the Mayor of the City of Hialeah to the Hialeah Housing Authority Board of Commissioners on May 18, 2004.

## Hialeah Housing Authority

### Resident Advisory Board

<p><b>Donald F. Scott Villas</b></p> <p>Loreal Graham 472 West 25<sup>th</sup> Place Hialeah, FL 33010</p>	<p><b>Milander Manor</b></p> <p>Lucina Valido 815 West 75 Street Apt. 103 Hialeah, FL 33014</p>
<p><b>Hoffman Gardens</b></p> <p>Mirta Fernandez 985 West 75<sup>th</sup> Street Apt. D Hialeah, FL 33014</p>	<p><b>Ruth A. Tinsman Pavilion</b></p> <p>Lucia Rodriguez 6545 West 24 Avenue Apt. 408 Hialeah, FL 33016</p>
<p><b>Holland Hall</b></p> <p>Emilia Molina 555 East 1<sup>st</sup> Avenue Apt. 710 Hialeah, FL 33010</p>	<p><b>Vernon Ashley Plaza</b></p> <p>Zayda De La Cruz 70 East 7 Street Apt. 202 Hialeah, FL 33010</p>
<p><b>La Esperanza</b></p> <p>Alicia Perez 1770 West 44 Place Apt. 213 Hialeah, FL 33012</p>	<p><b>Vivian Villas</b></p> <p>Armantina Suero 4650 West 12 Avenue Apt. 304 Hialeah, FL 33012</p>



**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name:</b>  FL066 Hialeah Housing Authority	<b>Grant Type and Number</b>  Capital Fund Program Grant No: Replacement Housing Factor	<b>Federal FY of Grant:</b>  Cap Fund Borrowing
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- Original Annual Statement     
 Reserve for Disasters / Emergencies     
 Revised Annual Statement  
 Performance and Evaluation Report for Period Ending     
 Final Performance and Evaluation Report

Revision Number

**Performance and Evaluation Report for Period Ending:      Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual 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	63,730			
8	1440 Site Acquisition				
9	1450 Site Improvement	598,902			
10	1460 Dwelling Structures	2,076,959			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	32,900			
13	1475 Nondwelling Equipment				
14	1485 Demolition	82,300			
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	398,209			
20	1502 Contingency	270,000			
21	Amount of Proposed Project: (sum of lines 2 – 20)	3,523,000			
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				

This budget is subject to the approval of the CFFP financing proposal

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: FL066 Hialeah Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: Capital Fund Borrowing			
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	
	<b>Fees and Costs</b>							
<b>PHA Wide</b>	Cost of Issuance	1430		<b>63,730</b>				
<b>Hoffman Gardens</b>	<b>Site Improvements</b>	1450						
<b>FL066-004</b>	Ground Improvements: Sidewalks, curbing, asphalt paving, fences			428,994				
	Storm Sewers			100,244				
	Landscape and Irrigation			69,664				
				<b>598,902</b>				
<b>Hoffman Gardens</b>	<b>Dwelling Structures</b>	1460						
<b>FL066-004</b>	Bond			34,675				
	General Conditions: Permits, fees			202,759				
	Building Exteriors: Masonry and concrete, benches, exterior doors, railings, mail boxes, stucco, building numbers and letters			693,548				
	Electrical Installation			346,921				
	Roof replacement and Gutters			551,170				
	Interior Painting			109,646				
	Other: Rough carpentry, drywall, HVAC items			102,857				
	Misc Items			34,383				
				<b>2,075,959</b>				
	<b>Non-Dwelling Structures</b>							
	Re-roof Community Building	1470		<b>32,900</b>				
	<b>Demolition Activities</b>							
	Demolition and Clearing	1485		<b>83,300</b>				
	<b>Collateralization or Debt Service</b>	1501						
	Debt Service Reserve			352,300				
	Capitalized Interest			45,909				
	<b>Subtotal 1501</b>			<b>398,209</b>				
	<b>Contingency</b>	1502						
	Contingency			<b>270,000</b>				
	<b>GRAND TOTAL</b>			<b>3,523,000</b>				





# NAHRO Capital Fund Manager ©

## I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

### Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *CFP MANAGER© Capital Fund Management Software*. This product is designed to be used with Excel© Version 5.0 or higher or Lotus 1-2-3© for Windows, Version 3 or higher.

*CFP MANAGER©* helps you plan for the future and saves you hours of valuable staff time, by facilitating the preparation of the CFP portion of the Annual Plan, the CFP Performance and Evaluation ("P&E") report, which also goes along with the Annual Plan, and all the forms required under the program. It is a powerful **planning tool**, which helps you answer "WHAT IF" questions: to simulate various Capital Fund grant levels and capital and management improvement "investment" strategies. It can help you develop contingency plans to cope with the uncertainties we now face. In just a few keystrokes, you can "try on" various versions of your capital budget. It also facilitates Revised Annual Statements and Replacement Housing Factor (RHF) submittals.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, contact Dennis Mobley at:

**Cell: (678) 612-3286**  
**Page: (800) 317-8579**  
**Voice: (404) 584-7985**  
**Fax: (404) 584-7786**  
**E-mail: Dmobley671@aol.com**

*After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.*

### Step 1: Install

- 1) DOWNLOAD *NAHRO CFP MANAGER©* USING YOUR E-MAIL SOFTWARE, AND BE AWARE INTO WHICH "FOLDER" YOUR E-MAIL PROGRAM PUTS DOWNLOADED FILES
- 2) GET YOUR EXCEL© OR LOTUS© PROGRAM UP AND RUNNING.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER INTO WHICH THE CFP MANAGER© FILE WAS DOWNLOADED, AND OPEN THE FILE WITH EXCEL© OR LOTUS© (THE FILE IS NAMED NCFP101.XLS FOR EXCEL© USERS, NCFP101.WK4 FOR LOTUS© USERS).
- 4) CLICK ON "FILE", "SAVE AS", AND CREATE YOUR FIRST WORKING COPY OF THE FILE. GIVE IT A NEW FILE NAME SUCH AS FY2002A, ETC. YOU MAY WANT TO SAVE THIS FILE INTO A TOTALLY DIFFERENT FOLDER FROM THE ORIGINAL DOWNLOADED VERSION. (MANY PEOPLE USE "MY DOCUMENTS" OR SIMILAR FOLDERS FOR THIS PURPOSE).

This product has been designed as one (1) spreadsheet file with multiple worksheets, including "Annual Statement" and "Five-Year Action Plan" forms, including enough Part II forms for thirty (30) developments! The product can be used for the Annual Performance and Evaluation (P & E) report as well as for budgeting.

# NAHRO

## Capital Fund Manager ©

### I n s t r u c t i o n s ( c o n t ' d . )

**ENTER DATA IN THE BLUE CELLS**

**DO NOT CHANGE THE RED CELLS**

*To move from one worksheet to another, simply click on the labeled "file folders" on the computer screen (labelled "Annual\_Part I", etc.)*

**We have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed because they have formulae embedded in them.**

**However**, users may override information in any cell (at their own peril). This is in the spirit of making NAHRO's spreadsheet-based planning tools as flexible as possible, to suit your particular needs. We are always open to your suggestions on additional product ideas, or on improving existing products. (Feel free to call Technical Support in this regard).

For best printing results, use a LASER printer, and print each worksheet separately by **highlighting each one in turn**. First, "Set Print Area" from the "File" menu. On "Page Setup", use "Fit to 1 Page Tall by 1 Wide", and use *landscape* orientation. Use the following ranges where appropriate.

#### **NAHRO CFP MANAGER© Software Print Settings**

Worksheet	Print Range	Orientation
Annual Statement Part I	A1..N44	Landscape
Annual Statement Part II	[Various]	"
Annual Statement Part III	A1..L40	"
Five-Year Action Plan Part I	A1..M26	"
Five-Year Action Plan Part II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

## **Step 2: Start Planning and Reporting!**

Annual Statement /Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)				Part I: Summary	
PHA Name: <b>Hialeah Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No. <b>FL14P06650107</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2007</b>	
<input checked="" type="checkbox"/> Original Annual Statement Proposed		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$120,000.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$50,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$370,000.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$200,000.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$140,000.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$445,000.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	<b>Amount of Annual Grant: (sum of lines 2-20)</b>	<b>\$1,325,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
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	<b>Amount of line 21 Related to Energy Conservation Measures</b>				

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
Hialeah Housing Authority		Capital Fund Program Grant No. <b>FL14P06650107</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>OPERATIONS</b>		1406		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Mgmt. Improvmts	1) Item 1 2) Item 2 3) Item 3	1408 " "		\$0.00	\$0.00	\$0.00	\$0.00	
			<b>Total 1408</b>	\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$120,000.00	\$120,000.00	\$4,863.92	\$4,863.92	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$50,000.00	\$50,000.00	\$850.00	\$850.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$140,000.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
Hialeah Housing Authority		Capital Fund Program Grant No. <b>FL14P06650107</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066</b> <b>1</b> <b>ASHLEY</b> <b>PLAZA</b>	<b>Site:</b> Parking Lot Improvements	1450						
			Total Site:	\$30,000.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> Appliance Replacement	1465.1						
			Total D.E.:	\$80,000.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total,</b>			<b>Project Total:</b>	<b>\$110,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
Hialeah Housing Authority		Capital Fund Program Grant No. <b>FL14P06650107</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 2 HOLLAND HALL</b>	<b>Site:</b> Parking Lot Improvements	1450						
			Total Site:	\$20,000.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>			<b>Project Total:</b>	<b>\$20,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007				
Hialeah Housing Authority		Capital Fund Program Grant No. <b>FL14P06650107</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066</b> <b>3</b> <b>VIVIAN</b> <b>VILLAS</b>	<b>Site:</b> Courtyard Improvements \$150,000 Parking Lot Improvements \$20,000	1450	Total Site:	\$170,000.00	\$0.00	\$0.00	\$0.00		
	<b>Mechanical and Electrical:</b>	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Building Exterior:</b>	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Units:</b>	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Interior Common Areas:</b>	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Nondwelling Equipment:</b>	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Total,</b>			<b>Project Total:</b>	<b>\$170,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
Hialeah Housing Authority		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 4 HOFFMAN GARDENS</b>	<b>Site:</b>	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units: Interior Paint</b>	1460	Total DUs:	\$200,000.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b>	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Nondwelling Equipment:</b>	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total,</b>		<b>Project Total:</b>	<b>\$200,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007				
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066 5 SEMINOLA VILLAS</b>	<b>Site:</b>	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Mechanical and Electrical:</b>	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Building Exterior:</b>	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Units:</b>	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Interior Common Areas:</b>	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Nondwelling Equipment:</b>	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Total,</b>		<b>Project Total:</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 6 MILANDER MANOR</b>	<b>Site:</b>	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>			<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 8 LA ESPERANZA</b>	<b>Site:</b>	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> Appliance Replacement	1465.1						
			Total D.E.:	\$60,000.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>		<b>Project Total:</b>		<b>\$60,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:				
Hialeah Housing Authority		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066 10 BRIGHT VILLAS</b>	<b>Site:</b> Parking Lot Improvements	1450	Total Site:	\$30,000.00	\$0.00	\$0.00	\$0.00		
	<b>Mechanical and Electrical:</b>	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Building Exterior:</b>	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Units:</b>	1460	Total DUs:				\$0.00		
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Interior Common Areas:</b>	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Nondwelling Equipment:</b>	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Total,</b>		<b>Project Total:</b>		<b>\$30,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 12 DALE G. BENNETT</b>	<b>Site:</b> Parking Lot Improvements	1450						
			Total Site:	\$30,000.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>		<b>Project Total:</b>		<b>\$30,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007				
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
<b>FL29-P066 16 PROJECT 16</b>	<b>Site:</b> Parking Lot Improvements	1450	Total Site:	\$30,000.00	\$0.00	\$0.00	\$0.00		
	<b>Mechanical and Electrical:</b>	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Building Exterior:</b>	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Units:</b>	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Dwelling Equipment:</b>	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Interior Common Areas:</b>	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Site-Wide Facilities:</b>	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Nondwelling Equipment:</b>	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	<b>Total,</b>			<b>Project Total:</b>	<b>\$30,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 20 RUTH A. TINSMAN</b>	<b>Site:</b> Parking Lot Improvements	1450						
			Total Site:	\$60,000.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>		<b>Project Total:</b>		<b>\$60,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
<b>Hialeah Housing Authority</b>		Capital Fund Program Grant No. <b>FL14P06650106</b> Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
<b>FL29-P066 21 PROJECT 21</b>	<b>Site:</b>	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b>	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b>	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b>	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b>	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Interior Common Areas:</b>	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Site-Wide Facilities:</b>	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Nondwelling Equipment:</b>	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total,</b>			<b>Project Total:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	



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**HIALEAH HOUSING AUTHORITY**  
**Board of Commissioners**

<b>Commissioners</b>	<b>Swearing In Date</b>	<b>Date of Appointment</b>	<b>Term Expiration</b>
<b>Ruth A. Tinsman</b> <i>Chairperson</i>	<b>December 8, 1995</b>	<b>June 14, 2005</b>	<b>February 14, 2009</b>
<b>Father Jose Luis Paniagua</b>	<b>November 28, 2005</b>	<b>November 8, 2005</b>	<b>February 14, 2008</b>
<b>Benjamin Alvarez</b> <i>Vice-Chairman</i>	<b>March 20, 2003</b>	<b>June 14, 2005</b>	<b>February 14, 2009</b>
<b>Anita Wydra</b>	<b>May 25, 2004</b>	<b>May 18, 2004</b>	<b>February 14, 2007</b>
<b>Alicia Perez</b>	<b>May 25, 2004</b>	<b>May 18, 2004</b>	<b>February 14, 2007</b>