

# PHA Plans

## Streamlined Annual Version

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

OMB No. 2577-0226  
(exp. 08/31/2009)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

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# Streamlined Annual PHA Plan

## for Fiscal Year: 2008

**PHA Name: ROCHESTER HOUSING AUTHORITY**

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Rochester Housing Authority

**PHA Number:** NH008

**PHA Fiscal Year Beginning:** 01/2008

**PHA Programs Administered:**

**Public Housing and Section 8**    
  **Section 8 Only**    
  **Public Housing Only**  
 Number of public housing units:    
 Number of S8 units:    
 Number of public housing units:  
 Number of S8 units:

**PHA Consortia: (check box if submitting a joint PHA Plan and complete table)**

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**PHA Plan Contact Information:**

Name: Karl A. Van Asselt     Phone: 603-332-4126  
 TDD: N/A     Email: rochesterhsg@metrocast.net

**Public Access to Information**

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

PHA's main administrative office    
  PHA's development management offices

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

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.    
 Yes    
 No.

If yes, select all that apply:

Main administrative office of the PHA  
 PHA development management offices  
 Main administrative office of the local, county or 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)

## Streamlined Annual PHA Plan Fiscal Year 2007

[24 CFR Part 903.12(c)]

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[24 CFR 903.7(r)]

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#### **Attachments**

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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
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**A. PHA PLAN COMPONENTS**

- 1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**
- 2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**
- 3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- 6. Supporting Documents Available for Review
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- 8. Capital Fund Program 5-Year Action Plan

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

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

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

**Form SF-LLL & SF-LLL a, Disclosure of Lobbying Activities.**

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

**A. Site-Based Waiting Lists-Previous Year**

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

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

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year**

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

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)

## **2. Capital Improvement Needs**

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

Exemptions: Section 8 only PHAs are not required to complete this component.

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

4.  Yes  No: 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:

5.  Yes  No: 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:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program 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, what is the maximum number of participants this fiscal year?

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:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

#### **4. Use of the Project-Based Voucher Program**

##### **Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- low utilization rate for vouchers due to lack of suitable rental units
- access to neighborhoods outside of high poverty areas
- other **Part of a tax credit family facility**

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts): **25 units in city of Rochester, NH**



## **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

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 on its waiting lists 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)
  - Other: (list below)
  
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
√	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
√	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
√	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
√	Fair Housing Documentation Supporting Fair Housing Certifications: 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
√	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
√	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
√	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
√	Public housing rent determination policies, including the method for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
√	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
√	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input 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
√	Results of latest Public Housing Assessment System (PHAS) Assessment (or	Annual Plan: Management

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	other applicable assessment).	and Operations
√	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
√	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
√	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
√	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
√	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
√	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	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
√	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
√	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
√	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
√	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the City of Rochester			Grant Type and Number Capital Fund Program Grant No: NH36-P008-501-04 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/07 <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	60,000		60,000	60,000
3	1408 Management Improvements				
4	1410 Administration	25,000		25,000	25,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	86,731.22		86,731.22	74,410.35
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	110,629		110,629	110,629
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	48,613.78		48,633.78	48,613.48
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	330,974		330,974	323,653.13
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				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
<b>PHA Name: Housing Authority of the City of Rochester</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: : NH36-P008-501-04 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2004</b>		
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	
PHA WIDE	Expand Maintenance Facility and Admin space	1470		48613.78		48,613.78	4,8633.78	Complete
	Operations	1406		60,000		60,000	60,000	Complete
	Administration	1410		25,000		25,000	25,000	Complete
	Fees and Costs A/E & Consultant	1430		86,731.22		86,731.22	79,410.35	In progress
Cold Spring Manor								
NH3600802	Replace roofing on 8 Buildings	1460				110,629	110,629	Complete
Wyandotte Falls NH3600803	HC entrance - Fungible from budget 501-05	1460		0				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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

PHA Name: <b>Housing Authority of the City of Rochester</b>		Grant Type and Number Capital Fund Program No: NH36-P008-501-04 Replacement Housing Factor No:					Federal FY of Grant: <b>2004</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
PHA WIDE	9/07/06		9/07/06	9/07/08				
NH36P00801	9/07/06		9/07/06	9/07/08		6/30/07		
NH36P00802	9/07/06		9/07/06	9/07/08		6/30/07		

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: <b>Housing Authority of the City of Rochester</b>		Grant Type and Number Capital Fund Program: Grant No. NH36-P008-501-05 Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2005</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:6/30/06 <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	60,000		60,000	60,000
3	1408 Management Improvements				
4	1410 Administration	25,000		25,000	25000
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	50,000		50,000	40,950
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	145,974			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	14,211			
21	Amount of Annual Grant: (sum of lines 2-19)	295,185		135,000	129,950
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				
25	Amount of line 21 Related to Energy Conservation Measures				

form HUD-50075-SA (04/30/2003)



**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

RHA CFP 501-05 AR 07

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part II: Supporting Pages</b>								
<b>PHA Name: Housing Authority of the City of Rochester</b>			<b>Grant Type and Number                      Capital Fund Program # Grant No.: NH36-P008-501-05                      Replacement Housing Factor #:</b>			<b>Federal FY of Grant: 2005</b>		
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	
PHA WIDE	Operations	1406		60,000		60,000	60,000	complete
	Administration	1410		25,000		25,000	25,000	complete
	Fees and Costs A/E & Consultant	1430		50,000		50,000	40,950	In Process
	Contingency	1502		14,211				
NH3600802	Replace roofing on 6 Buildings	1460		60,974				
Cold Spring Manor								
NH3600803								
Wyandotte Falls	HC entrance at east end	1460	1	15,000				
	Repairs to retaining wall and building along river	1460		70,000				

form HUD-50075-SA (04/30/2003)

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

RHA CFP 501-05 AR 07

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Rochester Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NH36-P008-501-05 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA WIDE	8/18/07		9/30/06	8/18/09			
NH36P00802	8/18/07			8/18/09			
NH36P00803	8/18/07			8/18/09			

form HUD-50075-SA (04/30/2003)

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name: Housing Authority of the City of Rochester</b>		<b>Grant Type and Number</b> Capital Fund Program: Grant No. NH36-P008-501-05 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2006</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:6/30/06 <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	82,091		82,091	82,091
3	1408 Management Improvements				
4	1410 Administration	25,000		25,000	25,000
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	50,000		50,000	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	100,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	26,112			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-19)	283,112		157,091	107,091
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				
25	Amount of line 21 Related to Energy Conservation	145,000			

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: <b>Housing Authority of the City of Rochester</b>		Grant Type and Number Capital Fund Program: Grant No. NH36-P008-501-05 Replacement Housing Factor Grant No:		
		Federal FY of Grant: <b>2006</b>		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:6/30/06 <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
	Measures			

form HUD-50075-SA (04/30/2003)

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

RHA CFP 501-06 AR 07

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

<b>PHA Name: Housing Authority of the City of Rochester</b>		<b>Grant Type and Number</b> Capital Fund Program # Grant No.: NH36-P008-501-06 Replacement Housing Factor #:				<b>Federal FY of Grant: 2005</b>		
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	
PHA WIDE	Operations	1406		82,091		82,091	82,091	Complete
	Administration	1410		25,000		25,000	25,000	Complete
	Fees and Costs A/E & Consultant	1430		50,000		50,000		
NH3600803								
Wyandotte Falls Millworks	Replace windows	1460	1	100,000				
	Add module to boiler system	1475		26,112				

form HUD-50075-SA (04/30/2003)

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

RHA CFP 501-07

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Rochester Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NH36-P008-501-06 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA WIDE	7/18/08		6/30/07	7/1/10			
NH36P00803	7/18/08			7/17/10			

form HUD-50075-SA (04/30/2003)

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name: Housing Authority of the City of Rochester</b>		<b>Grant Type and Number</b> Capital Fund Program: Grant No. NH36-P008-501-07 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2007</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:6/30/07 <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	60,000			
3	1408 Management Improvements				
4	1410 Administration	25,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	194,917			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-19)	279,917			
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				
25	Amount of line 21 Related to Energy Conservation				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: <b>Housing Authority of the City of Rochester</b>		Grant Type and Number Capital Fund Program: Grant No. NH36-P008-501-07 Replacement Housing Factor Grant No:		
		Federal FY of Grant: <b>2007</b>		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:6/30/07 <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
	Measures			

form HUD-50075-SA (04/30/2003)



**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

RHA CFP 501-07

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part II: Supporting Pages</b>								
<b>PHA Name: Housing Authority of the City of Rochester</b>			<b>Grant Type and Number</b> Capital Fund Program # Grant No.: NH36-P008-501-07 Replacement Housing Factor #:			<b>Federal FY of Grant: 2007</b>		
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	
PHA WIDE	Operations	1406		60,000				
	Administration	1410		25,000				
NH3600803								
Wyandotte Falls Millworks	Repair north retaining wall – Item 1 in Condition Report	1460	1	194,917				

form HUD-50075-SA (04/30/2003)

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

RHA CFP 501-07

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Rochester Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NH36-P008-501-07 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA WIDE	9/12/09			9/12/11			
NH36P00803	9/12/09			9/12/11			

form HUD-50075-SA (04/30/2003)

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name: Housing Authority of the City of Rochester</b>		<b>Grant Type and Number</b> Capital Fund Program: Grant No. NH36-P008-501-08 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2008</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	60,000			
3	1408 Management Improvements				
4	1410 Administration	10,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	38,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	171,917			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-19)	279,917			
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				
25	Amount of line 21 Related to Energy Conservation				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: <b>Housing Authority of the City of Rochester</b>		Grant Type and Number Capital Fund Program: Grant No. NH36-P008-501-08 Replacement Housing Factor Grant No:		
		Federal FY of Grant: <b>2008</b>		
<input checked="" type="checkbox"/> Original Annual Statement <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
	Measures			

form HUD-50075-SA (04/30/2003)

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

RHA CFP 501-08

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part II: Supporting Pages</b>								
<b>PHA Name: Housing Authority of the City of Rochester</b>			<b>Grant Type and Number                      Capital Fund Program # Grant No.: NH36-P008-501-08                      Replacement Housing Factor #:</b>			<b>Federal FY of Grant: 2008</b>		
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	
PHA WIDE	Operations	1406		60,000				
	Administration	1410		10,000				
	Consultant service for listed activities	1430		38,000				
NH3600803								
Wyandotte Falls	Repairs to outside deck per engineer's report	1460	1	151,917				
	Replace/repair emergency med system	1460	72	10,000				
	Additional window replacement	1460	20	10,000				

form HUD-50075-SA (04/30/2003)

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

RHA CFP 501-08

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Rochester Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NH36-P008-501-08 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant: 2008</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA WIDE	9/30/10			9/30/12			
NH36P00803	9/12/10			9/12/12			

form HUD-50075-SA (04/30/2003)

## Capital Fund Program Five-Year Action Plan

### Part I: Summary

PHA Name : Housing Authority of the City of Rochester					<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/PHA-Wide	Year 1	Work Statement for Year 2 FFY Grant: NH3600850106 PHA FY: 2008	Work Statement for Year 3 FFY Grant: NH3600850107 PHA FY: 2009	Work Statement for Year 4 FFY Grant: NH3600850108 PHA FY: 2011	Work Statement for Year 5 FFY Grant: NH3600850109 PHA FY: 2012	
Wyandotte Falls Millworks NH3600803	Annual Statement	439,400	400,000	80,000	50,000	
Cold Spring Manor NH3600802		165,000	96,000	291,000	250,000	
Well Sweep Acres NH3600801		175,000	160,000	87,000	88,000	
PHA Wide		140,000	140,000	140,000	140,000	
Total CFP Funds (est)		919,400	796,000	598,000	528,000	
Total Replacement Housing Factor Funds						
Replacement Housing Factor Funds						

## Capital Fund Program Five-Year Action Plan

### Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant:NH36P00850108 PHA FY: 2008			Activities for Year: <u>3</u> FFY Grant:NH36P00850109 PHA FY: 2009		
	Development Number/Name/General Description of Major Work Categories	Quantity	ESTIMATED COSTS	Development Number/Name/General Description of Major Work Categories	Quantity	ESTIMATED COSTS
<b>See</b>	Wyandotte Falls Millworks NH3600803			Wyandotte Falls Millworks NH3600803		
<b>Annual Statement</b>	Continue repairs to river front & deck		400,000	Complete repairs to river front & deck		400,000
	Replacement Kitchen Lights	72	7,200			
	Replacement Bath medicine chests	72	7,200			
	Re-roof 1 building section		25,000			
	Cold Spring Manor NH3600802			Cold Spring Manor NH3600802		
				Replace Medicine Chests	60	6,000
	Replace Appliances (Stoves & refrigerators)	60	50,000	Construct rear Door Overhang	60	90,000
	Well Sweep Acres NH360080			Well Sweep Acres NH360080		
	Replace Kitchen Cabinets and install ventilation	50	150,000	Complete replacing Kitchen Cabinets and ventilation	50	150,000
	Repair/replace outside steps	15	25,000	Replace medicine chests	100	10,000
	PHA Wide			PHA Wide		
	Operations		50,000	Operations		50,000
	Fees and costs		40,000	Fees and costs		40,000
	Debt service		50,000	Debt service		50,000



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

Activities for Year : <u>4</u> FFY Grant: NH36P00850110 PHA FY: 2010			Activities for Year: <u>5</u> FFY Grant: NH36P00850111 PHA FY: 2011		
<b>Development Name/Number</b>	<b>Qty</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Qty</b>	<b>Estimated Cost</b>
<b>Major Work Categories</b>			<b>Major Work Categories</b>		
W Cold Spring Manor NH3600802			Wyandotte Falls Millworks NH3600803		
Replace medicine chests	60	6,000	Remodel 2 additional units to be HC Accessible		50,000
Landscape the grounds		35,000			
Construct new Gym/Recreation center at CSM		250,000	Construct new Gym/Recreation center at CSM		250,000
Wyandotte Falls Millworks NH3600803			Cold Spring Manor NH3600802		
Complete Roof		80,000	Expand Community Center	1	200,000
Well Sweep Acres NH360080			Well Sweep Acres NH360080		
Construct rear Door Overhang	58	87,000	Install new Kitchen Lights	100	10,000
			Replace Attic Hatches	18	18,000
			Replace Lock system	100	60,000
PHA Wide			PHA Wide		
Operations		50,000	Operations		50,000
Fees and costs		40,000	Fees and Costs A/E		40,000
Debt Service		50,000	Debt Service		50,000
<b>Total CFP Estimated Cost</b>		<b>\$598,000</b>			<b>\$728,000</b>

**Required Attachment F: Resident Member on the PHA Governing Board**

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Wilbur Boudreau

B. How was the resident board member selected: (select one)?

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 4 Year term expiring on May 14, 2009

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of a governing board member: 2007

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

John Scruton  
City Manager  
City Hall  
Rochester, NH 03867

**Required Attachment G: Membership of the Resident Advisory Board or Boards**

Gary Grant

Elizabeth Paquette

Glenn Toland

Gloria Roy

Jean Fairney

## Required Attachment   H   : Part 6      Advisory Board Comments

The RHA Advisory Board, including representatives from each of the RHA's public housing sites, meet during the year to review and comment on the RHA's One-Year and Five-Year plans and to provide input to RHA operations.

Regarding the one-year plan, the Advisory Board provided advice on planned activities by identifying what they perceived as priorities for the tenants. These included:

Outdoors – interest in additional landscaping and parking pavement stripping. The need for stop signs and speed bumps at two locations will be considered.

Community Policing – the Advisory Board expressed interest in the continuation of the RHA's community policing program. The program will be funded 100% in 2007.

Activities – The Advisory Board expressed interested in increased group club activities for the tenants. The RHA will expand programs to increase tenant participation in the tenant organizations during 2006.

Physical Improvements – The Advisory Board was particularly interested in new windows at Wyandotte Falls, zones for heating, bathroom fans on separate switches at Cold Spring Manor, additional storage and back door coverings at Wellsweep Acres. These activities are given a high priority.

Minor Facilities – The Advisory Board had specific requests, including new electrical outlets at Cold Spring and correction to front doors (priority if funded).

Changes to Approved Annual Plan – Any significant policy or activity changes to the Annual Plan will be submitted for review, consideration and feed back from the RHA Advisory Board and public hearing regarding the changes before submission to HUD for final review prior to implementation.

Substantial deviations from the 5-year plan as defined below will require the RHA to resubmit the plan for public comment and approval.

\*RHA definition of significant amendment and substantial deviation from the PHA Plan is:

1. Changes in admission policy
2. Changes in rent calculation methods
3. Changes in method of maintaining waiting list
4. Additions of non-emergency work items not included in the Annual Plan or 5-Year Plan
5. Changes in Capital Fund Plans including the use of replacement reserve funds.
6. Addition of new activities not included in the Annual or 5-year plan
7. Any demolition or disposition of property, homeownership programs or property conversion activities.

**Required Attachment   I   : Part 6            Other Information**

**CRIME AND SAFETY SECTION – Police Officer Residing in Public Housing**

In its continuing efforts to address crime and safety at the RHA's public housing sites, the RHA will attempt to house a full-time police officer at the RHA's 72-unit elderly site (Wyandotte Falls) during CY 2008.

The RHA obtained permission from HUD in 2003 for a police officer to reside within Wyandotte Falls. The police officer occupied a one-bedroom unit until June 2006 and paid the minimum RHA-established rent of \$300 per month.

This rent level is established (rather than the current average rent of \$180) because of the difficulty in attracting an officer to reside within the housing site.

The benefits of having the officer live within the housing site are numerous. The officer compliments the efforts of the RHA's full-time police officer by being a live-in officer with his presence available up to 10-12 hours a day.

No residents will be transferred from the housing site and there will be minimal loss of rental income to the housing authority and minimal maintenance costs (no increase in the RHA maintenance budget costs for this activity).

HUD earlier approved to continue to provide the annual operating subsidy for the police officer's unit in accordance with 24 CFR 960.511.

The RHA will continue to keep this option available, with HUD approval, for CY 2007 and beyond.

**Required Attachment J: Part 6**

**Voluntary conversion**

In accordance with 972.200(b), the RHA has reviewed the Cold Spring Manor Development operations as public housing (60 units, family housing) to consider the implications of converting the public housing to tenant-based assistance. The RHA has concluded that conversion of the development is inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion described at 972.200(c)

This is based on cost factors and both lack of vouchers and the workability of any available vouchers in the Cold Spring Manor Development.

## **Required Attachment K: Part 6 Deconcentration Rule**

The RHA has a general occupancy (family) public housing developments covered by the Deconcentration rule

None of the covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments.

## **Required Attachment L: Part 6 Violence Against Women Act**

The Violence Against Women Act states, with respect to the Section 8 voucher program, that: (1) a public housing agency may not terminate assistance to a participant because of an incident or incidents of actual or threatened domestic violence, dating violence, or stalking against such participant; (2) criminal activity directly relating to domestic violence, dating violence, or stalking shall not be considered a serious or repeated lease violation justifying termination of assistance to the victim or threatened victim; and (3) criminal activity, with exceptions, directly relating to domestic violence, dating violence, or stalking shall not be considered cause for termination of assistance for any participant or immediate member of a participant's family who is a victim of such domestic violence, dating violence, or stalking.

Authorizes an owner, manager, public housing agency, or assisted housing provider to: (1) request that an individual certify (via a HUD-approved certification form) that he or she is a victim of domestic violence, dating violence, or stalking; and (2) evict an individual for failure to provide such certification. Provides for information confidentiality.

(Sec. 607) Amends the United States Housing Act of 1937 to prohibit a public housing agency from denying public housing admission to an applicant on the basis of the applicant being or having been a victim of domestic violence, dating violence, or stalking. Sets forth tenant, certification, and confidentiality provisions.