### **PHA Plans**

#### **Streamlined Annual** Version

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

Office of Public and Indian Housing

OMB No. 2577-0226

 $(\exp. 08/31/2009)$ 

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.

**Streamlined Annual PHA Plan** for Fiscal Year: 2008

**PHA Name: Greenville 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: Greenville   | ıthority                                  | PHA Number: TX522                        |   |                            |  |
|--|---|--|---|----------------------------|--|
| PHA Fiscal Year Begin  | ning: (mm/                                | <b>yyyy</b> ) 04/2008                    |   |                            |  |
| PHA Programs Admini Public Housing and Sect Number of public housing units: Number of S8 units:  | ion 8 🖂 Se                                |  | ablic Housing Onler of public housing units |                            |  |
| PHA Consortia: (chec   | ck box if subn                            | nitting a joint PHA P                    | lan and complete                            | table)                     |  |
| Participating PHAs   | PHA<br>Code                               | Program(s) Included in<br>the Consortium | Programs Not in<br>the Consortium           | # of Units<br>Each Program |  |
| Participating PHA 1:   |   |  |   |                            |  |
| Participating PHA 2:   |   |  |   |                            |  |
| Participating PHA 3:   |   |  |   |                            |  |
| PHA Plan Contact Info Name: Bernice Carr TDD:  Public Access to Inform Information regarding any (select all that apply)  PHA's main administ                          | Email<br>nation<br>activities out         | l (if available): bernic                 |   | ontacting:                 |  |
| Display Locations For l  | PHA Plans                                 | and Supporting D                         | ocuments                                    |                            |  |
| The PHA Plan revised policic public review and inspection If yes, select all that apply:  Main administrative of PHA development main administrative of Public library | Yes  Office of the Planagement off the lo | □ No.                                    | ,   |                            |  |
| PHA Plan Supporting Docun  Main business office Other (list below)   |   |  | (select all that app<br>pment managemen     | •                          |  |

### Streamlined Annual PHA Plan Fiscal Year 20

[24 CFR Part 903.12(c)]

### **Table of Contents**

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

| <b>A.</b>   | 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  |
| П           | 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.    |
| $\boxtimes$ | 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                                       |
| D           | SEDADATE HADD CODY SUBMISSIONS TO LOCAL HUD FIELD OFFICE                         |

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

**Form HUD-50076**, <u>PHA Certifications of Compliance with the PHA Plans and Related Regulations:</u> <u>Board Resolution to Accompany the Streamlined Annual Plan</u> 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-LLLa, <u>Disclosure of Lobbying Activities</u>.

### 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.

| Site-Based Waiting Lists                          |   |                         |  |   |  |  |  |
|---|---|-------------------------|--|---|--|--|--|
| Development Information: (Name, number, location) | Date Initial mix of Racial, Ethnic or Disability Demographics |                         | Current mix of<br>Racial, Ethnic or<br>Disability<br>Demographics<br>since Initiation of<br>SBWL | Percent<br>change<br>between initial<br>and current<br>mix of Racial,<br>Ethnic, or<br>Disability<br>demographics |  |  |  |
|   |   |                         |  |   |  |  |  |
| at one time?                                      | nit offers may  | based waiting list deve | •  |   |  |  |  |

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

inconsistent with the order, agreement or complaint below:

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.

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

| 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? |
|    |   |

## 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):

| HOPE VI Revitalization Grant Status  |   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| a. Development Name:   |   |  |  |  |  |  |  |  |
| b. Development Number:   |   |  |  |  |  |  |  |  |
| c. Status of Grant:  |   |  |  |  |  |  |  |  |
| Revitalization Plan under development  |   |  |  |  |  |  |  |  |
| Revitalization Plan submitted, pending approval Revitalization Plan approved |   |  |  |  |  |  |  |  |
|  | oursuant to an approved Revitalization Plan underway  |  |  |  |  |  |  |  |
|  | 11  |  |  |  |  |  |  |  |
| 3.   | Does the PHA expect to apply for a HOPE VI Revitalization grant in the  |  |  |  |  |  |  |  |
|  | Plan year?  |  |  |  |  |  |  |  |
|  | If yes, list development name(s) below:   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| 4 D Vas D No.  | Will the DIIA be engaging in any mixed finance development activities   |  |  |  |  |  |  |  |
| 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: V  | 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:   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| <b>2</b> G 4 0 T   |   |  |  |  |  |  |  |  |
|  | Int Based AssistanceSection 8(y) Homeownership Program  |  |  |  |  |  |  |  |
| (11 applicable) [24 CF   | R Part 903.12(c), 903.7(k)(1)(i)]   |  |  |  |  |  |  |  |
| 1. ☐ Yes ⊠ No:   | Does the PHA plan to administer a Section 8 Homeownership program   |  |  |  |  |  |  |  |
| 1 105 110.   | 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 Descripti   | on:   |  |  |  |  |  |  |  |
| 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 e   | ligibility 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 (describe below:)  |  |  |  |  |  |  |  |
| 2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):   |  |  |  |  |  |  |  |
| 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) Hunt, Rockwall and Rains Counties  |  |  |  |  |  |  |  |
| No program or policy changes.   |  |  |  |  |  |  |  |

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

# <u>6. Supporting Documents Available for Review for Streamlined Annual PHA Plans</u>

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.

| List of Supporting Documents Available for Review |   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Applicable<br>& On<br>Display                     | Supporting Document   | Related Plan Component   |  |  |  |  |  |  |
| X   | 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;  | 5 Year and Annual Plans  |  |  |  |  |  |  |
| X   | PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan   | Streamlined Annual Plans   |  |  |  |  |  |  |
| X   | Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.  | 5 Year and standard Annual<br>Plans                                |  |  |  |  |  |  |
| X   | 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  |  |  |  |  |  |  |
| X   | 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:<br>Housing Needs                                      |  |  |  |  |  |  |
|   | Most recent board-approved operating budget for the public housing program  | Annual Plan:<br>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,<br>Selection, and Admissions<br>Policies |  |  |  |  |  |  |
|   | Deconcentration Income Analysis   | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies |  |  |  |  |  |  |
|   | Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing.   Check here if included in the public housing A&O Policy.   | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies |  |  |  |  |  |  |
| X   | Section 8 Administrative Plan   | Annual Plan: Eligibility,<br>Selection, and Admissions<br>Policies |  |  |  |  |  |  |
|   | Public housing rent determination policies, including the method for setting public housing flat rents.  Check here if included in the public housing A & O Policy.   | Annual Plan: Rent<br>Determination                                 |  |  |  |  |  |  |
|   | Schedule of flat rents offered at each public housing development.  Check here if included in the public housing A & O Policy.  | Annual Plan: Rent Determination                                    |  |  |  |  |  |  |
| X   | 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.  Check here if included in Section 8 Administrative Plan.   | Annual Plan: Rent<br>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 other applicable assessment).  Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if  | Annual Plan: Management and Operations Annual Plan: Operations and |  |  |  |  |  |  |
|   | necessary)  | Maintenance and<br>Community Service & Self-                       |  |  |  |  |  |  |

| List of Supporting Documents Available for Review |   |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Applicable<br>& On<br>Display                     | Supporting Document   | Related Plan Component   |  |  |  |  |  |  |
|   |   | Sufficiency  |  |  |  |  |  |  |
| X   | Results of latest Section 8 Management Assessment System (SEMAP)  | Annual Plan: Management and Operations   |  |  |  |  |  |  |
| X   | Any policies governing any Section 8 special housing types  ☑ Check here if included in Section 8 Administrative Plan   | Annual Plan: Operations and Maintenance  |  |  |  |  |  |  |
|   | Public housing grievance procedures  Check here if included in the public housing A & O Policy  | Annual Plan: Grievance<br>Procedures   |  |  |  |  |  |  |
| X   | Section 8 informal review and hearing procedures.  Check here if included in Section 8 Administrative Plan.   | Annual Plan: Grievance<br>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<br>Public Housing   |  |  |  |  |  |  |
|   | Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.  | Annual Plan: Voluntary<br>Conversion of Public<br>Housing  |  |  |  |  |  |  |
|   | Approved or submitted public housing homeownership programs/plans.  | Annual Plan:<br>Homeownership  |  |  |  |  |  |  |
|   | Policies governing any Section 8 Homeownership program (Sectionof the Section 8 Administrative Plan)  | Annual Plan:<br>Homeownership  |  |  |  |  |  |  |
|   | Public Housing Community Service Policy/Programs  Check here if included in Public Housing A & O Policy   | Annual Plan: Community Service & Self-Sufficiency  |  |  |  |  |  |  |
|   | Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.   | Annual Plan: Community<br>Service & Self-Sufficiency   |  |  |  |  |  |  |
|   | FSS Action Plan(s) for public housing and/or Section 8.   | Annual Plan: Community<br>Service & Self-Sufficiency   |  |  |  |  |  |  |
|   | Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.  | Annual Plan: Community<br>Service & Self-Sufficiency   |  |  |  |  |  |  |
|   | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.  | Annual Plan: Community<br>Service & Self-Sufficiency   |  |  |  |  |  |  |
|   | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G).  Check here if included in the public housing A & O Policy.  | Annual Plan: Pet Policy  |  |  |  |  |  |  |
| X   | The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.  | Annual Plan: Annual Audit  |  |  |  |  |  |  |
|   | Other supporting documents (optional) (list individually; use as many lines as necessary)   | (specify as needed)  |  |  |  |  |  |  |
|   | Consortium agreement(s) and for Consortium Joint PHA Plans Only: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.  | Joint Annual PHA Plan for<br>Consortia: Agency<br>Identification and Annual<br>Management and Operations |  |  |  |  |  |  |

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

| Annual Statement/Per  | rformance and Evaluation Report   |  |          |                |           |  |  |  |
|---|---|--|----------|----------------|-----------|--|--|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary |   |  |          |                |           |  |  |  |
| PHA Name: Grant Type and Number   |   |  |          |                |           |  |  |  |
|   |   | pital Fund Program Gra                   |          |                | of Grant: |  |  |  |
|   | Replacement Housing Factor Grant No:  |  |          |                |           |  |  |  |
|   | nent Reserve for Disasters/ Emergencies Revise<br>nation Report for Period Ending: Final Perf | d Annual Statement<br>ormance and Evalua |          |                |           |  |  |  |
| Line No.  | Summary by Development Account  | Total Estin                              |          | Total Act      | tual Cost |  |  |  |
| Line 110.   | Summary by Development Account  | Obligated                                | Expended |                |           |  |  |  |
| 1   | Total non-CFP Funds   | Original                                 | Revised  | 0 %11 <b>g</b> |           |  |  |  |
| 2   | 1406 Operations   |  |          |                |           |  |  |  |
| 3   | 1408 Management Improvements  |  |          |                |           |  |  |  |
| 4   | 1410 Administration   |  |          |                |           |  |  |  |
| 5   | 1411 Audit  |  |          |                |           |  |  |  |
| 6   | 1415 Liquidated Damages   |  |          |                |           |  |  |  |
| 7   | 1430 Fees and Costs   |  |          |                |           |  |  |  |
| 8   | 1440 Site Acquisition   |  |          |                |           |  |  |  |
| 9   | 1450 Site Improvement   |  |          |                |           |  |  |  |
| 10  | 1460 Dwelling Structures  |  |          |                |           |  |  |  |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable   |  |          |                |           |  |  |  |
| 12  | 1470 Nondwelling Structures   |  |          |                |           |  |  |  |
| 13  | 1475 Nondwelling Equipment  |  |          |                |           |  |  |  |
| 14  | 1485 Demolition   |  |          |                |           |  |  |  |
| 15  | 1490 Replacement Reserve  |  |          |                |           |  |  |  |
| 16  | 1492 Moving to Work Demonstration   |  |          |                |           |  |  |  |
| 17  | 1495.1 Relocation Costs   |  |          |                |           |  |  |  |
| 18  | 1499 Development Activities   |  |          |                |           |  |  |  |
| 19  | 1501 Collaterization or Debt Service  |  |          |                |           |  |  |  |
| 20  | 1502 Contingency  |  |          |                |           |  |  |  |
| 21  | Amount of Annual Grant: (sum of lines 2 – 20)   |  |          |                |           |  |  |  |
| 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

# 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 Capital Fund Program Grant No: Replacement Housing Factor Grant No: |                  |          |                      | Federal FY of Gra | nt:   |                   |  |                   |
|---|---|------------------|----------|----------------------|-------------------|---|-------------------|--|-------------------|
| Development Number Name/HA- Wide Activities | General Description of<br>Major Work Categories   | Dev. Acct<br>No. | Quantity | Total Estimated Cost |                   | Quantity Total Estimated Cost Total Actual Cost |                   |  | Status of<br>Work |
|   |   |                  |          | Original             | Revised           | Funds<br>Obligated                              | Funds<br>Expended |  |                   |
|   |   |                  |          |                      |                   |   |                   |  |                   |
|   |   |                  |          |                      |                   |   |                   |  |                   |
|   |   |                  |          |                      |                   |   |                   |  |                   |
|   |   |                  |          |                      |                   |   |                   |  |                   |
|   |   |                  |          |                      |                   |   |                   |  |                   |
|   |   |                  |          |                      |                   |   |                   |  |                   |
|   |   |                  |          |                      |                   |   |                   |  |                   |
|   |   |                  |          |                      |                   |   |                   |  |                   |

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

| Annual Statement/Performance and Evaluation Report                                       |            |             |          |            |                 |            |                                  |  |
|--|------------|-------------|----------|------------|-----------------|------------|----------------------------------|--|
| Capital Fund Prog  | gram and   | Capital F   | und Prog | ram Replac | ement Housi     | ing Factor | (CFP/CFPRHF)                     |  |
| Part III: Impleme  | entation S | chedule     |          | _          |                 |            |                                  |  |
| PHA Name:  Grant Type and Number Capital Fund Program No: Replacement Housing Factor No: |            |             |          |            |                 |            | Federal FY of Grant:             |  |
| Development  | All        | Fund Obliga | ted      | All        | Funds Expende   | ed         | Reasons for Revised Target Dates |  |
| Number<br>Name/HA-Wide<br>Activities   | (Quar      | <u> </u>    |          |            | arter Ending Da | ite)       |                                  |  |
|  | Original   | Revised     | Actual   | Original   | Revised         | Actual     |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |
|  |            |             |          |            |                 |            |                                  |  |

### 8. Capital Fund Program Five-Year Action Plan

| Capital Fund Program Five-Year Action Plan Part I: Summary |                     |                              |                              |                                   |                              |  |  |
|--|---------------------|------------------------------|------------------------------|-----------------------------------|------------------------------|--|--|
| PHA Name   | ı y                 |                              |                              | Original 5-Year Plan Revision No: | 1                            |  |  |
| Development<br>Number/Name/<br>HA-Wide                     | Year 1              | Work Statement<br>for Year 2 | Work Statement<br>for Year 3 | Work Statement<br>for Year 4      | Work Statement<br>for Year 5 |  |  |
|  |                     | FFY Grant:<br>PHA FY:        | FFY Grant:<br>PHA FY:        | FFY Grant:<br>PHA FY:             | FFY Grant:<br>PHA FY:        |  |  |
|  | Annual<br>Statement |                              |                              |                                   |                              |  |  |
|  |                     |                              |                              |                                   |                              |  |  |
|  |                     |                              |                              |                                   |                              |  |  |
|  |                     |                              |                              |                                   |                              |  |  |
|  |                     |                              |                              |                                   |                              |  |  |
|  |                     |                              |                              |                                   |                              |  |  |
|  |                     |                              |                              |                                   |                              |  |  |
| CFP Funds Listed<br>for 5-year<br>planning                 |                     |                              |                              |                                   |                              |  |  |
| Replacement<br>Housing Factor<br>Funds                     |                     |                              |                              |                                   |                              |  |  |

### 8. Capital Fund Program Five-Year Action Plan

| Capital Fund Program Five-Year Action Plan |             |                       |                       |             |                   |           |  |
|--|-------------|-----------------------|-----------------------|-------------|-------------------|-----------|--|
| Part II: Supporting Pages—Work Activities  |             |                       |                       |             |                   |           |  |
| Activities                                 | Act         | Activities for Year : |                       |             | ivities for Year: |           |  |
| for  | FFY Grant:  |                       |                       | FFY Grant:  |                   |           |  |
| Year 1                                     | PHA FY:     |                       |                       | PHA FY:     |                   |           |  |
|  | Development | Major Work            | <b>Estimated Cost</b> | Development | Major Work        | Estimated |  |
|  | Name/Number | Categories            |                       | Name/Number | Categories        | Cost      |  |
| See  |             |                       |                       |             |                   |           |  |
| Annual                                     |             |                       |                       |             |                   |           |  |
| Statement                                  |             |                       |                       |             |                   |           |  |
|  |             |                       |                       |             |                   |           |  |
|  |             |                       |                       |             |                   |           |  |
|  |             |                       |                       |             |                   |           |  |
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|  |             |                       |                       |             |                   |           |  |
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|  |             |                       |                       |             |                   |           |  |
|  |             |                       |                       |             |                   |           |  |
|  |             |                       |                       |             |                   |           |  |
|  |             |                       |                       |             |                   |           |  |
|  |             |                       |                       |             |                   |           |  |
|  |             |                       |                       |             |                   |           |  |
|  |             |                       |                       |             |                   |           |  |
| Total CFP Estimated Cost                   |             |                       | \$                    |             |                   | \$        |  |

### 8. Capital Fund Program Five-Year Action Plan

| Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities |                      |                       |   |            |                       |  |  |
|--|----------------------|-----------------------|---|------------|-----------------------|--|--|
|  | Activities for Year: |                       | Activities for Year:<br>FFY Grant:<br>PHA FY: |            |                       |  |  |
|  | FFY Grant:           |                       |   |            |                       |  |  |
|  | PHA FY:              | 1                     |   |            |                       |  |  |
| Development  | Major Work           | <b>Estimated Cost</b> | Development                                   | Major Work | <b>Estimated Cost</b> |  |  |
| Name/Number  | Categories           |                       | Name/Number                                   | Categories |                       |  |  |
|  |                      |                       |   |            |                       |  |  |
|  |                      |                       |   |            |                       |  |  |
|  |                      |                       |   |            |                       |  |  |
|  |                      |                       |   |            |                       |  |  |
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|  |                      |                       |   |            |                       |  |  |
|  |                      |                       |   |            |                       |  |  |
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|  |                      |                       |   |            |                       |  |  |
|  |                      |                       |   |            |                       |  |  |
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|  |                      |                       |   |            |                       |  |  |
|  |                      |                       |   |            |                       |  |  |
|  |                      |                       |   |            |                       |  |  |
|  |                      |                       |   |            |                       |  |  |
|  |                      |                       |   |            |                       |  |  |
|  |                      |                       |   |            | Φ.                    |  |  |
| <b>Total CFP Estimated Cost</b>  |                      | \$                    |   |            | \$                    |  |  |