# PHA Plans

#### **Streamlined Annual** Version

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

OMB No. 2577-0226

(exp. 08/31/2009)

Housing

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: Big Spring Housing Authority Rent Assistance Program** 

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: Big Spring Ho	uthority <b>PH</b>	PHA Number: TX485			
PHA Fiscal Year Beginnin	g: (mm/	( <b>yyyy</b> ) 07,2008			
PHA Programs Administer  Public Housing and Section  Number of public housing units:  Number of S8 units:	8 Se Numbe	er of S8 units: Number	ablic Housing Onler of public housing units	:	
PHA Consortia: (check box	x if subm 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:					
Name: Paul D. Pryor TDD:  Public Access to Informati Information regarding any acti (select all that apply)  PHA's main administrative	ivities out	_	CHDCbigspring@	ontacting:	
Display Locations For PH	A Plans	and Supporting D	ocuments		
The PHA Plan revised policies of public review and inspection.  If yes, select all that apply:  Main administrative offic PHA development manag Main administrative offic Public library	Yes e of the P gement off e of the lo	□ No. HA fices			
PHA Plan Supporting Document  Main business office of th Other (list below)			(select all that app pment managemen	-	

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#### Streamlined Annual PHA Plan Fiscal Year 2008

[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.

#### A. PHA PLAN COMPONENTS

NA 1. Site-Based Waiting List Policies

903.7(b)(2) Policies on Eligibility, Selection, and Admissions

NA 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

- na 4. Project-Based Voucher Programs
- na 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
- na 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- na 8. Capital Fund Program 5-Year Action Plan

#### 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. NA 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 Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics			

2.	What is the nur at one time?	mber of site ba	sed waiting list devel	opments to which fam	ilies may apply
3.	How many uni- based waiting l	•	n applicant turn down	before being removed	I from the site-
4.	or any court or complaint and	der or settleme describe how t	ent agreement? If yes	nding fair housing com s, describe the order, ag uiting list will not viola nt below:	greement or
N	NA B. Site-Base	ed Waiting Lis	sts – Coming Year		
		1	nore site-based waiting to next component	ng lists in the coming y	ear, answer eac

If t ch of

1. NA How many site-based waiting lists will the PHA operate in the coming year?

2. NA 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?

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3. NA Yes N	o: May families be on more than one list simultaneously If yes, how many lists?
site-based waiting PHA not have a PH	nterested persons obtain more information about and sign up to be on the ng lists (select all that apply)? nain administrative office IA development management offices gement offices at developments with site-based waiting lists development to which they would like to apply (list below)
2. Capital Impro [24 CFR Part 903.12	vement Needs
	8 only PHAs are not required to complete this component.
A NA. Capital Fund	Program
1. NA 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. NA Yes \Box 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 Capital Fund	d Public Housing Development and Replacement Activities (Non-
	As administering public housing. Identify any approved HOPE VI and/or opment or replacement activities not described in the Capital Fund Program
1. NA 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. NA Status o	of HOPE VI revitalization grant(s):

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HOPE VI Revitalization Grant Status							
-	a. Development Name:						
b. Development Num c. Status of Grant:	b. Development Number:						
Revitalizati Revitalizati Revitalizati	on Plan under development on Plan submitted, pending approval on Plan approved oursuant to an approved Revitalization Plan underway						
3. NA 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 NIA 37   NI	Will a Dila i i i i i i i i i i i i i i i i i i						
4. NA 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. NA 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 Tena	ant Based AssistanceSection 8(y) Homeownership Program						
(if applicable) [24 CF	R Part 903.12(c), 903.7(k)(1)(i)]						
1. Xes 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	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  ☐ Yes ☐ No:	ligibility criteria 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:						

PHA Name: HA Code:

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ion.

2		Canaci	tra of	tha	$DH \Lambda$	to	Administer	ີ	action	Q	Ц	[omeowners]	hir	٠D	rac	tram
J	٠.	Capaci	ity Oi	uic	1117	W A	Aummster	$a \sim$	CCHOIL	O	T	ionico w nei s	ալ	, 1	102	zi aiii.

The P	HA has demonstrated its capacity to administer the program by (select all that apply):
	Establishing a minimum homeowner down payment 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
$\boxtimes$	accepted private sector underwriting standards.  Partnering with a qualified agency or agencies to administer the program (list name(s))
	and years of experience below): BSHA will partner with our local CHDO which is
	certified by TSHEP and Neighborhood Reinvestment and will offer 1 <sup>st</sup> Time home owner
	Education, financial counseling, and foreclosure counseling. The CHDO will also assist
	in Down Payment assistance
	Demonstrating that it has other relevant experience (list experience below):
	1. Paul Pryor – over 20 years of experience and over 7 years in Home Owner Programs
	2. Stacy Swisher – over 8 years of experience and over 4 years of Home Owner Programs
4. Us	se of the Project-Based Voucher Program
<b>-</b> .	
Inten	t to Use Project-Based Assistance
NTA N	Was Day of a DUA when to "was both have" and the add Continue Constitution in
	Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in ming year? If the answer is "no," go to the next component. If yes, answer the following
questi	
questr	ons.
1.	NA 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):

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#### 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)

County of Howard - Consolidated Plan City of Big Spring - - Master Plan

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)

$\boxtimes$	The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
$\boxtimes$	The PHA has participated in any consultation process organized and offered by the
<b></b>	Consolidated Plan agency in the development of the Consolidated Plan.
$\boxtimes$	The PHA has consulted with the Consolidated Plan agency during the development of
	this PHA Plan.
$\boxtimes$	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)
4.	

City – Consolidate Plan

- 1. Increase and preserve the availability of safe, decent and affordable housing for the extremely low, low and moderate families.
- 2. Target housing resources for the extremely low, low and moderate families
- 3. Maximize the leverage of funds through federal, state and local funds.
- 4. Assist families in overcoming barriers to homeownership by developing a home ownership program.
- 5. Increase the stock of affordable housing within the city of Big Spring

#### COUNTY – COUNTY NEEDS ASSESMENT TEXAS COMMUNITY FUTURES FORUM

- 1. Improve shelter conditions for the poor and homeless
- 2. Plan for the implementation of a transitional program
- 3. Plan for the increase of homeless population
- 4. Plan for the implementation of a program to shelter non-institutional elderly with disability
- 5. forge federal, state and local governmental partnerships
- 6. Target resources to mitigate sub-standard housing

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- 7. Create resource and partnerships within the Human Service arena.
- 8. Create a better working relationship with the local CHDO to address the aforementioned housing needs.

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

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Related Plan Component			
XXX	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			
XXX	PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan	Streamlined Annual Plans			
XXX	Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.	5 Year and standard Annual Plans			
XXX	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			
XXX	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			
XXX	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources			
NA	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			
NA	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies			
NA	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, Selection, and Admissions Policies			
XXX	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies			
NA	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 Determination			
NA	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			
XXX	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 Determination			
NA	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach	Annual Plan: Operations and Maintenance			

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	List of Supporting Documents Available for Review	T = 1. 1=- ~
Applicable & On Display	Supporting Document	Related Plan Component
	infestation).	
NA	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
NA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self- Sufficiency
XXX	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
XXX	Any policies governing any Section 8 special housing types  Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
XXX	Public housing grievance procedures  ☐ Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
XXX	Section 8 informal review and hearing procedures.  Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
NA	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
NA	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
NA	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
NA	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
NA	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
NA	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
XXX	Policies governing any Section 8 Homeownership program (Section _hoof the Section 8 Administrative Plan)	Annual Plan: Homeownership
NA	Public Housing Community Service Policy/Programs  Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
XXX	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
NA	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
XXX	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
NA	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
XXX	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
XXX	Other supporting documents (optional)	(specify as needed)

PHA Name: HA Code:

List of Supporting Documents Available for Review					
Applicable & On	Related Plan Component				
Display					
	(list individually; use as many lines as necessary) Language Policy				
NA	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

Annual Statement/Per	rformance and Evaluation Report								
<b>Capital Fund Program</b>	n and Capital Fund Program Replacement	Housing Factor (	(CFP/CFPRHF)	Part I: Summary					
PHA Name:		ant Type and Number		·	Federal FY				
		pital Fund Program Gra			of Grant:				
	Re	placement Housing Fac	ctor Grant No:						
Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:  ☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report									
Line No.	Summary by Development Account	Total Estin		Total Actual Cost					
Line 110.	Summary by Development Account	Original	Revised	Obligated	Expended				
1	Total non-CFP Funds	O Liginus	110 / 150 4	Obligated	Дирописи				
2	1406 Operations								
3	1400 Operations 1408 Management Improvements								
4	1410 Administration								
5	1411 Audit								
6	1411 Audit 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:	yorung rugus	Grant Type an Capital Fund Pr Replacement H	d Number rogram Grant No: ousing Factor Gr	ant No:		Federal FY of Gran	nt:	
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Esti	mated Cost	Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

gram and	Capital Formation Capital Capi	und Prog	ram Replac	ement Housi	ng Factor	(CFP/CFPRHF)  Federal FY of Grant:
	Fund Obliga	ted	All		Reasons for Revised Target Dates	
Original	Revised	Actual	Original	Revised	Actual	
	gram and entation S All (Quar	gram and Capital Frentation Schedule Grant Capita Repla All Fund Obliga (Quarter Ending I	gram and Capital Fund Program and Schedule  Grant Type and Nun Capital Fund Program Replacement Housin  All Fund Obligated (Quarter Ending Date)	Capital Fund Program No: Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date) (Qua	Gram and Capital Fund Program Replacement Housi entation Schedule  Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  All Funds Expended (Quarter Ending Date)	gram and Capital Fund Program Replacement Housing Factor entation Schedule  Grant Type and Number Capital Fund Program No: Replacement Housing Factor No:  All Fund Obligated (Quarter Ending Date)  All Funds Expended (Quarter Ending Date)

# 8. Capital Fund Program Five-Year Action Plan

<b>Part I: Summar</b> PHA Name	<u> </u>			Original 5-Year Plan	
				Revision No:	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed For 5-year blanning					
Replacement Housing Factor Funds					

# 8. Capital Fund Program Five-Year Action Plan

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