

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Public and Indian Housing



**HOUSING AUTHORITY OF THE CITY OF DANBURY
ANNUAL AND FIVE
YEAR PLAN 2009-2013**

VERSION 4
APRIL 6, 2009

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: HOUSING AUTHORITY OF THE CITY OF DANBURY PHA Code: CTO2O PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 01/2009					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 365 Number of HCV units: 802					
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
PHA 1:						
PHA 2:						
	PHA 3:					
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	<p>Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:</p> <p>The Housing Authority of the City of Danbury was established on September 9, 1948. The mission of the agency is to provide decent, safe, sanitary, affordable housing and a suitable living environment for low and moderate income people in the City of Danbury and the surrounding towns including Ridgefield, Newtown, Sherman, New Milford, Bethel, Redding, Brookfield, Monroe, Washington, Bethlehem, and Bridgewater.</p>					

5.2

Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

For the fiscal years 2009-2013, The Housing Authority of the City of Danbury (HACD) has adopted key strategic goals and objectives as follows:

1. Improve the lives of our residents through the implementation of an effective Asset Management strategy.
2. To achieve standard performer designation through improvements in the Agency's core property management functions.
3. To maintain standard performer designation in the management of Housing Choice Voucher (Section 8) Program.
4. Manage and operate quality housing that is affordable and indistinguishable from the surrounding communities.
5. Empower HACD employees through sponsored training and education programs
6. Increase intergovernmental collaboratives between the Housing Authority of the City of Danbury and its network of partners in public safety and social services delivery.
7. Implement a federal Project Based Section Eight Program to facilitate the development of affordable housing opportunities for veterans, seniors and victims of domestic violence.
8. Implement Phase One of HACD's proposed replacement housing strategy that would add HACD's affordable two units to housing inventory.

	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ol style="list-style-type: none"> 1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.- <ol style="list-style-type: none"> a. HACD CLEARLY DEFINED BOTH STATE AND FEDERAL ADMISSIONS ELIGIBILITY. b. ESTABLISH EQUAL WEIGHTING FOR LOCAL PREFERENCES <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. The HACD Annual and Five Year Plan (including attachments) are available for public inspection at:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Main administrative office of the PHA <input type="checkbox"/> PHA development management offices <input checked="" type="checkbox"/> PHA local offices <input type="checkbox"/> Main administrative office of the local government <input type="checkbox"/> Main administrative office of the County government <input type="checkbox"/> Main administrative office of the State government <input type="checkbox"/> Public library <input checked="" type="checkbox"/> PHA website <input type="checkbox"/> Other (list below)
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. <i>See ATTACHMENT A</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. See Attachment B</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <i>See Attachment C</i></p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. See Attachment D</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. See Attachment D</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>HACD has implemented Phase I of Asset Management and has decentralized fifty % of central office function. Additionally HACD has maintained a standard performer designation on both its public housing and Section 8 programs.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” NA</p>

11.0

Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) **See Attachment E ITEM 11A**
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only) **See Attachment E ITEM 11B**
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only) **See Attachment E ITEM 11C**
- (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only) **See Attachment E ITEM 11D**
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only) **See Attachment E ITEM 11E**
- (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. **See Attachment E ITEM 11F**
- (g) Challenged Elements NA
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) **See Attachment B**
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only) **See Attachment C**

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Public and Indian Housing



**HOUSING AUTHORITY OF THE CITY OF DANBURY
ANNUAL AND FIVE
YEAR PLAN 2009-2013
ATTACHMENT A**

8. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: 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.

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

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

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

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

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

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

Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

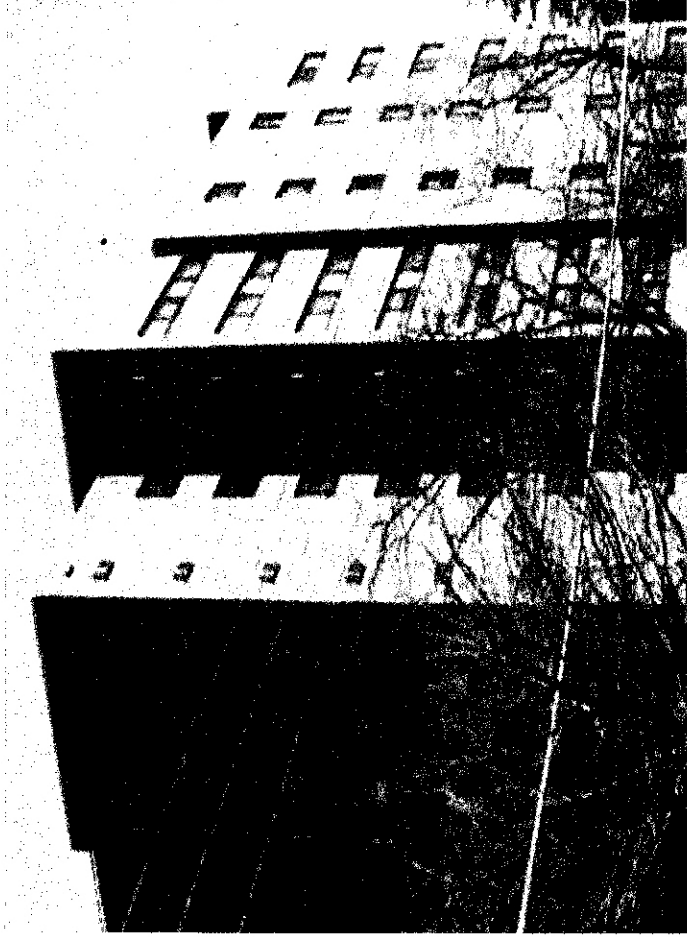
2. Yes No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: Scattered Sites 1b. Development (project) number: CT020-013, 07,11
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/> Sale
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(11/31/2007)</u>
5. Number of units affected: 36
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: 11/01/2007 b. Projected end date of activity: 12/30/2009

Demolition/Disposition Activity Description	
1a. Development name: High Ridge Gardens	
1b. Development (project) number: CT020 1A	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input checked="" type="checkbox"/>	
3. Application status (select one)	
Approved <input checked="" type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>03/2006</u>	
5. Number of units affected: 60	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: 10/2004	
b. Projected end date of activity: 06/01/2008	



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



ATTACHMENT B

2009 ANNUAL STATEMENT

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO20501-09 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <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	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	106,670.00			
3	1408 Management Improvements	53,335.00			
4	1410 Administration (may not exceed 10% of line 21)	53,335.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	75,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	245,014.00			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	533,354.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary					
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO20501-09 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <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	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
Signature of Executive Director <i>Mary C. DeTrunk</i>		Date <i>April 1, 2009</i>		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO20501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Administration	1410		53,335.00				
HA Wide	Operations	1406		106,670.00				
HA Wide	A&E and Consulting	1430		75,000.00				
HA Wide	Management Improvements	1408		53,335.00				
Eden CT20-02	Landscaping and Site Work	1450		245,014.00				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages									
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			CFFP (Yes/ No):			Federal FFY of Grant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ₂		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

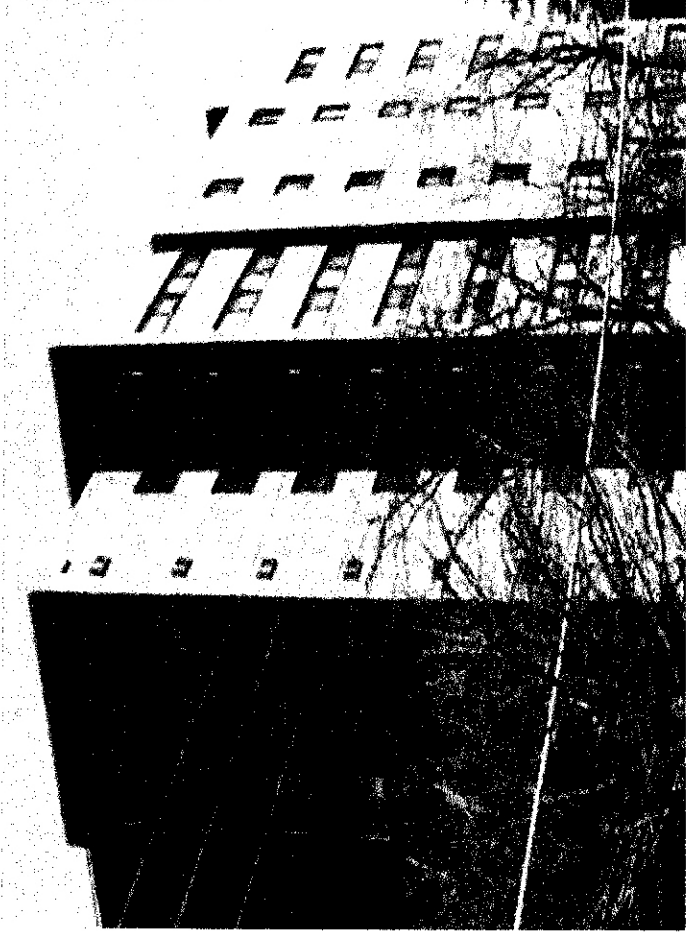
Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Danbury Housing Authority					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	6/13/11		6/13/13		
Eden CT20-2	6/13/11		6/13/13		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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



ATTACHMENT B
PERFORMANCE AND EVALUATION REPORTS 2006-2008

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO20501-08 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		106,670.00		
3	1408 Management Improvements	53,273.00	53,273.00		
4	1410 Administration (may not exceed 10% of line 21)		53,273.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	75,000.00	75,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	123,542.00	245,138.00		
10	1460 Dwelling Structures	229,539.00	0.00		
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	52,000.00	0.00		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	533,354.00	533,354.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary				
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO20501-08 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director <i>Mary C. Bostrom</i>		Date <i>April 1, 2009</i>	Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Danbury Housing Authority			Grant Type and Number Capital Fund Program Grant No: CT26PO20501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Operations	1406		0	106,670.00	0	0	
HA Wide	Management Improvements	1408		53,273.00	53,273.00	0	0	
HA Wide	A&E and Consulting	1430		75,000.00	75,000.00	0	0	
HA Wide	Administration	1410			53,273.00	0	0	
Putnam Towers								
CT 20-3	Paving / Landscaping	1450		123,542.00	245,138.00	0	0	
Scattered Sites	Building Rehab	1460		71,458.00	0	0	0	
Wooster Manor								
CT20-03	Hall and Common area Upgrades	1460		158,081.00	0	0	0	
HA Wide	Trucks	1475		52,000.00	0	0	0	

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages										
PHA Name:			Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			CFFP (Yes/ No):			Federal FFY of Grant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ²			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Danbury Housing Authority					Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	6/13/10		6/13/12		
Wooster CT20-3	6/13/10		6/13/12		
Scattered Sites	6/13/10		6/13/12		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO20501-07 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2007 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2.) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		106,546.00	0	0
3	1408 Management Improvements	46,562.00	53,273.00	0	0
4	1410 Administration (may not exceed 10% of line 21)		53,273.00	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	72,500.00	72,500.00	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	123,542.00	0.00	0	0
10	1460 Dwelling Structures	290,129.00	247,141.00	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)	532,733.00	532,733.00	0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary				
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO20501-07 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2007 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director <i>Mary C. DeFrank</i>		Date <i>April 1, 2009</i>	Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO20501-07 CFFP (Yes/No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Operations	1406		0	106,546.00	0	0	
HA Wide	Management Improvements	1408		46,562.00	53,273.00	0	0	
HA Wide	A&E and Consulting	1430		72,500.00	72,500.00	0	0	
HA Wide	Administration	1410		0.	53,273.00	0	0	
Wooster Manor CT 20-3	Paving / Landscaping	1450		123,542.00	0.00	0	0	
Scattered Sites	Building Rehab	1460		116,129.00	139,000.00	0	0	
Wooster Manor CT20-03	Security	1460		0.00	108,141.00	0	0	
Wooster Manor CT20-03	Building Envelope	1460		174,000.00	0	0	0	

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			CFFP (Yes/ No):		Federal FFY of Grant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ²	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Danbury Housing Authority					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	9/12/09		9/12/11		
Wooster CT20-3	9/12/09		9/12/11		
Scattered Sites	9/12/09		9/12/11		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary						
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26RO20501-07 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2007 FFY of Grant Approval:	
Type of Grant <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: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
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 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴	107,607.00		0	0	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)	107,607.00		0	0	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security – Soft Costs					
24	Amount of line 20 Related to Security – Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary				
FHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26RO20501-07 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2007 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/08 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director		Date	Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26RO20501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Development Activities	1499		107,607.00		0	0	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			CFFP (Yes/No):		Federal FFY of Grant:	
		Capital Fund Program Grant No:						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ²	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Danbury Housing Authority					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	9/12/09		9/12/11		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO20501-06 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2006 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 6) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	0	128,690.00	0	0
3	1408 Management Improvements	52,181.00	52,181.95	29,675.00	29,675.00
4	1410 Administration (may not exceed 10% of line 21)	63,368.00	63,368.40	63,368.40	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	79,689.10	57,479.26	57,479.26	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	333,344.45	226,864.29	210,859.34	152,768.46
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	114,866.10	114,866.10	66,000.00	66,000.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	643,450.00	643,450.00	427,382.00	248,443.46
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary				
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO20501-06 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2006 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 6) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director <i>Mary C. Sostrom</i>		Date <i>April 1, 2009</i>	Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO20501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Operations	1406		0	128,690.00	0	0	
HA Wide	Management Improvements	1408		46,562.00	52,181.95	29,675.00	29,675.00	
HA Wide	A&E and Consulting	1430		79,689.10	57,479.26	57,479.26	0	
HA Wide	Administration	1410		63,368.40	63,368.40	63,368.40	0	
Wooster Manor								
CT 20-3	Paving / Landscaping	1450		123,542.00	0.00	0	0	
Putnam CT20-02	ADA Fire Detection	1460		211,003.86	122,104.29	106,099.34	48,008.46	
Wooster Manor								
CT20-03	Public ADA Restrooms	1470		31,028.00	0	0	0	
Wooster Manor								
CT20-03	Exhaust Fans	1460		0	104,760.00	104,760.00	104,760.00	
Putnam CT20-02	Elevator Upgrades	1460		91,312.59	0	0	0	
HA Wide	Dwelling Equipment	1475		114,866.10	114,866.10	66,000.00	66,000.00	

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number Capital Fund Program Grant No: _____			CFFP (Yes/ No): _____		Federal FFY of Grant: _____	
		Replacement Housing Factor Grant No: _____						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ²	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Danbury Housing Authority					Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	7/17/08		7/17/10		
Wooster CT20-03	7/17/08		7/17/10		
Putnam CT 20-02	7/17/08		7/17/10		

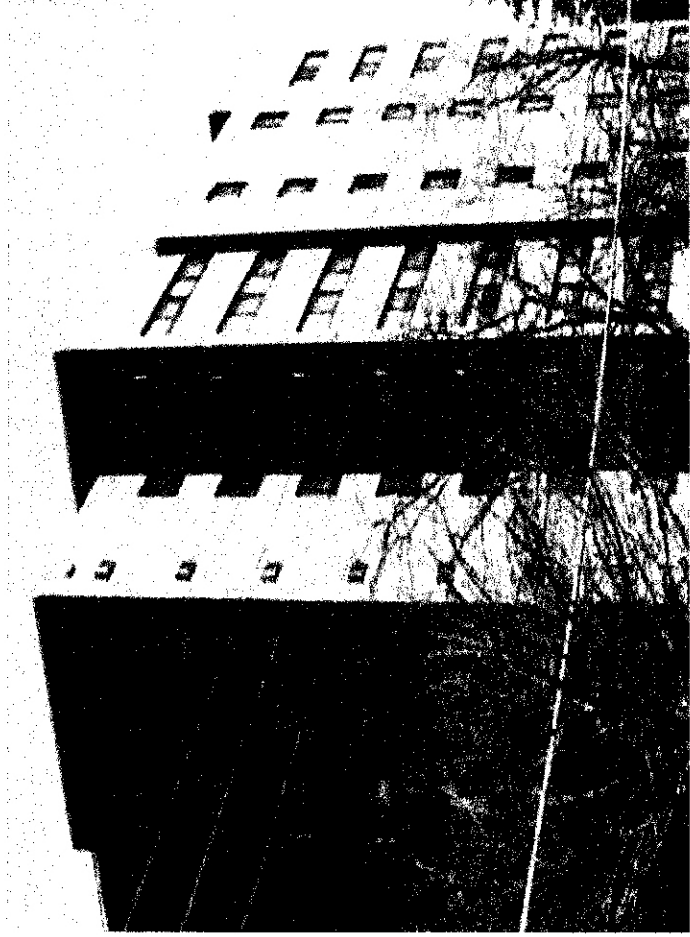
¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



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



REPLACEMENT HOUSING 2007-2008

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: CT26RO20501-09 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: Danbury Housing Authority					
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
		Total Estimated Cost		Obligated	
		Original		Revised ²	
				Expended	
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration			0	0
16	1495.1 Relocation Costs	76,511.00			
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			0	0
19	1502 Contingency (may not exceed 8% of line 20)	76,511.00			
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26RO20501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Development Activities	1499		76,511.00		0	0	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			CFPP (Yes/ No):		Federal FFY of Grant:	
		Capital Fund Program Grant No:						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ₂	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Danbury Housing Authority					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	6/13/11		6/13/13		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26RO20501-08 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant <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: <u>6/30/08</u> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	76,511.00		0	0
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	76,511.00		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary				
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26RO20501-08 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant <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: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director <i>Mary C. Desbrow</i>		Date <i>April, 2009</i>	Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Danbury Housing Authority			Grant Type and Number Capital Fund Program Grant No: CT26RO20501-08 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Development Activities	1499		76,511.00		0	0	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name:			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ²	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Danbury Housing Authority					Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	6/13/10		6/13/12		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26RO20501-07 Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2007 FFY of Grant Approval:
Type of Grant <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: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	107,607.00		0	0
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	107,607.00		0	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Part I: Summary				
PHA Name: Danbury Housing Authority		Grant Type and Number Capital Fund Program Grant No. CT26RO20501-07 Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2007 FFY of Grant Approval:
Type of Grant <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: 6/30/08 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director <i>Mary C. Destruk</i>		Date <i>April 1, 2009</i>	Signature of Public Housing Director Date	

Part II: Supporting Pages									
PHA Name: Danbury Housing Authority			Grant Type and Number Capital Fund Program Grant No: CT26RO20501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
HA Wide	Development Activities	1499		107,607.00		0	0		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number		CFPP (Yes/ No):		Federal FFY of Grant:		
		Capital Fund Program Grant No:						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ₂	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Danbury Housing Authority					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	9/12/09		9/12/11		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing



**HOUSING AUTHORITY OF THE CITY OF DANBURY
ANNUAL AND FIVE
YEAR PLAN 2009-2013
ATTACHMENT C**

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary						
PHA Name/Number Danbury Housing Authority CT-20		Locality (Danbury/Fairfield/Connecticut)			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 4	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2 FFY2010	Work Statement for Year 3 FFY2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal	Annual Statement	340,210.00	338,564.00	286,869.00	335,123.00
C.	Management Improvements		10,000.00	10,000.00	10,000.00	10,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment				50,000.00	
E.	Administration		53,273.00	53,273.00	53,273.00	53,273.00
F.	Other (Fees & Costs)		75,000.00	75,000.00	75,000.00	75,000.00
G.	Operations		54,871.00	56,517.00	58,212.00	59,958.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		533,354.00	533,354.00	533,354.00	533,354.00
L.	Total Non-CFP Funds					
M.	Grand Total		533,354.00	533,354.00	533,354.00	533,354.00

Part I: Summary (Continuation)						
Danbury Housing Authority		Locality (Danbury/Fairfield/Connecticut)			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 4	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
		Annual Statement				
	HA Wide		193,144.00	194,790.00	196,485.00	198,231.00
	Scattered Sites			25,740.00	59,045.00	
	Putnam Towers		162,386.00		50,000.00	
	Wooster Manor			85,000.00	227,824.00	
	Eden Drive		177,824.00	227,824.00		335,123.00
	Laurel Gardens					

Capital Fund Program—Five-Year Action Plan

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010		Work Statement for Year: 3 FFY 2011	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	HA Wide - operations	53,273.00	HA Wide - operations	56,517.00
Annual	HA Wide – Management Improvement Training	10,000.00	HA Wide – Management Improvement Training	10,000.00
Statement	HA Wide - Administration	54,871.00	HA Wide - Administration	53,273.00
	1430 – Fees and Cost	75,000.00	1430 – Fees and Cost	75,000.00
	Subtotal of Estimated Cost	\$193,144.00	Subtotal of Estimated Cost	\$194,790.00

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2012		Work Statement for Year: 5 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement	HA Wide - operations	58,212.00	HA Wide - operations	59,958.00
	HA Wide – Management Improvement Training	10,000.00	HA Wide – Management Improvement Training	10,000.00
	HA Wide - Administration	53,273.00	HA Wide - Administration	53,273.00
	1430 – Fees and Cost	75,000.00	1430 – Fees and Cost	75,000.00
	Subtotal of Estimated Cost	\$196,485.00	Subtotal of Estimated Cost	\$198,231.00



HOUSING AUTHORITY OF THE CITY OF DANBURY ATTACHMENT D

- 1. STATEMENT OF HOUSING NEEDS**
- 2. ANALYSIS OF BARRIERS TO HOUSING IDENTIFIED IN CITY OF DANBURY'S CONSOLIDATED PLAN**
- 3. STRATEGIES TO ADDRESS BARRIERS TO HOUSING**
- 4. VAWA**

Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Location
Income <= 30% of AMI	1988	5	5	3	5	5	5
Income >30% but <=50% of AMI	1577	5	4	3	4	5	5
Income >50% but <80% of AMI	484	5	3	3	4	4	4
Elderly	1534	5	4	3	4	3	3
Families with Disabilities	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						

**STATEMENT OF HOUSING NEEDS ANALYSIS
(CITY OF DANBURY ANNUAL UPDATE TO 2003-2008 CONSOLIDATED PLAN)**

The city of Danbury is a small city in geographic area and in population. It is 42 square miles and, according to the 2005 CERC has a population of 78,641, (1,867 Pop/Sq Mile). The population is 49.3% male and 50.7% female. It is a young city, with a median age of 37. The population is largely white 74.1, with 40.5% Hispanic/Latino, 6.0% Black/African American, 17.8% white, 0.1% Asian and 4.1% “other”.

Education levels are high in Danbury. 29% of residents 25 years and older do have a high school degree or GED, compared to 28% in Connecticut as a whole. 27% of Danbury’s population has a bachelor’s degree as compared to 31.4% in Connecticut. Danbury has a high school graduation rate of 56.9%.

Income levels are high in Danbury. Median family income is \$59,107, mean family income is \$37,978, and per capita income is \$13,428. The percentage of individuals living below the poverty level is 8.0%, which equates to 6500 persons.

Although Whites remain the predominant racial group in Danbury, the proportion of non whites and Hispanics/Latinos has grown rapidly in recent years See Table 1 . In 1990, whites constituted over 87% of the total population, a drop from 91% a decade earlier as contrasted to 74.1 5 in 2005.

The rate of increase among different minority groups varies considerably. During the 1980’2, The Asian and Pacific Islander population quadrupled jumping from 601 in 1980 to 2393 ten years later and 5236 in 2005 an amount that accounts for 35% of the increase in population over this period.

Concurrently, the African American population increased over 27% during the 1980’s and represent 6% of Danbury population. Beginning in the 1990’s, the racial composition of the City was moderately redistributed. The number of White, Non-Hispanic persons declined by 5.6%, while the minority populations, including Black, Hispanic, and Asian/Pacific Islanders, grew. In 2000, White Non-Hispanics comprised 68.1 % of the population, Black Non-Hispanics 6.3%, Hispanics 15.8%, and Asia & Pacific Islanders 5.5%. Native Americans represented less than one percent of the population. The greatest growth from 1990-2000 occurred among the “Other” population, which grew by 467.9%, followed by the Hispanic population with an increase of 145.1%.

TABLE 1 RACIAL DEMOGRAPHICS

Population	Town	County	State
1990	65,585	827,645	3,287,116
2000	74,848	882,567	3,405,565
2005	78,641	909,263	3,287,116
2010	82,132	933,729	3,656,299
05-10 Growth / Yr	0.9%	0.5%	0.7%
Race/Ethnicity (2005)	Town	County	State
White	58,342 74.1	708,206	2,858,875
African American	5,285 6.5	88,379	318,835
Asian Pacific	5,326 6.5	38,839	17,997
Native American	334	2,792	14,298
Hispanic (any race)	13,795 17.5	122,324	370,958
Other/Multi Race	9,354	71,047	224,275

ANALYSIS OF HOUSING NEEDS FOR THE MINORITY POPULATION IN THE CITY OF DANBURY

Of the 9,024 renter households in the City of Danbury in 1990, 37% indicated that their rent exceeded 30% of their income. Fourteen percent of the specified renter households paid more than 50% of their household income for housing costs at that time. The 2000 Census reported a total of 27,18. occupied units, of which 41.7% or 11,334 are renter occupied. Of these, 32.9% pay more than 30% of their household income for rent, and 13.7% pay more than 50% of their household income for rent.

24% of all renter households in Danbury are minority and generally absorb a disproportionate amount of the rental housing cost burden in the City, due to a higher likelihood of low or very low family incomes. 63.5% of all minority-headed renter households reported housing problems with supply and affordability.

83.5% of those with incomes below 30% of the Area Median Income (“AMI”) have related affordable housing problems. For those households with incomes between 31% and 50% of the AMI, the housing cost problem actually increases to 87.7% of these households. 66.3% of those households with incomes between 51% and 80% of the AMI still experienced housing problems. Overall, Hispanic households experienced housing problems at a higher rate than African American, although Black households with incomes between 31% and 80% of the AMI generally reported more housing problems than their Hispanic counterparts.

The Black population is fairly evenly distributed across the City of Danbury, with only one Census tract, Tract 2111, having a substantial concentration of Black residents. The Hispanic population is more concentrated than the Black population, comprising substantial portions of the total population in Census tracts 2101, 2102, 2107 and 2111. Tract 2101 also has a high concentration of “other race” and multiracial residents, and Tract 2102 has a high concentration of multiracial residents as well.

Persons of very low income face an imbalance between capacity to sustain safe and decent housing and the actual cost and availability of housing under current and projected market conditions. Again, factors which contribute to such an extreme gap, in being able to provide affordable housing to households of low income, include high cost and short supply of available land for development; shortage of new housing stock affordable to such families and, shortage of funds available to assist those in need. For example, the downtown area of Danbury is very densely populated and contains its major concentration of racial/ethnic minorities and low and moderate-income persons.

The need to diffuse racial and economic impact throughout the region is obvious. Danbury has traditionally accepted the responsibility for providing the majority of subsidized units for the region’s need. While representing only 13% of the region’s land, Danbury accounts for approximately 69% of the subsidized units (using 2002 data provided by the State of Connecticut Department of Economic and Community Development). According to recently released 2000 Census data, 24% of Danbury’s population is non-white. While no other town exceeds 7.6% (Bethel), Danbury is home to roughly 73% of all non-white people living in the region. In summary, the above indicated that the following minority needs:

3. shortage of new housing stock affordable to such families and,
4. shortage of funds available to assist those in need.

ANALYSIS OF HOUSING NEEDS FOR THE SPECIAL POPULATION IN THE CITY OF DANBURY

There are several segments of Danbury's population which have special needs affecting their lives on a daily basis. These include the frail elderly, severely mentally ill, developmentally disabled, and physically disabled and persons with AIDS and related diseases.

- **Frail Elderly** - To determine the estimated number of frail elderly within Danbury, national averages as to the percent of elderly population by age category with at least one Limitation to Activities of Daily Living (ADL) were applied to the City's elderly population figures. Assuming that poor frail elderly have a greater need for public assistance than higher income elderly, a national percentage for elderly households with very low incomes (VLI) was applied to the number of frail elderly in the various age categories. This methodology estimates that Danbury has 384 frail elderly and 384 frail elderly potentially needing supportive housing.
- **Severely Mentally Ill** - According to the most general national estimate, one percent (1%) of the adult population meets a definition of severe mental illness. Applying this estimate to Danbury's 58,000 persons 18 years of age and older results in an estimate of 580 individuals with severe mental illness. A further estimate, provided by HUD is that approximately 9% of patients entering a state mental hospitals are either homeless or in potential danger of being homeless. Although it is difficult to make a prediction based upon Danbury's mentally ill population estimate, by applying this 9% figure to the 580 individuals it can be assumed that approximately 54 severely mentally ill persons are either homeless or threatened with homelessness and may need supportive housing.
- **Developmentally Disabled** - The nationally accepted percentage of the population, which can be categorized as developmentally disabled, is 1 to 3%, as published by the Association for Retarded Citizens (ARC). This standard would result in an estimate between 780 and 2100 persons in Danbury are developmentally disabled.
- **Physically Disabled** - The 2000 Census counted 19000 persons with a disability in Danbury. 2,769 were over 65 years of age and 4,841 were between the ages of 21 to 64.
- **Persons with AIDS and Related Diseases** – The State Department of Health reports 79

Elderly Households of 1 and 2 members represent the most expanding need group. For many seniors, fixed incomes and high housing and medical costs are resulting in a struggle for economic survival. The elderly also lack social and economic opportunities. Elderly households earning 0-95% of the MEI comprise 20.8% of the total household population, 23% of the owner-occupied households and 17% of the City's total renter population. Among the elderly households (not including those earning greater than 95% of the median household income), problems/cost burden are present in significant numbers except among those moderate-income renters and owners.

Housing stock, suitable and/or adaptable to the elderly/disability community exists, but at extremely high cost. Both rental and ownership housing is very difficult to provide to Very Low Income (VLI) elderly and persons with disabilities without extremely deep subsidies. With the exception of the Housing Authority, these subsidies do not typically exist. The limited resources to fill the gap between OLI household incomes and housing values in Danbury will inhibit significant advances in meeting the statistical need or demand for OLI or VLI households, elderly or for persons with disabilities.

While most of the housing needs in the city of Danbury are met by the private sector, problems relating to the housing of selected age and income group remains. Major objectives of the Housing Authority of the City of Danbury include

1. The protection of existing housing stock from deterioration.
2. An expansion of supply of affordable housing specifically 1 and 2 bedrooms.
3. Support Services for the disabled and elderly and homeless.

HACD'S STRATEGY TO REMOVED BARRIERS TO FAIR HOUSING OPPORTUNITIES IN THE CITY OF DANBURY

I. AFFORDABILITY

- The Housing Authority of the City of Danbury assists the city in providing housing choice opportunity to low income families with a stock of 802 Housing Choice Vouchers, 33 Shelter Plus Care Certificates and approximately 300 State Vouchers and Rental Assistance Certificates. Included in those numbers are 10 Homeownership Vouchers used for disabled individuals to purchase their own home. The number of homeownership opportunities using Housing Choice Vouchers is expected to rise in 2007. The Housing Choice Voucher program constantly monitors the rent amounts charged by private owners to ensure that reasonable rents are being charged. A system of rent comparables compiled in a private market study is used to determine the reasonable rental amounts. Owners are not permitted to charge program participants unreasonable rents.
- Programs designed to promote Home Ownership of our residents are administered in accordance with funding guidelines. These programs allow residents to pay below income-based rents and provides opportunities for savings towards homeownership:
 - Flat Rents – encourages self-sufficiency and avoids creating disincentives for continued residence for families who are attempting to become economically self-sufficient.
 - Section 8 Homeownership Vouchers – subsidizes the mortgage payments for qualified families over a specified period which allows them to qualify for loans and provides support while income rises to levels that promote independency.

II. SECURITY DEPOSITS

- The Housing Authority provides annual contributions and referrals to the established non-profit organizations that aide in funding security deposits.
- The Housing Authority has worked to form a relationship with outside agencies such as the Key Rings program, which provides assistance with rental security deposits and TBICO that help with budgeting and planning. Referrals are also made to agencies such as CACD to help with overdue rental payment. Brochures are handed out to Housing Authority clients during orientations and referrals are made to the programs if necessary.

III. UNSAFE CONDITIONS/SUBSTANDARD HOUSING

- Capital Needs for Housing Authority properties are accessed annually for development of a five year plan. Prioritization of projects is based on Health/ Safety and property condition based on funding availability.
- The Housing Authority Section 8 Department strictly enforces Housing Quality Standards (HQS) through initial, annual and special inspections. Owners and tenants are required to maintain minimum HQS to continue receiving assistance. If a unit does not meet minimum standards the owners is put into abatement meaning Housing Assistance Payments are discontinued and the tenant is issued a voucher to locate a new unit. Quality Control inspections are conducted by a Manager and a trained inspector to ensure that inspections are being conducted properly and accurately.

- The Housing Authority conducts annual property inspections, as well as regular unit and systems inspections, to ensure compliance with building codes and resident lease compliance regarding maintenance and occupancy.

IV NEIGHBORHOODS IN NEED OF IMPROVEMENTS AND STABILITY

- Work with neighborhood organizations and city officials to clean-up properties and eliminate blight. Also, programs are embarked upon to maintain curb appeal and promote neighborhood pride.
- Cooperatives between the Police Department and the Housing Authority have enhanced the safety of our properties. We will continue these efforts and strive to enhance programs where opportunities are presented.

V MINORITY AND LOW INCOME CONCENTRATIONS IN CENTRAL CITY CENSUS TRACTS RESULTING FROM HISTORICAL FACTORS AND NEW MIGRATION

- The Housing Authority's dedication to the improvement of minority and low income concentration is reflected in our workforce, 80% of which are minority and low income employees. In addition the Housing Authority as a matter of policy, posts all position vacancy announcements at all of its property sites to encourage residents to apply. This has resulted in the employment of many residents.
- The Section 8 Department works to decrease minority and poverty concentrations within census tracts. Maps of the Housing Authority's jurisdictions showing the areas of concentration are handed out to clients along with a description of the deconcentration efforts. Areas of low poverty and minority concentration are also shown on the maps along with information and services within the areas. Owner outreach seminars are conducted and marketed to include owners with rental units outside of the concentrated census tracts.
- The Section 8 program is administered on a regional basis thus providing participants with greater options for choosing sites.

VI CREDIT AND FINANCIAL MANAGEMENT PROBLEMS ON PART OF OWNERS AND RENTERS

- Continued efforts through Section 8 Voucher and Homeownership programs provide education and guidance to potential participants.
- On an on-going basis, residents identified to be in need of financial management services are referred to local community organizations which provide such assistance.

VII ELDERLY HOUSING NEEDS; INCLUDING UNDER-UTILIZED LARGER HOMES OCCUPIED BY EMPTY-NESTERS

- Form collaboratives in the community to explore opportunities to convert existing available buildings to affordable homeownership for elderly and veterans.

VIII MORTGAGE AND AFFIRMATIVE LENDING ISSUES

- See VI above

IX DISCRIMINATION AND AFFIRMATIVE MARKETING ISSUES IN THE SALE OR RENTAL OF HOUSING INSURING EQUAL HOUSING ACCESS.

- Fair housing pamphlets describing discrimination and the proper procedure and contacts are provided. The Housing Authority makes every effort to make clients aware of their options and connect our clients with the proper agencies.
- The HACD staff is also aware of Connecticut security deposit laws and advised clients and owners through information sheets and referrals to legal services and the Security Deposit Investigator State Banking Department.

X BARRIERS AFFECTING SPECIAL NEEDS GROUPS: IMMIGRANT POPULATIONS, SPECIAL NEEDS AND SUPPORTIVE HOUSING

- The Housing Authority has various programs targeted at elderly and disabled populations. The Shelter Plus Care certificates are utilized to help end homelessness. The certificates are aimed at serving homeless individuals and combined with the supportive services provided by agency's such as the Greater Danbury Mental Health Authority and Connecticut Outreach West have helped to remove many individuals from homelessness and on to self sufficiency and stability.
- Members of the Housing Authority Staff participate on Community Boards and Panels which address Homelessness and Housing issues throughout the Community and Region. These include but not limited to Mayor's Taskforce to End Homelessness, United Way of Northern Fairfield County and the Greater Danbury Continuum of Care.



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



Public and
Housing

HOUSING AUTHORITY OF THE CITY OF DANBURY

FAIR HOUSING PLAN



POLICY STATEMENT

It shall be the policy and commitment of the Housing Authority of the City of Danbury (“HACD”) to ensure that fair and equal housing opportunities are granted to all persons, in all housing opportunities and development activities funded by the town, regardless of using race, color, religion, gender, sexual orientation, marital status, lawful source of income, familial status, national origin, ancestry, age or mental or physical disability.

This shall be done through a program of education, an analysis of impediments, and designation of a Fair Housing Officer and development of a procedure for complaints of discrimination. This plan will incorporate the directives of state and federal laws and executive orders, including, but not limited to:

Title VI of the Civil Rights Act of 1964

The Fair Housing Act – Title VIII of the Civil Rights Action of 1968, as amended

Executive Order 11063, as amended by Executive Order 12259

Section 104(b) of Title I of the Housing and Community Development Act of 1974, as amended

Section 109 of Title I of the Housing and Community Development Act of 1974, as amended

Section 3 of the Housing and Community Development Act of 1968, as amended

Sections 503 and 504 of the Rehabilitation Act of 1973, as amended

The Americans with Disabilities Act of 1990

The Age Discrimination Act of 1975, as amended

Executive Order 11246 (as amended by Executive Orders 12375 and 12086) Equal Opportunity under HUD contracts and HUD-assisted Construction Contracts

Executive Order 12892, Leadership and Coordination of Fair Housing

Connecticut General Statute’s 46a-64c as amended

The HACD commits to providing and promoting racial and economic integration in any housing development or financially supported with the Department of Housing and Urban Development (HUD) and the Department of Community and Economic Development (DECD) funding and will take affirmative steps to reach beneficiaries from all racial and ethnic groups as well as the physically or mentally disabled and families with children and to reach a broad range of income eligible beneficiaries for appropriate and applicable housing opportunities.



DESIGNATION OF FAIR HOUSING OFFICE

In accordance with Title VIII, Civil Rights Act of 1968, as amended, the Housing Authority of the City Of Danbury's Executive Director has been designated to handle fair housing complaints and activities

Mary Carolyn Sistrunk, Executive Director
2 Mill Ridge Road
Danbury Connecticut, 06813
(203) 744-2500

The Office of the Executive Director is responsible for the intake and processing of all housing complaints as well as implementation of the Fair Housing Plan activities and actions. While not expected to be an "expert" in Fair Housing Laws, at a minimum, the officer will be familiar with the complaint process and federal and state laws, which address Fair Housing. Records which show the date, time, nature of complaint and decisions made in the complaint process (es) will be fully documented. A separate file will maintain a record of all housing discrimination complaint and follow-up actions.

COMPLAINT PROCESS

Housing discrimination complaint forms from HUD and from the State of Connecticut Commission on Human Rights and Opportunities, as well as a summary of actions which constitute housing discrimination, and instructions for completing and filing housing discrimination complaints will be made available to residents. Forms will also be distributed to lenders, realtors, and at other public places such as the Library periodically.

The Fair Housing Officer will reasonably assist the complainant in submitting the complaint to the appropriate body by providing assistance in explaining the form and/or contacting the appropriate office and allowing the use of town phones for communication.

The individual(s) filing the complaint will then be advised of the option of filing directly with the Department of Housing and Urban Development (HUD), the Connecticut Commission on Human Rights and Opportunities (CHRO), or the Equal Employment Opportunity Commission or with all agencies simultaneously. The Fair Housing Officer will keep a record of the progress on the number of complaints filed, actions taken, and the statute of each complaint.



RESIDENT ON RESIDENT HARASSMENT POLICY: GUIDELINES FOR STAFF

BACKGROUND

Under Fair Housing laws, "Discriminatory Harassment or Intimidation" includes abusive, foul or threatening language or behavior directed at a resident, staff person or guest because of their protected class. Protected classes include a person's race, color, national origin, religion, sex, disability, familial status. It is recommended that the harassment policy below be included in your written rules for residents.

HARASSMENT POLICY

It is the policy of the HACD that harassment or intimidation of a resident, staff person or guest because of that person's race, color, national origin, religion, sex, disability, familial status, will not be tolerated and could be grounds for termination of tenancy.

Discriminatory harassment and intimidation are violations of the fair housing laws and are specifically prohibited. Harassment and intimidation include abusive, foul or threatening language or behavior. All staff shall model appropriate non-discriminatory behavior and strive to cultivate and maintain a living environment that is free from discriminatory harassment or intimidation. All staff shall be trained in detecting and addressing discriminatory harassment or intimidation.

Staff who witness or learn of possible discriminatory harassment or intimidation or receive a complaint from a resident must take it seriously and respond promptly according to the procedures outlined in this policy.

Note: In situations where a resident who complains of harassment does not speak English, an arrangement should be made with an interpreter so the resident's concerns are clearly understood.



PROCEDURES

In cases of emergency, such as immediate threat of bodily harm, call the City of Danbury Police Department emergency line or 911.

When a resident complains of discriminatory harassment, tell the resident that you take the complaint seriously and will be looking into the matter.

Conduct a prompt investigation to determine whether a violation of this policy has occurred based on all facts and circumstances, the nature of the allegation, and the context in which the alleged incidents occurred.

- When discussing the allegations with the alleged harasser, tell them that harassment is not tolerated and that you will be investigating the allegation.

- Document all information gathered.

If you are unable to verify a violation of the policy following the investigation:

- Document the complaint and results of the investigation in both the complaining parties and alleged harasser's files.

- Remind each individual alleged to have engaged in discriminatory harassment about management's serious commitment to a housing environment free of harassment and that retaliation against the complaining party will not be tolerated.

- Promptly inform the complaining party of the results of the investigation and the actions taken.

- For ongoing resident conflict that cannot be verified as motivated by discrimination, staff may wish to refer residents to HACD's Fair Housing Officer.

If the investigation supports a violation of this policy:

- Document the complaint and results of the investigation in both the complaining parties and alleged harasser's files.

- Proceed with progressive disciplinary action up to and including eviction if necessary for ongoing or serious violations. For example, if the allegation involves an isolated incident of a single derogatory statement, it may be appropriate to issue a 10-day notice to comply with a stern written warning that additional incidents could result in termination of tenancy. On the other hand, if the allegation involves a single incident of highly offensive language along with threats, a notice to terminate tenancy may be appropriate.

- Promptly inform the complaining party of the results of the investigation and the actions taken.

- Remind all parties that retaliation against the complaining party or others involved in the investigation will not be tolerated.

harasser in the same manner as we deal with allegations of discriminatory harassment under this policy. Retaliation by staff against any resident complaining of harassment will not be tolerated.



RESIDENT ON RESIDENT HARASSMENT POLICY GUIDELINES FOR RESIDENTS

BACKGROUND

Under Fair Housing laws, "Discriminatory Harassment or Intimidation" includes abusive, foul or threatening language or behavior directed at a resident, staff person or guest because of their protected class. Protected classes include a person's race, color, national origin, religion, sex, disability, familial status.

HARASSMENT POLICY

It is the policy of the Housing Authority of the City of Danbury that harassment or intimidation of a resident, staff person or guest because of that person's race, color, national origin, religion, sex, disability, familial status, will not be tolerated and could be grounds for termination of tenancy. Residents who experience or witness such conduct are strongly encouraged to report it to **Mary Carolyn Sistrunk, 2 Mill Ridge Road, Danbury Connecticut, 06810.**

Retaliation: HACD will not tolerate retaliation by staff or residents against (1) any resident who complains of discriminatory harassment or intimidation or (2) any witness who supports a claim of discriminatory harassment or intimidation.



PROCEDURES

If you experience or witness what may be discriminatory harassment or intimidation, you are strongly encouraged to address or report any incident according to the following procedures:

- In cases of emergency, such as immediate threat of bodily harm, call 911.
- If you are the victim of a hate crime such as vandalized property or a threat of harm to yourself or your property, contact the City of Danbury Police Department.
- If you feel safe doing so, ask the person doing the harassing to stop the behavior.

Report the problem to **Mary Carolyn Sistrunk, 2 Mill Ridge Road, Danbury Connecticut, 06810, (203) 744-2500.**

- Staff will take your complaint seriously and get back to you after looking into the matter.
- If you believe staff is failing to take appropriate action regarding your complaints of discriminatory harassment or intimidation contact HACD's Fair Housing Officer, Carolyn Sistrunk, 2 Mill Ridge Road, Danbury Connecticut, 06810.
- If you believe that the resident you complained about or any other resident or guest is treating you badly because you complained about discriminatory harassment or intimidation, report that behavior to staff immediately.
- If you believe staff is treating you unfairly after reporting discriminatory harassment or intimidation, contact HACD's Fair Housing Officer.
- If you have any questions regarding your rights and responsibilities under the fair housing laws contact a fair housing agency in your area listed on the attached sheet.

**HOUSING AUTHORITY OF THE CITY OF DANBURY
REASONABLE ACCOMMODATION POLICY
FOR PERSONS WITH DISABILITIES**



REASONABLE ACCOMMODATION STATEMENT OF POLICY

The Housing Authority of the City of Danbury (HACD) is committed to operating all of its housing programs in a fair and impartial way. In addition to requiring fairness and impartiality without regard to race, color, sex, sexual orientation, family responsibilities, national or ethnic origin, religion, age, personal appearance, familial status, marital status, political affiliation, source of income, matriculation and place of residence or business, HACD is committed to providing programs in a way that does not discriminate against individuals with disabilities.

BACKGROUND

HACD is subject to several laws governing rights of the disabled, including Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Section 504 of the Rehabilitation Act mandates that federal fund recipients such as HACD, ensure that their programs are accessible to qualified individuals with disabilities. Section 504 also requires HACD to ensure that individuals with physical and mental disabilities have the opportunity to participate equally in programs and activities. It aims to eliminate discrimination against people with disabilities by ensuring certain accessibility standards are met when building or altering facilities, as well as protection in programs and activities.

The HACD'S ADA/504 program provides civil rights protection in several areas to people with disabilities. It similarly provides for the elimination of discrimination against individuals with disabilities. The ADA extends section 504's mandate of nondiscrimination based on disability to state and local government agencies not covered by section 504. ADA seeks to dispel stereotypes and assumptions about disabilities and ensure equal opportunity and encourage full participation, independent living and economic self-sufficiency for disabled people.

ADA/504 PROGRAM COORDINATOR

HACD must designate and publicize the availability of at least one person to coordinate its efforts to comply with Section 504 and the ADA. The person assigned Section 504 and ADA responsibilities have open and regular communications throughout the organization to coordinate and oversee ongoing compliance efforts with the support of the Executive Director.

A. Definition of reasonable accommodation:

- (1) Reasonable accommodation is an adjustment to job duties, performance methods, and/or work setting or service delivery to meet the individualized need of a resident, applicant or employee with a disability.
- (2) The provision of a reasonable accommodation removes barriers in a specific situation, that prevent or limit the application process, recruitment, employment and upward mobility of a qualified person with a disability or prevents their participation in a program, activity or event

B. Examples of reasonable accommodation are:

- Making public housing programs, policies and facilities accessible and usable;
 - Job restructuring;
 - Modifying work schedules;
 - Implementing flexible leave policies;
-



- Reassigning to a vacant position;
- Providing assistive equipment at HACD programs;
- Modifying test, training materials and policies; or
- Providing qualified readers or interpreters.

SCOPE AND PURPOSE

Scope

This Policy provides guidance and the procedure through which individuals may request reasonable accommodation; and the manner in which departments should consider and review those requests.

Purpose

This Policy is intended to assist applicants for employment, current employees; individuals desiring to participate in HACD sponsored programs or activities, and department supervisors and managers in requesting and processing reasonable accommodation requests. It covers the following:

- Guidelines for filing a Request for Reasonable Accommodation
- Guidelines for considering and evaluating a Request for Reasonable Accommodation Appeal process

FILING A REQUEST FOR REASONABLE ACCOMMODATION

Any applicant for employment, current employee, or individual with a disability seeking to participate in a HACD program or activity, or his/her representative, may request reasonable accommodation. The applicable department shall provide persons requesting accommodation a **Reasonable Accommodation Request Form**. It is the responsibility of the requester to complete in full and submit the form to the Director or the department representative responsible for the employment or program activity.

- (a) Individuals seeking, or supervisors wanting to provide informally, a reasonable accommodation may do so; a formal request would follow if the informal request was rejected.

Although the responsibility for requesting the reasonable accommodation rests primarily with the applicant, employee, or participant, the HACD Asset Manager, Human Resources or the Executive Office are available as resources in the preparation, explanation, and dissemination of reasonable accommodation information or technical assistance. All requests for accommodation must indicate the following:

- (a) Name, address, and telephone number of the person requesting accommodation.



- (b) The specific limitation, the type of accommodation requested, with an explanation of how the accommodation will allow the performance of the essential functions of the position or the participation in a program or activity.
- (c) Verification of the disability by the requester's physician, medical provider or vocational/rehabilitation counselor may be required. (If medical verification is required the person requesting accommodation must sign a release form **AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION**).

REVIEW OF REQUESTS FOR REASONABLE ACCOMMODATION

Because of the personal nature of some disability issues every reasonable effort should be taken to ensure confidentiality during the entire review process.

- (a) The determination whether to provide an accommodation is made on a case-by-case basis. This is an individual process through which the department and the individual with a disability discuss and arrange for the necessary (and reasonable) changes. The department must make a "reasonable effort" to determine the appropriate accommodation. Primary consideration should be given to the preferences of the individual when deciding on accommodation; however, the department has the ultimate discretion to choose between effective accommodations.
- (b) A department may not compel an individual with a disability to use an accommodation that is not necessary to perform the job.

In considering a request for accommodation a department will complete the **Reasonable Accommodation Request Review Form**. The following factors must be considered when reviewing a request for accommodation:

- (a) Analyze the job or activity to determine the essential functions.
- (b) Determine with the employee, applicant or participant how the disability limits their performance of the essential functions.
- (c) Identify accommodation options that overcome limitations and determine the effectiveness and feasibility of the proposed accommodations.
- (d) Considering the requester's preference, the department selects the accommodation most appropriate for the requester and the department.



If the request is approved, the Director or department representative will notify the requester and make the necessary implementation arrangements. If the request is denied, the requester may appeal to the Asset Manager Administration within thirty (30) calendar days.

The review process concluding with the approval or denial, unless the requester and the department agree to an extension recommendation, shall be completed in fifteen (15) working days from the date of the request of time.



Who can receive a reasonable accommodation?

The Reasonable Accommodation Policy applies to qualified individuals with disabilities in the following programs provided by the HACD:

- (a) Applicants of public housing;
- (b) Applicants of all Housing Choice Voucher and Moderate Rehabilitation Programs;
- (c) Residents of public housing developments;
- (d) Participants of the Housing Choice Voucher and Moderate Rehabilitation Programs; and
- (e) Participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the HACD, its agents or contractors including all non-housing facilities and common areas owned or operated by the HACD.
- (f) Employees of HACD or its affiliates

Who is a person with a disability?

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

What are some examples of reasonable accommodations?

Applicants

- Making documents available in large type, computer disc, Braille or providing a reader to a vision-impaired applicant;
- Making a sign language interpreter available to a hearing-impaired applicant during a meeting with staff, interviews or at resident meetings;
- Permitting an outside agency or family member to assist an applicant or resident to meet HACD's applicant screening criteria or meeting essential lease obligations;

Public Housing Residents

- Making a HACD unit, part of a unit or public and common use element wheelchair accessible for the head of household or a household member with a disability that is on the lease;
- Installing strobe type flashing light smoke detectors and lights or other such equipment in a HACD housing unit for a family member with a hearing-impairment;
- Permitting a family to have a service or assistance animal necessary to assist a household member with a disability in a HACD development; Allowing a live-in aid to reside in an appropriately sized HACD unit; transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability; Transferring a resident to a unit on a lower



- level or a unit that is completely on one level;

Section 8 Housing Choice Voucher Program Applicants

- a. Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features **or** otherwise appropriate for the family;
- b. As a reasonable accommodation for a family member with a disability, approving a request for exception payment standard amounts under the Section 8 Housing Choice Voucher Program;
- c. Provide search assistance to disabled Section 8 Housing Choice Voucher Program participants; and
- d. Provide to Section 8 Housing Choice Voucher Program participants a list of properties known to HACD that have accessibility features.

How can I make a reasonable accommodation request?

A person with a disability may request a reasonable accommodation at any time during the application process, residency in federal or state public housing, or participation in the Housing Choice Voucher Programs of HACD. All requests must be reduced to writing by the individual, HACD staff or any person identified by the individual.

How does a public housing resident apply for a reasonable accommodation?

The Property Coordinator shall request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation form as well as suggested reasonable accommodations to assist the resident in the opportunity to fully enjoy the dwelling unit or non- housing program.

Who can verify any disability and need for an accommodation?

The following may provide verification of a resident's disability and the need for the requested accommodation:

- (a) Physician;
- (b) Licensed health professional;
- (c) Professional representing a social service agency; or
- (d) Disability agency or clinic.

What happens to my request after I submit it to the property coordinator?

The property coordinator forwards their recommendation and all materials and verifications to the District Asset Manager. The District Asset Manager may approve a request-for a reasonable



accommodation, but may not deny a request. The decision to approve or recommend denial of the reasonable accommodation request shall be made as expeditiously as possible. All recommendations for denial from the District Asset Managers must be forwarded to the Executive Director for further review and final determination.

Once the decision has been made to approve a request for a reasonable accommodation, a copy of all documents shall be forwarded to the ADA/504 Coordinator. The resident will be notified in writing of the final reasonable Accommodation determination by the ADA/504 Coordinator, or property manager if the accommodation is approved, the resident will be notified of the projected date for implementation. If the accommodation is denied, the resident will be notified of the reasons for denial.

All recommendations that have been approved by the ADA/504 Coordinator will be forwarded to the appropriate District for implementation. All requests for reasonable accommodation that are approved by the Director of Housing Management will promptly be implemented or begin the process of implementation. HACD will seek to provide the individual with a disability an alternative opportunity to fully participate in the program or activity provided by HACD if their request cannot be approved.

How does an applicant for any type of housing apply for a reasonable accommodation?

The Admissions and Occupancy Department shall request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation form as well as suggested reasonable accommodations to assist the applicant with the opportunity to apply for housing. However, an applicant family that has a member with a disability must still be able to meet the basic requirements of tenancy they must be able to pay rent, to care for their housing unit, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc. Still, there is no requirement that they be able to do these things without assistance.

Can a Section 8 Housing Choice Voucher Participant request a physical change to their home the same way public housing residents can?

A Section 8 Housing Choice Voucher Program participant may request permission from the landlord to install accessible features into their unit at the resident's expense. HACD cannot make private landlords participating in the Housing Choice Voucher Program modify their existing units.



Grievance Policy

Residents and applicants of public housing that are not satisfied with the decision on their request for reasonable accommodation may file a complaint requesting a hearing with the Office of the Executive Director who has the authority to review the requests for accommodation and offer a different determination.

If you or a member of your family has a disability, you may request a reasonable accommodation during the application process or after admission. This is up to you.

For more information on reasonable accommodation requests, residents should contact their property manager and applicants should contact the Admissions and Occupancy at (203) 744-2500.



SERVICE ANIMALS





REASONABLE ACCOMMODATIONS

The Federal Fair Housing Act, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, the Connecticut State Law against Discrimination, and local fair housing laws require that housing owners and managers provide reasonable accommodations for applicants and residents who have disabilities. Reasonable accommodations are changes in rules, policies, practices, or services that are necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling. Allowing residents who have disabilities to live with their service animals is a reasonable accommodation.

Under fair housing laws, a person is considered to be disabled if s/he has a sensory, mental or physical condition that substantially limits one or more major life activities (such as walking, seeing, hearing, working, etc.). The state law definition includes disabilities that are temporary or permanent, common or uncommon, mitigated or unmitigated. Some people have a disability-related need for service animals to assist them with the functional limitations caused by their disabilities.

WHAT IS A SERVICE ANIMAL?

Service animals assist people with disabilities to deal with the effects of their disabilities. The most common service animals are dogs, but they may be other species (cats, monkeys, birds, etc.). Service animals may be any breed, size or weight. Some, but not all, service animals wear special collars or harnesses. Service animals are not required to have special licenses, to be certified, or to have any visible identification.

NOTE: In some situations, a person with a disability may require more than one service animal, where each animal provides a different type of assistance. For example, an individual may need both a hearing dog and a seizure alert animal.

HOW DO FEDERAL, STATE AND LOCAL FAIR HOUSING LAWS DEFINE SERVICE ANIMALS?

- HUD compliance guidelines define assistive animals as “animals that serve as a reasonable accommodation for persons with disabilities by assisting those individuals in some identifiable way by making it possible for them to make more effective use of their housing.”
- The ADA defines a service animal as "any animal that is individually trained to do work or perform tasks for the benefit of a person with a disability."
- The Connecticut Law against Discrimination defines "service animal" as an animal that is trained for the purpose of assisting or accommodating a person's sensory, mental, or physical disability. Under state law, "dog guide" is a dog that is trained to guide a blind person or a dog that is trained to assist a person with a hearing disability.



WHAT DO SERVICE ANIMALS DO?

Service animals perform various tasks and provide services for people with disabilities, who can train their own service animals. Here are some examples:

- **Guide** – serves as a travel aide for a person who is legally blind.
- **Hearing or signal** – alerts a person with hearing loss or deafness when a sound occurs, such as an alarm or a knock on the door.
- **Mobility assistance** – helps a person who has a mobility or health disability. They may carry, fetch, open doors, ring doorbells, activate elevator buttons, pull a wheelchair, steady a person while walking, help someone get up after a fall, etc.
- **Seizure response** – warns a person of an impending seizure, or provides aid during a seizure, such as going for help or standing guard over the person.
- **Therapeutic assistance** – aids people with cognitive or psychological disabilities, allowing them to live more independently. These animals may bring an emergency phone during a crisis, call 911 or the suicide hotline, turn on the lights in a dark room, bring medications, bark for help in an emergency, assist a person with panic disorder in coping with crowds, etc.



SERVICE ANIMAL POLICY – GUIDELINES FOR STAFF

REASONABLE ACCOMMODATION PROCESS

When an applicant or resident with a disability makes an accommodation request, housing management will consider the request promptly, and grant it when reasonable. When someone inquires about living with a service animal, follow our reasonable accommodations policy.

DETERMINE WHETHER YOU NEED VERIFICATION

- If the person's disability is obvious or otherwise known to you, and if the need for the service animal is also apparent, do not request any additional information about the disability or the need for the accommodation. For example, a blind person with a guide dog does not need to verify his disability or need for the dog.
- If the disability is known, but the accommodation need is not apparent, request only information necessary to evaluate the disability-related need for the accommodation. For example, if you know a resident has depression and s/he wants to have an assistance dog, request documentation of the disability-related need for the animal.
- If neither the disability nor the need is clear, ask for proof of both. For example, if someone with no obvious disability asks to live with a service animal, request that the person document both that s/he has a disability as defined under fair housing law and that there is a disability-related need for the animal.

WHO SHOULD PROVIDE VERIFICATION

When verification of disability status or disability-related need is appropriate, you can require that the individual provide written verification from a doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about the person's disability and the need for reasonable accommodation. Written verification should be provided by someone with sufficient knowledge and training to verify that the applicant or resident meets the fair housing definition as a person with a disability, and that there is a disability-related need for a service animal. **Remember, you cannot require someone to provide details about his or her disability.**

When someone requests to live with a service animal, management will provide a prompt written response (see sample letters).



RULES FOR SERVICE ANIMALS AND PETS

If residents are allowed to have household pets –

- you cannot charge a pet deposit or fee
- do not place limitations on the size, weight, and type of service animals
- both service animals and pets can be required to meet the same reasonable behavior rules
- you can require service dogs or cats to be licensed, if required in your municipality and if you require licensing of pets
- remember that a household may have a service animal and also pets

If the housing community has a “no pets” rule –

- you must allow service animals
- you cannot charge a pet deposit or fee
- do not place limitations on the size, weight, and type of service animals
 - you can apply reasonable behavior rules to service animals
- you can require service dogs or cats to be licensed, if required in your municipality

You should charge the same general cleaning or damage deposit that is charged to all residents. A resident with a service animal is liable for any damage the animal actually causes.



ANIMAL CARE AND SUPERVISION

The resident has the responsibility to care for and supervise the service animal. The resident should retain full control of the animal at all times. This generally means that while the animal is in common areas, it should be on leash, in a carrier, or otherwise in the direct control of its owner. When around other people or animals, the service animal should be well behaved (no jumping, snarling, nipping, excessive barking). The resident is responsible for the safe removal of animal waste products.

REMOVAL OF A SERVICE ANIMAL

If a service animal is unruly or disruptive (aggressively jumping, nipping, etc.), the manager may ask the resident remove the animal from a common area. If the animal's inappropriate behavior happens repeatedly, the manager may request that the resident not bring the animal into common areas until steps have been taken to mitigate the behavior (such as refresher training), or ask that the animal be removed from the residential premises.

WHAT ABOUT OTHERS WHO ARE AFRAID OF OR ALLERGIC TO ANIMALS?

A fear of or minor allergy to dogs or other animals is not a disability, so management does not need to "accommodate" in those situations. In rare cases, a person's allergy may be so severe that animal contact may cause respiratory distress. In those situations, the allergic person may also request an accommodation, such as keeping the animal and the allergic person separate, as much as is possible.

SENSITIVITY AND AWARENESS

Management will ensure that staff is properly trained about service animal policies, including the following rules –

- Allow a service animal to accompany the resident at all times and everywhere in the community except where animals are prohibited for safety reasons (such as in a pool or sauna).
- Do not separate or attempt to separate a resident from the service animal.
- Do not pet or talk to a service animal when it is working – this distracts the animal from its tasks.
- Do not feed a service animal, which may have specific dietary requirements. Unusual food or food at an unexpected time may cause the animal to become ill.
- Do not deliberately startle a service animal or make noises at the animal (barking, whistling, etc.).
- Be aware that many people with disabilities do not care to share personal details.



If other residents complain that they are not allowed pets and want to know why an exception was made, state that your community complies with the fair housing laws. You can also refer your residents to the community's accommodation policy.

SERVICE ANIMAL POLICY – GUIDELINES FOR RESIDENTS

REQUEST FOR A SERVICE ANIMAL ACCOMMODATION

If you need to live with a service animal because of your disability, make a request to your landlord or manager for a reasonable accommodation. It is best to submit such requests in writing, but verbal requests are acceptable.

VERIFICATION OF YOUR DISABILITY AND NEED FOR A SERVICE ANIMAL

You may be asked to provide written verification that you have a disability and that the accommodation of a service animal is necessary to give you an equal opportunity to use and enjoy our housing community. If your landlord or manager asks for this verification, you should obtain a signed letter from your doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about your disability and your need for a reasonable accommodation. You do not have to provide details about your disability or about the specific tasks the service animal performs. (Sample letters are attached)

ANIMAL CARE AND SUPERVISION

You are responsible for the care of your service animal. You must supervise your animal and retain full control of it at all times. This means that while the animal is in common areas, it is on a leash, in a carrier, or otherwise in your direct control. When in the presence of others, the animal is expected to be well behaved (not jumping on or nipping at people, not snarling or barking, etc.).

You are responsible for the proper disposal of animal waste –

- Carry equipment to clean up your service animal's feces whenever the animal is in the common areas.
- Properly dispose of waste and/or litter.
- If you need assistance with cleanup, arrange for such help through family, friends or advocates.

PROBLEMS

If you believe rental staff is not handling your request for a service animal properly, contact Carolyn Sistrunk, 2 Mill Ridge Road, Danbury CT., 203 744-2500.



RESOURCES & QUESTIONS

If you have any questions regarding your rights and responsibilities under the fair housing laws, contact a fair housing agency listed at the end of this booklet. The agencies include:

- U.S. Department of Housing and Urban Development
- Connecticut Human Rights Commission
- City of Danbury Fair Housing Officer

Additional resources:

Americans with Disabilities Act (ADA) Information Line

U.S. Department of Justice
800-514-0301, TTY 800-514-0383
www.ada.gov



SAMPLE LETTER

REQUEST FOR REASONABLE ACCOMMODATION

Applicants or residents may use a letter with this type of language when requesting to live with a service animal as a reasonable accommodation. Use of this form is not required, but it is recommended that you document accommodation requests in writing.

Date: _____

To: *{Name and address of landlord or manager}*

I have a disability as defined by the fair housing laws. I use a service animal to assist me with the functional limitations related to my disability. My service animal enhances my ability to live independently, and to use and enjoy my dwelling fully.

Type of service animal (dog, cat, etc.): _____

As an accommodation for my disability, I request that you:

- waive your “no-pet” policy
- waive your pet weight / height restrictions
- waive your pet deposit or fees
- other: _____

I have attached a letter from my doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about my disability and my need for a reasonable accommodation. The letter verifies that I have a disability as defined in the fair housing laws, and that I have a disability-related need for a service animal.

Please advise me of your response to my request for an accommodation by *{date}*.

(sign letter)

Print your name, address and telephone number



SAMPLE LETTER

REASONABLE ACCOMMODATION LETTER FROM QUALIFIED PROFESSIONAL (on letterhead)

This is a sample letter for use when supporting a request for a service animal as a reasonable accommodation. It should be submitted by a doctor or other medical professional, or other qualified third party who, in their professional capacity, is in a position to know about the resident's disability and need for a reasonable accommodation.

Date: _____

Dear {name of housing owner or manager}:

I am a {insert your professional title, such as doctor or other medical professional, or other qualified third party who has knowledge about the disability} of {name of resident}. I verify that s/he meets the definition of a disabled person under the fair housing laws.

I also verify that s/he has a disability-related need for a service animal to assist with the functional limitations relating to his/her disability. The animal needed is {a dog, cat, bird, etc.}.

Sincerely,

Name
Title
Address and telephone number



SAMPLE LETTER

RESPONSE TO REQUEST FOR REASONABLE ACCOMMODATION

Management staff may use this type of letter when responding to a request from a resident who wants to live with a service animal.

Date: _____

Dear *{resident name}*:

We have received your request for a reasonable accommodation. We understand you want to live with a service animal in our housing community. We also received the letter from your *{service provider}* confirming that you have a disability as defined by fair housing laws and that you have a disability-related need for the animal.

We agree to your request for your service animal live in your apartment. We will waive our “no-pet” policy, waive our pet weight/height restrictions, waive our pet deposit/pet-related fees, and *{insert other agreements}*.

Our rules require residents who have animals to follow noise regulations, to dispose of animal waste properly, and to ensure that the animals do not cause property damage. As noted in your rental agreement, you will be responsible for any damage caused by your animal.

We welcome your animal to our community!

Name

Title

Address and telephone number



INSURANCE ISSUES

Some insurance carriers refuse to cover a rental property, substantially increase the cost of coverage, or adversely change the terms of their policies if a person with a disability resides in the rental dwelling with an assistance animal that is of a breed of dog that the carrier considers dangerous.

HUD and the U.S. Department of Justice have issued a joint statement on “Reasonable Accommodations under the Fair Housing Act”. This statement notes that an accommodation is unreasonable if it imposes an undue financial and administrative burden on a housing provider's operations. If an insurance carrier would cancel, increase policy costs, or adversely change policy terms because of the presence of a certain breed of dog or a certain animal, HUD states that this imposes an undue financial and administrative burden on the housing provider.

A housing provider should substantiate any claim regarding the potential loss of or adverse change to the insurance coverage by verifying such a claim with the insurance company directly and considering whether comparable insurance, without the restriction, is available in the market. If there is evidence that an insurance provider has a policy of refusing to insure any housing that has animals, without exception for assistance animals, the insurance provider may be violating federal civil rights laws prohibiting discrimination based upon disability.

For more information, see:

- *“Insurance Policy Restrictions as a Defense for Refusals to Make a Reasonable Accommodation”*, www.fairhousing.com/include/media/pdf/insuranceguidance.pdf
- *“Reasonable Accommodations Under the Fair Housing Act”*, www.hud.gov/offices/fheo/library/huddojstatement.pdf



LIMITED ENGLISH PROFICIENT (LEP) PLAN



I. PLAN STATEMENT

The Housing Authority of the City of Danbury (HACD) has adopted this plan to provide meaningful access to its programs and activities by persons with Limited English Proficiency (LEP). In accordance with federal guidelines the HACD will make reasonable efforts to provide or arrange free language assistance for its LEP clients, including applicants, recipients and/or persons eligible for public housing, Section 8/Housing Choice Vouchers, Homeownership and other HACD programs.

II. MEANINGFUL ACCESS; FOUR-FACTOR ANALYSIS

Meaningful access is free language assistance in accordance with federal guidelines. The PHA will periodically assess and update the following four-factor analysis, including but not limited to:

1. the number or proportion of LEP persons eligible to be served or likely to be encountered by the HACD.
2. The frequency with which with LEP persons using a particular language come into contact with the HACD.
3. The nature and importance of the HACD program, activity or service to the person's life.
4. The HACD's resources and the cost of providing meaningful access. Reasonable steps may cease to be reasonable where the costs imposed substantially exceed the benefits.

III. LANGUAGE ASSISTANCE

1. A person who does not speak English as their primary language and who has a limited ability to read, write, speak or understand English may be a Limited English Proficient (LEP) person and may be entitled to language assistance with respect to HACD programs and activities.
2. Language assistance includes interpretation, which means oral or spoken transfer of a message from one language into another language; and/or translation, which means the written transfer of a message from one language into another language. The HACD will determine when interpretation and/or translation are needed and are reasonable.
3. HACD staff will take reasonable steps to provide the opportunity for meaningful access to LEP clients who have difficulty communicating in English. If a client asks for language assistance and the HACD determines that the client is an LEP person and that language assistance is necessary to provide meaningful access, the HACD will make reasonable efforts to provide free language assistance. If reasonably possible the HACD will provide the language assistance in the LEP client's preferred language. The HACD has the discretion to determine whether language assistance is needed, and if so, the



type of language assistance necessary to provide meaningful access. The HACD will periodically assess client needs for language assistance based on requests for interpreters and/or translation, as well as the literacy skills of clients.

4. Translation of Documents

- a. The HACD will weigh the costs and benefits of translating documents for potential LEP groups, considering the expense of translating the documents, the barriers to meaningful translation or interpretation of technical housing information, the likelihood of frequent changes in documents, the existence of multiple dialects within a single language group, the apparent literacy rate in an LEP group and other relevant factors. The HACD will undertake this examination when an eligible LEP group constitutes 5 percent of an eligible client group (for example, 5 percent of households living in the HACD's public housing) or 1,000 persons, whichever is less.
- b. If the HACD determines that translation is necessary and appropriate, the HACD will translate the public housing lease and selected mailings and documents of vital importance into that language.
- c. As opportunities arise, the HACD may work with other housing authorities to share the costs of translating common documents, which may include language groups which do not (yet) reach the threshold level in the HACD's client population.
- d. HUD should provide prototype translations of standard housing documents in multiple languages in a timely fashion. HUD should provide this service to local housing authorities and the hundreds or thousands of other HUD grantees whose limited resources hinder their LEP efforts.
- e. The HACD will consider technological aids such as Internet-based translation services which may provide helpful, although perhaps not authoritative, translations of written materials.

5. Audiovisual Materials

- a. The HACD will use reasonable efforts to produce or obtain multiple translations of audiovisual materials it uses to inform or educate applicants, residents and other client groups. For example, the training video on housekeeping produced by HACD staff has two (2) language options.
- b. The HACD will make such materials available for purchase by housing agencies and other organizations, to assist them in their LEP efforts.

6. Formal Interpreters

- a. When necessary to provide meaningful access for LEP clients, the HACD will provide qualified interpreters, including HACD bilingual staff. At important stages that require one-on-one contact, written translation and verbal interpretation services will be provided consistent with the four-factor analysis used earlier.
- b. The HACD may require a formal interpreter to certify to the following:



- i. The interpreter understood the matter communicated and rendered a competent interpretation.
 - ii. The interpreter is covered by the Connecticut Government Data Practices Act and will not disclose non-public data without written authorization from the client.
- c. Formal interpreters shall be used at the following:
- i. Formal hearing for denial of admission to public housing;
 - ii. Informal settlement conferences and formal hearing for termination of public housing;
 - iii. Hearings or conferences concerning denial or termination of Housing Choice Voucher (Section 8) participation.
- d. A HACD staff interpreter may not be a subordinate to the person making the decision.
- e. The HACD maintains a list of qualified, bilingual employees who have applied for, and tested for proficiency in languages used by clients. Those employees receive additional compensation for demonstrating non-English language proficiency and can provide limited assistance to HACD staff and LEP clients as part of their regular job duties.

7. Informal Interpreters

- a. Informal interpreters may include the family members, friends, legal guardians, service representatives or advocates of the LEP client. HACD staff will determine whether it is appropriate to rely on informal interpreters, depending upon the circumstances and subject matter of the communication. However in many circumstances, informal interpreters, especially children, are not competent to provide quality and accurate interpretations. There may be issues of confidentiality, competency or conflict of interest.
- b. An LEP person may use an informal interpreter of their own choosing and at their expense, either in place of or as a supplement to the free language assistance offered by the HACD. If possible, the HACD should accommodate an LEP client's request to use an informal interpreter in place of a formal interpreter.
- c. If an LEP client prefers an informal interpreter, after the HACD has offered free interpreter services, the informal interpreter may interpret. In these cases the client and interpreter should sign a waiver of free interpreter services.
- d. If an LEP client wants to use their own informal interpreter, the HACD reserves the right to also have a formal interpreter present.

8. Outside Resources

- a. Outside resources may include community volunteers, HACD residents or Housing Choice Voucher/Section 8 participants.



- b. Outside resources may be used for interpreting services at public or informal meetings or events if a timely request has been made.
- c. The HACD maintains relationships with local organizations that assist specific cultural and ethnic groups living in Danbury. To help their clients obtain or keep housing assistance through the HACD, these organizations may provide qualified interpreters for LEP persons.

VI. MONITORING

1. The HACD will review and revise this LEP Plan from time to time. The review will include:
2. Reports from the HACD's computer business systems on the number of HACD clients who are LEP, to the extent that the software and staff data entry can provide such information. Such reports may be supplemented by staff observations.
3. Reports from the computer business systems and other sources listing the languages used by LEP clients.
4. A determination as to whether 5 percent or 1,000 persons from a HACD client group speak a specific language, which triggers consideration of document translation needs as described above.
5. Analysis of staff requests for contract interpreters: number of requests, languages requested costs, etc.
6. The Resident Advisory Board (RAB) will be asked to review the LEP Plan annually as part of updating the Agency Plan.



VII. LEP PLAN DISTRIBUTION AND TRAINING

The LEP Plan will be:

1. Distributed to all HACD employees.
2. Available in HACD Management Offices and the Rental Office/Section 8 Office.
3. Posted on HACD's website, www.hacdct.org
4. Explained in orientation and training sessions for supervisors and other staff who need to communicate with LEP clients.



Compliance with the Violence Against Women's Act (VAWA)

Domestic Violence:

In accordance with the Violence Against Women and Justice Department Reauthorization Act, the Authority has adopted a preference that recognizes and protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them. The Authority has also adopted an admission preference for individuals that are residing in a situation of domestic violence and that are displaced as a result of their situation. The family must provide evidence that documents the domestic violence by providing a police report that verifies their claim. The following also applies:

- The domestic violence must be recent and individual must provide evidence of an established pattern either by utilizing HUD Form 50066, Certification of Domestic Violence, Dating Violence, or Stalking or local police record or court record, documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance.
- Must provide evidence of an established relationship along with a lease agreement
- confirming co-habitation.
- The family must agree to sign a restraining order against the offender.
- The family must certify that the person who resides with them that engages in such domestic violence will not reside with the family upon placement. If the family is admitted the Authority may deny or terminate assistance to the family for breach of this certification.
- The family will be required to sign a document stating they will not release the location of their new residence to the party responsible for the abuse and threats. If the family is determined eligible for the aforementioned "Domestic Violence Preference" and is housed, the family will not be eligible for a transfer into another Authority unit if it is determined that the family was responsible for the release of their whereabouts to the offender, as it will result in a financial burden to the Authority. A current family in residence with the Authority will only be entitled to one transfer.

Furthermore, the Authority will not evict a tenant for criminal activity relating to verified incidents of actual or threatened domestic violence, dating violence, or stalking. The Authority may request a tenant under such threat of eviction to certify that the incidents in question are bona fide incidents of abuse by producing either (1) a Federal, State, tribal, territorial, or local police or court record or (2) a sworn statement, also signed by the tenant, from (a) a victim service provider; (b) an attorney; or (c) a medical professional verifying the validity of the



incidents. If the certification is not received by the Authority within 14 days, the Authority may proceed with the eviction. The Authority, however, has the discretion of extending the 14-day period. All information provided to the Authority in such certification shall be retained in confidence, except to the extent disclosure is

(i) requested or consented to by the tenant in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law. If it is verified that the tenant is a victim of actual or threatened domestic violence, dating violence, or stalking engaged in by a member of the tenant's household, or any guest or other person under the tenant's control, the Authority may bifurcate the lease in order to evict only the tenant or lawful occupant engaging in these criminal acts, without evicting or otherwise penalizing the victim who is also a tenant or lawful occupant.

Item 11 A

**Certification by State or Local Official of PHA Plans Consistency with
the Consolidated Plan**

I, _____ the _____ certify
that the Five Year and Annual PHA Plan of the _____ is
consistent with the Consolidated Plan of _____ prepared
pursuant to 24 CFR Part 91



Signed _____ Dated by _____
Appropriate State or Local Official

**Standard PHA Plan
PHA Certifications of Compliance**

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

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the *Standard Annual, Standard 5-Year/Annual, and
Streamlined 5-Year/Annual PHA Plans***

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the Standard Annual, Standard 5-Year Annual or Streamlined 5-Year Annual PHA Plan for the PHA fiscal year beginning 2009, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof.

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses those recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
7. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's MTCIS in an accurate, complete and timely manner (as specified in PIH Notice 99-2):
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.

Item 11 B

**Certification for
a Drug-Free Workplace**

U.S. Department of Housing
and Urban Development

Applicant Name

HOUSING AUTHORITY OF THE CITY OF DANBURY

Program/Activity Receiving Federal Grant Funding

CAPITAL FUNDS

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a..

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program activity shown above. Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.

- 1. PUTNAM TOWERS 25 BEAVER STREET, DANBURY CT., FAIRFIELD COUNTY, 06810
- 2. WOOSTER MANOR 36 WEST WOOSTER, DANBURY CT., FAIRFIELD COUNTY, 06810
- 3. EDEN DRIVE 101 EDEN DRIVE , DANBURY CT., FAIRFIELD COUNTY, 06810
- 4. LAUREL GARDENS, 385 MAIN STREET, DANBURY CT FAIRFIELD COUNTY, 06810

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

Name of Authorized Official

MARY CAROLYN SISTRUNK

Title

EXECUTIVE DIRECTOR

Signature

Mary C. Sistrunk

Date

10-31-2008

13. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
15. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
16. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
17. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
18. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
19. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
20. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
21. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

Housing Authority of the CT020
 PHA Name PHA Number/HIA Code

City of Danbury

Standard PHA Plan for Fiscal Year: 2009

Standard Five-Year PHA Plan for Fiscal Years 2007 - 2013 including Annual Plan for FY 2009

Streamlined Five-Year PHA Plan for Fiscal Years 20__ - 20__, including Annual Plan for FY 20__

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

<u>MARY C. SISTRUNK</u>	
Name of Authorized Official	Title
<u>Mary C. SISTRUNK</u>	<u>Executive Director</u>
Signature	Date
<u>Mary C. Sistrunk</u>	<u>Oct 31, 2008</u>

Item 11 C

Certification of Payments to Influence Federal Transactions

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

Applicant Name

HOUSING AUTHORITY OF THE CITY OF DANBURY

Program/Activity Receiving Federal Grant Funding

CAPITAL FUNDS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

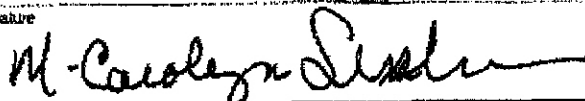
Name of Authorized Official

MARY C SISTRUNK

Title

EXECUTIVE DIRECTOR

Signature



Date (mm/dd/yyyy)

10-31-2008

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

Item 11 D

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: B a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: B a. bid/offer/application b. initial award c. post-award	3. Report Type: A a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 5th	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: The Dept. of Housing and Urban Development	7. Federal Program Name/Description: Capital Funds CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the fair state when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: Mary C. Sistrunk Print Name: Mary C. SISTRUNK Title: Executive Director Telephone No.: 203 743-9802 Date: 10-31-2008	
Federal Use Only	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

ITEM E NA

ITEM F



Housing Authority of the City of Danbury

P.O. Box 86
Danbury, CT 06813
203-744-2500 Tel
203-797-1864 Fax

Meeting with the City-Wide Public Housing Resident Council

Date: September 4, 2008 12:00 PM, Ives Manor - 198 Main Street

RE: HACD Agency Plan

Attendance:

James Zeh, Council Member
Ella Fraser, Council Member
Annie West, Council Member
Shirley Best, Council Member
Laveda Brooks, Council Member
Crystal Mitchell, Council Member
Jacqueline Elam, HACD Asset Manager

The Council holds regular monthly meetings to discuss business and allows time for HACD agency updates. The Draft Agency Plan was first presented to the Council in August, at which time copies were distributed. This follow-up meeting was held to go through the entire Plan and to take questions and/or suggestions.

Met with the Council to take them through the 2009 - 2013 Agency Plan. Spoke of the Agency's goals as outlined in the Plan as well as any changes from the previous year. Also discussed were initiatives that the Agency will pursue in the coming year. Specifically,

- Violence Against Women Vouchers
- Wait List Closings and demographics of current list and preferences
- HACD working with City of Danbury and other initiatives to create housing opportunities for veterans, including vouchers.

Questions were presented regarding the following:

- Homeownership Vouchers and how they may be used: explained the policy and process of utilizing these vouchers.
- Flat Rents vs. Income Rents and Base Rents: explained each housing program administered by HACD and the rents that apply to each program, and how they are used.
- Elderly Designation: our Federal Elderly properties have this designation whereby all new admissions must be 62 years of age. Spoke of other programs for elderly and disabled families.
- Grievance Hearings: Council expressed interest in participating on panels that hear resident/applicant grievances.
- Scattered Site Housing: Council needed clarification on why this program doesn't pertain to State housing families.

The meeting closed with all questions being addressed and no concerns or further suggestions or discussion requested.

Submitted by Jacqueline Elam





Citywide Public Housing Resident Council

198 Main Street Danbury Connecticut 06810

Board Members 2008-2009

James R. Zeh
Crosby Manor
84 West Wooster Street
Apt. # 8-C
Danbury, Conn. 06810
203- 512-6620 (C)

Annie West
Scattered Sides
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203-778-1004 (H)

Ella Fraser-President
Putnam Towers
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203-744-5896 (H)
203-512-4674 (C)

Irene Iris Herenandez-Vice President
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203-826-7845 (H)

Kristal Mitchell-Assistant Treasurer
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Danbury, Conn. 06810
203-778-0119 (H)
203-240-9954 (C)

Floyd Banks
Glen Apartments
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203-460-2074 (C)

Laveda Brooks-Treasurer
Section 8
16 Wellsvilla Ave.
New Milford, Conn. 06776
203-770-4278 (C)

Jodie Seigel-Secretary
Ives Manor
198 Main Street
Apt. # 340
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203-885-5801 (C)

Shirley Best
Eden Drive
120 Eden Drive
Danbury, Conn. 06810
203-826-9534 (H)

Lorraine Coffey-Parliamentarian
Wooster Manor
36 West Wooster Street
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Danbury, Conn. 06810
203-791-1451 (H)

Vacant Position
Laurel Gardens
Main Street

Item 11 G