

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Milford Redevelopment and Housing Partnership</u> PHA Code: <u>CT030</u> 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): <u>04/01/2009</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>329</u> Number of HCV units: <u>266</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <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:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> 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:				
<b>5.2</b>	<b>Goals and Objectives.</b> 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.				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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. <b>Office of the Milford Redevelopment and Housing Partnership, 75 DeMaio Drive, Milford, CT 06460</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.				
<b>8.0</b>	<b>Capital Improvements.</b>				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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.				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> 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.				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <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.				
<b>9.0</b>	<b>Housing Needs.</b> 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.				

9.1	<b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (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. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”
11.0	<b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.  (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (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. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

**6A: PHA Plan Elements**

1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait Lit Procedures.

**No Revision**

2. Financial Resources

**Revised**

3. Rent Determination

**No Revision**

4. Operation and Management

**No Revision**

5. Grievance Procedures

**No Revision**

6. Designated Housing for Elderly and Disabled Families

**No Revision**

7. Community Service and Self-Sufficiency

**No Revision**

8. Safety and Crime Prevention

**No Revision**

9. Pets

**No Revision**

10. Civil Rights Certification

**No Revision**

11. Fiscal Year Audit

**Revised**

12. Asset Management

**No Revisions**

13. Violence Against Women Act (VAWA)

**No Revisions**

## **7.0 Demolition and Disposition**

<b>Demolition/Disposition Activity Description</b>
1a. Development name and address: Scattered Sites, 136 Merwin Ave, Milford, CT 06460
1b. Development (project) number: CT26P030-009-91F
2. Activity type: Demolition <input type="checkbox"/> Disposition of a single family house Disposition <input checked="" type="checkbox"/>
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>(07/31/09)</u>
5. Number of units affected: One
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: 11/30/09 b. Projected end date of activity: 12/31/09

## **9. Statement of Housing Needs**

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

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	451	5	3	2	5	3	1
Income >30% but <=50% of AMI	372	4	3	2	5	3	1
Income >50% but <80% of AMI	442	3	2	1	4	2	1
Elderly	232	4	3	2	4	2	1
Families with Disabilities	75	5	3	2	4	2	1
Black Non-Hispanic	143	NFA	NFA	NFA	NFA	NFA	NFA
Hispanic	252	NFA	NFA	NFA	NFA	NFA	NFA
White Non-Hispanic	860	NFA	NFA	NFA	NFA	NFA	NFA
Race/Ethnicity							

Code 1-5:      One being no impact, five being severe impact.

\* No Information Available – NFA

## **9.1 Strategy for Addressing Needs**

### **(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Employ effective maintenance and management policies to minimize the number of public housing units off-line

Reduce turnover time for vacated public housing units

Reduce time to renovate public housing units

Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program

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

Apply for additional section 8 units should they become available

Leverage affordable housing resources in the community through the creation of mixed - finance housing

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

Seek designation of public housing for the elderly

Apply for special-purpose vouchers targeted to the elderly, should they become available

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

Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing

Apply for special-purpose vouchers targeted to families with disabilities, should they become available

Affirmatively market to local non-profit agencies that assist families with disabilities

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Affirmatively market to races/ethnicities shown to have disproportionate housing needs

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

Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units

Market the section 8 program to owners outside of areas of poverty /minority concentrations

## **10 A. Progress in Meeting PHA Goals and Objectives**

### HUD Strategic Goal: Goal #1

Acquire or build units or developments: In order to increase the quality and quantity of public housing units, the Milford Redevelopment and Housing Partnership has acquired five duplexes and two single family homes and a six unit building for a total of eighteen additional units.

Improve public housing management (PHAS Scores): All efforts of the Housing Partnership are being directed to improve the quality of life for residents in both the Public Housing Program and Section 8 Program. As a direct result of those efforts, the Milford Redevelopment and Housing Partnership has achieved high performer status.

Renovate or modernize public housing units: The Housing Partnership continues to upgrade and improve the Public Housing inventory through the Capital Fund Program.

Conduct outreach efforts to potential voucher landlords: The Partnership together with its Section 8 Contractor has expanded its efforts to recruit new Section 8 Landlords.

Increase voucher payment standards: The Partnership has increased the payment standard up to a maximum of 110% of the Fair Market Rent and will review the standard yearly in order to provide the appropriate standard amount for the clients to lease decent, safe and affordable units.

### HUD Strategic Goal #2:

Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: The rehabilitation of the Jepson Manor property will provide the Partnership with a family development that is competitive with units in the private sector and will attract higher income, qualified families.

Implement public housing security improvements: In order to provide further security for elderly residents in public housing, the Partnership has alarmed all side entrances in all of the elderly developments. Subject to funding the Partnership intends to procure a web enabled camera based security system for all developments.

### HUD Strategic Goal: Goal #3

Provide or attract supportive services to increase independence for the elderly or families with disabilities: In an effort to provide a wide range of support services for elderly and families with disabilities, the Partnership has created a Public Housing Assistant Manager position. This staff person will enable the elderly/families with disabilities to access various support services needed to achieve independent living.

### HUD Strategic Goal: Goal #4

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability: The Housing Partnership is committed to a regional advertising approach for Section 8 Landlords and Tenants.



Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability:

Upgrade facilities for persons with disabilities and comply with PHAS exigent and fire safety requirements

Other PHA Goals and Objectives

PHA Goal #1

The Partnership has done the following:

Implemented an updated and improved automated accounting system to manage fiscal responsibilities.

Provided employees with access to web based information

Contracted with a qualified Housing Quality Standard Inspection Service who is trained on the most recent HQS revisions including the Lead Based Paint revisions.

Initiated a Departmentalized and Asset based Budgeting Process.

Implemented a work center concept to improve responsiveness and delivery of service to the clients.

Achieved and maintained all GAP Requirements.

Implemented cost accounting procedures to improve organization efficiency and economy of operations.

PHA Goal #2

The Milford Redevelopment and Housing Partnership shall reduce crime in its developments so that the crime rate remains less than their surrounding neighborhoods: Improved security at elderly developments and the Partnership also performs applicant criminal background investigation reports.

PHA Goal #3

The Milford Redevelopment and Housing Partnership is working to maintain the goal of a 95% utilization rate in its tenant based programs and is attracting new landlords through news releases and landlord workshops.

PHA Goal #4

The Milford Redevelopment and Housing Partnership has implemented an outreach program to inform the community of what good managers of the public's dollars the Housing Partnership is: It actively participates in community organizations such as the Rotary, and attends monthly meetings of the Social Service Network. The Partnership also provides prompt response to all media requests.

**10 b. Significant Amendment and Substantial Deviation/Modification.**

*Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.*

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## **Instructions form HUD-50075**

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### **1.0 PHA Information**

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### **2.0 Inventory**

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### **3.0 Submission Type**

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### **4.0 PHA Consortia**

Check box if submitting a Joint PHA Plan and complete the table.

### **5.0 Five-Year Plan**

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### **PHA Plan Elements.** (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: **(i)** A description of the need for measures to ensure the safety of public housing residents; **(ii)** A description of any crime prevention activities conducted or to be conducted by the PHA; and **(iii)** A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

## 7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

### (a) Hope VI or Mixed Finance Modernization or Development.

1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

### (b) Demolition and/or Disposition.

With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

[http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)

**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

### (c) Conversion of Public Housing.

With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

- 1. At the end of the program year; until the program is completed or all funds are expended;
- 2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- 3. Upon completion or termination of the activities funded in a specific capital fund program year.

### 8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:  
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

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		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: CT26P03050109		2009	
Milford Redevelopment & Housing Partnership		Replacement Housing Factor Grant No:		FFY of Grant Approval:	
Date of CFFP:				2009	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: )			
<input type="checkbox"/> Summary by Development Account		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>
1	Total non-CFFP Funds	0.00			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0.00			
3	1408 Management Improvements	15,000.00			
4	1410 Administration (may not exceed 10% of line 21)	40,000.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	60,754.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	0.00			
10	1460 Dwelling Structures	325,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	0.00			
12	1470 Non-dwelling Structures	0.00			
13	1475 Non-dwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1492 Moving to Work Demonstration	0.00			
16	1495.1 Relocation Costs	0.00			
17	1499 Development Activities <sup>4</sup>	0.00			
18a	1501 Collateralization or Debt Service paid by the PHA	0.00			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00			
19	1502 Contingency (may not exceed 8% of line 20)	0.00			
20	Amount of Annual Grant: (sum of lines 2 – 19)	440,754.00			
21	Amount of line 20 Related to LBP Activities	0.00			
22	Amount of line 20 Related to Section 504 Activities	0.00			
23	Amount of line 20 Related to Security – Soft Costs	0.00			
24	Amount of line 20 Related to Security – Hard Costs	0.00			
25	Amount of line 20 Related to Energy Conservation Measures	0.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>			
PHA Name: <b>Milford Redevelopment &amp; Housing Partnership</b>		Grant Type and Number Capital Fund Program Grant No: GT26P03050109 Replacement Housing Factor Grant No:	
Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
<input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
Signature of Executive Director		Obligated	
Date		Expended	
01-13-09		Signature of Public Housing Director	
		Date	

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

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



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

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

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

<sup>1</sup> 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  
**Expires 4/30/2011**

<sup>1</sup> 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.

# 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

<b>Part I: Summary</b>					
PHA Name/Number		Locality (City/County & State)		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
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
A.		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
B.	Physical Improvements Subtotal	Annual Statement	330,000.00	330,000.00	330,000.00
C.	Management Improvements	Annual Statement	10,000.00	10,000.00	10,754.00
D.	PHA-Wide Non-dwelling Structures and Equipment	Annual Statement	0.00	0.00	0.00
E.	Administration	Annual Statement	40,000.00	40,000.00	40,000.00
F.	Other	Annual Statement	60,754.00	60,754.00	60,754.00
G.	Operations	Annual Statement	0.00	0.00	0.00
H.	Demolition	Annual Statement	0.00	0.00	0.00
I.	Development	Annual Statement	0.00	0.00	0.00
J.	Capital Fund Financing – Debt Service	Annual Statement	0.00	0.00	0.00
K.	Total CFP Funds	Annual Statement	0.00	0.00	0.00
L.	Total Non-CFP Funds	Annual Statement	0.00	0.00	0.00
M.	Grand Total	Annual Statement	440,754.00	440,754.00	440,754.00

# Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/20011

## Part I: Summary (Continuation)

PHA Name/Number		Locality (City/county & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
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
	CT 30-1 Jepsen Manor	Annual Statement	330,000.00	0.00	0.00	0.00
	CT 30-2 McKeen Village		0.00	170,000.00	190,000.00	175,000.00
	CT 30-4 Foran Towers		0.00	0.00	0.00	0.00
	CT 30-5 Island View Park		0.00	80,000.00	140,000.00	75,000.00
	CT 30-6 DeMaio Gardens		0.00	80,000.00	0.00	75,000.00
	PHA-Wide		110,754.00	110,754.00	110,754.00	115,754.00

# Capital Fund Program—Five-Year Action Plan

## Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year 2010 FFY 2010			Work Statement for Year: 2011 FFY 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	CT 30-1 Jepsen Manor	Renovate four (4) units	330,000.00	CT 30-2 McKeen Village	Replace Windows	170,000.00
Annual		<b>Subtotal</b>	<b>330,000.00</b>		<b>Subtotal</b>	<b>170,000.00</b>
Statement						
				CT 30-5 Island View	Elevator Upgrades	80,000.00
					<b>Subtotal</b>	<b>80,000.00</b>
				CT 30-6 DeMaio Gardens	Masonry Waterproofing	80,000.00
					<b>Subtotal</b>	<b>80,000.00</b>
	PHA-Wide	Management Improvements	10,000.00	PHA-Wide	Management Improvements	10,000.00
		Administration	40,000.00		Administration	40,000.00
		Fees and Costs	60,754.00		Fees and Costs	60,754.00
		<b>Subtotal</b>	<b>110,754.00</b>		<b>Subtotal</b>	<b>110,754.00</b>
	Subtotal of Estimated Cost		<b>\$440,754.00</b>	Subtotal of Estimated Cost		<b>\$440,754.00</b>

Capital Fund Program—Five-Year Action Plan

Part II: Supporting Pages – Physical Needs Work Statement(s)					
Work Statement for Year 1 FFY 2009	Work Statement for Year 2012 FFY 2012			Work Statement for Year: 2012 FFY 2012	
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity Estimated Cost
See	CT 30-2 McKeen Village	Replace Roof	190,000.00	CT 30-2 McKeen Village	Window Replacement 125,000.00
Annual		Subtotal	190,000.00		Entry Door Replacement 50,000.00
Statement					Subtotal 175,000.00
	CT 30-5 Island View	Masonry Waterproofing	80,000.00	CT 30-5 Island View	Hallway Ventilation 75,000.00
		Corridor Flooring	60,000.00		Subtotal 75,000.00
		Subtotal	140,000.00		
				CT 30-6 DeMaio Gardens	Hallway Ventilation 75,000.00
					Subtotal 75,000.00
	PHA-Wide	Management Improvements	10,754.00		Management Improvements 15,000.00
		Administration	40,000.00		Administration 40,000.00
		Fees and Costs	60,000.00		Fees and Costs 60,754.00
		Subtotal	110,754.00		Subtotal 115,754.00
	Subtotal of Estimated Cost		\$440,754.00	Subtotal of Estimated Cost	\$440,754.00

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:		Grant Type and Number	FFY of Grant:
Milford Redevelopment & Housing Partnership		Capital Fund Program Grant No: CT26P03050108 Date of CFP: _____	2008 FFY of Grant Approval: 2008
		Replacement Housing Factor Grant No:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08			
<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )			
<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
		Obligated	Expended
1	Total non-CFP Funds	0.00	0.00
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0.00	0.00
3	1408 Management Improvements	10,000.00	20,000.00
4	1410 Administration (may not exceed 10% of line 21)	40,000.00	40,000.00
5	1411 Audit	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00
7	1430 Fees and Costs	50,174.00	70,754.00
8	1440 Site Acquisition	0.00	0.00
9	1450 Site Improvement	0.00	0.00
10	1460 Dwelling Structures	340,580.00	305,000.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00
12	1470 Non-dwelling Structures	0.00	0.00
13	1475 Non-dwelling Equipment	0.00	0.00
14	1485 Demolition	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	5,000.00
20	Amount of Annual Grant: (sum of lines 2 – 19)	440,754.00	440,754.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00
23	Amount of line 20 Related to Security – Soft Costs	0.00	0.00
24	Amount of line 20 Related to Security – Hard Costs	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> 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

<b>Part I: Summary</b>			
<b>PHA Name:</b> Milford Redevelopment & Housing Partnership		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P03050108 Date of CFFP: _____	
<b>FFY of Grant:</b> 2008		<b>FFY of Grant Approval:</b>	
<input type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Final Performance and Evaluation Report			
<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08		<input type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Revised <sup>2</sup>
Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Obligated	Expended
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	
01-13-09			

Part II: Supporting Pages									
PHA Name: MRHP		Grant Type and Number Capital Fund Program Grant No: CT26P03050108		Replacement Housing Factor Grant No:		CFFP (Yes/ 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
PHA-Wide	Management Improvements	1408	100%	10,000.00	20,000.00				
PHA-Wide	Administration	1410	100%	40,000.00	40,000.00				
PHA-Wide	Fees & Costs	1430	100%	50,174.00	70,754.00				
CT30-2	Community Kitchen 504 Upgrades	1460	1 building	25,000.00	0.00				
CT30-4	Comm. Bath/Kitchen 504 Upgrades	1460	43 units	50,000.00	0.00				
	Replacement of Windows	1460	43 units	0.00	120,000.00				
	SUBTOTAL			50,000.00	120,000.00				
CT30-5	Community Kitchen 504 Upgrades	1460	1 building	25,000.00	0.00				
CT30-6	Community Kitchen 504 Upgrades	1460	1 building	25,000.00	0.00				
	Roof Replacement	1460	1 building	215,580.00	185,000.00				
	SUBTOTAL			240,580.00	185,000.00				

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

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

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

<sup>1</sup> 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  
**Expires 4/30/2011**

<sup>1</sup> 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

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P03050107 Replacement Housing Factor Grant No: _____		<b>FFY of Grant:</b> 2007 <b>FFY of Grant Approval:</b> 2007	
<b>PHA Name:</b> Milford Redevelopment & Housing Partnership		<b>Date of CFP:</b> _____			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08		<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2 )		<input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development/Account</b>	<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost <sup>1</sup></b>
1	Total non-CFP Funds	0.00	0.00		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0.00	0.00		
3	1408 Management Improvements	15,000.00	15,000.00		
4	1410 Administration (may not exceed 10% of line 21)	20,000.00	20,000.00		
5	1411 Audit	0.00	0.00		
6	1415 Liquidated Damages	0.00	0.00		
7	1430 Fees and Costs	50,000.00	67,624.00		
8	1440 Site Acquisition	0.00	0.00		
9	1450 Site Improvement	0.00	0.00		
10	1460 Dwelling Structures	290,000.00	142,550.00		
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00		
12	1470 Non-dwelling Structures	0.00	155,000.00		
13	1475 Non-dwelling Equipment	0.00	0.00		
14	1485 Demolition	0.00	0.00		
15	1492 Moving to Work Demonstration	0.00	0.00		
16	1495.1 Relocation Costs	0.00	0.00		
17	1499 Development Activities <sup>4</sup>	0.00	0.00		
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00		
19	1502 Contingency (may not exceed 8% of line 20)	25,174.00	0.00		
20	Amount of Annual Grant: (sum of lines 2 – 19)	400,174.00	400,174.00		
21	Amount of line 20 Related to LBP Activities	0.00	0.00		
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00		
23	Amount of line 20 Related to Security – Soft Costs	0.00	0.00		
24	Amount of line 20 Related to Security – Hard Costs	0.00	0.00		
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00		

<sup>1</sup> To be completed for the Performance and Evaluation Report.


<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> 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

<b>Part I: Summary</b>			
<b>PHA Name:</b> Milford Redevelopment & Housing Partnership		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P03050107 Date of CFFP: _____	
<b>FFY of Grant:</b> 2007		<b>FFY of Grant Approval:</b>	
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08			
<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Revised<sup>2</sup></b>	<b>Obligated</b>
			<b>Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	
		01-13-09	
<b>Signature of Public Housing Director</b>		<b>Date</b>	

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 II: Supporting Pages									
PHA Name: MRHP		Grant Type and Number Capital Fund Program Grant No: CT26P03050107 CFFP (Yes/ 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
PHA-Wide	Management Improvements	1408	100%	15,000.00	15,000.00				
PHA-Wide	Administration	1410	100%	20,000.00	20,000.00				
PHA-Wide	Fees & Costs	1430	100%	50,000.00	67,624.00				
CT30-2	Community Kitchen 504 Upgrades	1470	1 building	0.00	30,000.00				
CT30-4	Repair In-Slab Sanitary Piping	1460	43 units	150,000.00	123,200.00				
	Replace Windows	1460	43 units	100,000.00	0.00				
	Community Bath 504 Upgrades	1470	1 building	0.00	30,000.00				
	Community Kitchen 504 Upgrades	1470	1 building	0.00	30,000.00				
	SUBTOTAL			250,000.00	183,200.00				
CT30-5	Community Kitchen 504 Upgrades	1470	1 building	0.00	25,000.00				
	Community Bath Upgrades	1470	1 building	0.00	10,000.00				
	SUBTOTAL			0.00	35,000.00				

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



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

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

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

<sup>1</sup> 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  
**Expires 4/30/2011**

<sup>1</sup> 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

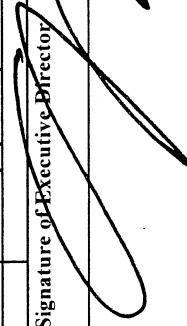
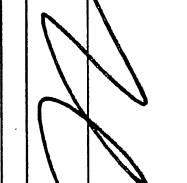
U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P03050106 Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> 2006 <b>FFY of Grant Approval:</b> 2006	
<b>PHA Name:</b> Milford Redevelopment & Housing Partnership					
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08		<input checked="" type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 6 ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost</b>	<b>Revised <sup>2</sup></b>	<b>Total Actual Cost <sup>1</sup></b>
1	Total non-CFF Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0.00	0.00	0.00	0.00
3	1408 Management Improvements	46,807.00	25,000.00	25,000.00	4,468.08
4	1410 Administration (may not exceed 10% of line 21)	20,000.00	20,000.00	20,000.00	5,000.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	41,543.00	63,579.45	63,579.45	51,159.51
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	194,400.00	153,620.90	153,620.90	125,626.58
11	1465.1 Dwelling Equipment—Nonexpendable	105,000.00	108,889.65	108,889.65	108,889.65
12	1470 Non-dwelling Structures	0.00	36,660.00	36,660.00	0.00
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	407,750.00	407,750.00	407,750.00	295,143.82
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> 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

<b>Part I: Summary</b>			
<b>PHA Name:</b> Milford Redevelopment & Housing Partnership		<b>Grant Type and Number</b> Capital Fund Program Grant No. CT26P03050106 Date of CFFP: _____	
<b>FFY of Grant:</b> 2006		<b>FFY of Grant Approval:</b> 2006	
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08			
<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Revised<sup>2</sup></b>	<b>Obligated</b>
			<b>Expended</b>
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
			
<b>Date</b> 01-13-09		<b>Date</b>	

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 II: Supporting Pages**

PHA Name: MRHP		Grant Type and Number Capital Fund Program Grant No: CT26P03050106 CFFP (Yes/ No):		Federal FFY of Grant: 2006		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
PHA-Wide	Management Improvements	1408	100%	46,807.00	25,000.00	25,000.00	4,468.08
PHA-Wide	Administration	1410	100%	20,000.00	20,000.00	20,000.00	5,000.00
PHA-Wide	Fees & Costs	1430	100%	41,543.00	63,579.45	63,579.45	51,159.51
CT30-1	Repair Boiler Piping	1465	12 units	0.00	39,683.65	39,683.65	39,683.65
	Basement Repairs	1460	1 building	0.00	2,700.00	2,700.00	2,700.00
	SUBTOTAL			0.00	42,383.65	42,383.65	42,383.65
CT30-2	Community Building Roof	1470	1 building	0.00	36,660.00	36,660.00	0.00
CT30-4	Replace Roof	1460	43 units	194,400.00	122,926.58	122,926.58	122,926.58
	Replace Boilers	1465	43 units	105,000.00	69,206.00	69,206.00	69,206.00
	SUBTOTAL			299,400.00	192,132.58	192,132.58	192,132.58
176 Platt Street	504 Alterations	1460	1 unit	0.00	27,994.32	27,994.32	0.00
	GRANT TOTAL			407,750.00	407,750.00	407,750.00	295,143.82

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

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

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

<sup>1</sup> 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  
**Expires 4/30/2011**

<sup>1</sup> 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.

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

I, James L. Richetelli, Jr. the Mayor certify  
that the Five Year and Annual PHA Plan of the Milford Redevelopment & Housing Partnership is  
consistent with the Consolidated Plan of City of Milford prepared  
pursuant to 24 CFR Part 91.

  
Signed/ Dated by Appropriate State or Local Official

<b>PHA Certifications of Compliance with PHA Plans and Related Regulations</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011</b>
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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*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 X 5-Year and/or      Annual PHA Plan for the PHA fiscal year beginning 04/01/09, 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 certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. 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 these recommendations.
5. 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.
6. The PHA certifies that it 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.
7. 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.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - 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).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. 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.
11. 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.

12. 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.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. 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.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. 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), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. 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.
20. 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.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Milford Redevelopment & Housing Partnership

CT030

PHA Name

PHA Number/HA Code

X 5-Year PHA Plan for Fiscal Years 20<sup>09</sup> - 20<sup>13</sup>

Annual PHA Plan for Fiscal Years 20\_\_ - 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)

Name of Authorized Official

Title

Hilary Haig Holowink

Chairman

Signature

Date



1/13/09

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

Milford Redevelopment & Housing Partnership

Program/Activity Receiving Federal Grant Funding

PHA Agency Plan/Capital Fund

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.)

Foran Towers -- 264 High Street, Milford, CT 06460

Island View Park -- 100 Viscount Drive, Milford, CT 06460

DeMaio Gardens -- 75 DeMaio Gardens, Milford, CT 06460

Catherine McKeen Village, -- 95 Jepson Drive, Milford, CT 06460

Jepson Manor -- Harrison Avenue, Milford, CT 06460

Scattered Sites -- Milford, CT

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

Anthony J. Vasiliou

Title

Executive Director

Signature

Date

01-13-2009

X

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Milford Redevelopment &amp; Housing Partnership

Program/Activity Receiving Federal Grant Funding

PHA Agency Plan/Capital Fund

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)

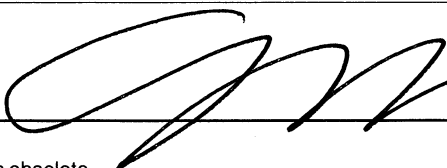
Name of Authorized Official

Anthony J. Vasiliou

Title

Executive Director

Signature



Date (mm/dd/yyyy)

01-13-2009

# 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.)

<b>1. Type of Federal Action:</b> <input checked="checked" type="checkbox"/> b a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		<b>2. Status of Federal Action:</b> <input checked="checked" type="checkbox"/> a a. bid/offer/application b. initial award c. post-award		<b>3. Report Type:</b> <input checked="checked" type="checkbox"/> a a. initial filing b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:		
<b>6. Federal Department/Agency:</b> U.S. Department of Housing & Urban Development			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  JAHRO 630 Eye Street, N.W. Washington, D.C. 20001			<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):   Signature: _____ Print Name: Anthony J. Vasiliou Title: Executive Director Telephone No.: (203) 877-3223 Date: 01-13-09		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above 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.					
<b>Federal Use Only:</b>					Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.