

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.</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.</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>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p>
11.0	<p>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.</p> <p>(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)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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
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.

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.

Springfield Housing Authority has submitted a Mixed-Finance Development Plan to HUD Washington, to build 41 units, known as Genesis Place, to replace the units that were demolished in 2006 with the demolition of the Major Byrd Hi-Rise. HUD Washington is reviewing this plan and Springfield Housing Authority is hoping to start building Genesis Place before the end of 2009.

b. Demolition and/or Disposition

Springfield Housing Authority is in the process of having Hurst Rosche Engineers review the options of renovating or demolishing the Sankey Hi-Rise Towers. If this recommendation comes back as a demolition, SHA will be submitting a demolition plan to SAC within the next year. Sankey Hi-Rise Towers include 216 units which are all one bedroom units, designated as near elderly. The timeline for this project is to be within the next 5 – 7 years, to demolish and rebuild units on the Sankey Hi-Rise land.

c. Conversion of Public Housing

d. Homeownership

Springfield Housing Authority has 5 homeownership homes that are in the Madison Park Place and North Park Place. Included in the 41 units that will be built at Genesis Place, there will be 5 homeownerships. This will be approved in the mixed finance development plan that is at HUD Washington for review.

e. Project-based Vouchers

Springfield Housing Authority has 92 Project Based Vouchers through out the authority. There will be 5 Project Based Vouchers added to the count once the Genesis Place units are constructed in 2010.

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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P004501-05 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2005 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: 6-30-2009 <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	145,414.00	145,414.00	145,414.00	145,414.00	
3	1408 Management Improvements	290,828.00	290,828.00	290,828.00	290,828.00	
4	1410 Administration (may not exceed 10% of line 21)	145,414.00	145,414.00	145,414.00	145,414.00	
5	1411 Audit	2,500.00	2,500.00	2,500.00	2,500.00	
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00	
7	1430 Fees and Costs	45,000.00	45,000.00	45,000.00	45,000.00	
8	1440 Site Acquisition	0.00	0.00	0.00	0.00	
9	1450 Site Improvement	22,000.00	24,276.50	24,276.50	24,276.50	
10	1460 Dwelling Structures	637,786.00	603,043.12	603,043.12	603,043.12	
11	1465.1 Dwelling Equipment—Nonexpendable	8,000.00	12,521.00	12,521.00	12,521.00	
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00	
13	1475 Non-dwelling Equipment	7,200.00	35,145.38	35,145.38	35,145.38	
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 ⁴	150,000.00	150,000.00	150,000.00	150,000.00	

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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		
PHA Name: Springfield Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P004501-05 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2005 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 6-30-2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	1,454,142.00	1,454,142.00	1,454,142.00	1,454,142.00
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				

Signature of Executive Director 	Date 10-14-09	Signature of Public Housing Director	Date
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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: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P004501-05 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2005		
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	
PHA Wide	Operations	1406		145,414.00	145,414.00	145,414.00	145,414.00	
	TOTAL	1406		145,414.00	145,414.00	145,414.00	145,414.00	
	Marketing	1408		12,800.00	12,800.00	12,800.00	12,800.00	
	Staff Training/Travel	1408		46,238.07	46,238.07	46,238.07	46,238.07	
	Maintenance Agreements	1408		7,200.00	7,200.00	7,200.00	7,200.00	
	Upgrade Computer Systems	1408		13,761.93	13,761.93	13,761.93	13,761.93	
	Security Salaries/Benefits	1408		210,828.00	210,828.00	210,828.00	210,828.00	
	TOTAL	1408		290,828.00	290,828.00	290,828.00	290,828.00	
PHA Wide	FM&C Salaries/Benefits	1410		145,414.00	145,414.00	145,414.00	145,414.00	
	TOTAL	1410		145,414.00	145,414.00	145,414.00	145,414.00	
PHA Wide	Audit	1411		2,500.00	2,500.00	2,500.00	2,500.00	
	TOTAL	1411		2,500.00	2,500.00	2,500.00	2,500.00	
PHA Wide	Fees & Costs	1430		42,950.00	42,950.00	42,950.00	42,950.00	
	Asbestos Study	1430		2,050.00	2,050.00	2,050.00	2,050.00	
	TOTAL	1430		45,000.00	45,000.00	45,000.00	45,000.00	
PHA Wide	Cycle Painting	1460		55,000.00	55,000.00	55,000.00	55,000.00	
	Lobby/Conference Room	1460		0.00	8,040.93	8,040.93	8,040.93	
	Vacant Unit Painting	1460		0.00	17,872.40	17,872.40	17,872.40	
	TOTAL	1460		55,000.00	80,913.33	80,913.33	80,913.33	

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: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P004501-05 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2005		
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	
PHA Wide	Appliances	1465		8,000.00	12,521.00	12,521.00	12,521.00	
	TOTAL	1465		8,000.00	12,521.00	12,521.00	12,521.00	
PHA Wide	Security Improvements	1475		3,000.00	8,375.96	8,375.96	8,375.96	
	Vehicles	1475		0.00	26,769.42	26,769.42	26,769.42	
	TOTAL	1475		3,000.00	35,145.38	35,145.38	35,145.38	
Hi-Rises	A/C Installation Bonansinga	1460		225,886.47	225,886.47	225,886.47	225,886.47	
	Upgrade Entry System	1460		15,533.86	535.00	535.00	535.00	
	Floor Tile Hildebrandt	1460		52,319.00	52,319.00	52,319.00	52,319.00	
	Hallway Painting Hildebrandt	1460		0.00	6,257.00	6,257.00	6,257.00	
Brandon Drive	Electrical Upgrade	1460		29,772.35	9,023.05	9,023.05	9,023.05	
Scattered Sites	HVAC Replacements	1460		188,966.14	192,801.14	192,801.14	192,801.14	
	Furnace Replacements	1460		35,308.13	35,308.13	35,308.13	35,308.13	
	TOTAL	1460		547,785.95	522,129.79	522,129.79	522,129.79	
Scattered Sites	Repair/Replace Sidewalks/Drives	1450		22,000.00	24,276.50	24,276.50	24,276.50	
	TOTAL	1450		22,000.00	24,276.50	24,276.50	24,276.50	
	Redevelopment Activities	1499		150,000.00	150,000.00	150,000.00	150,000.00	

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.

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: Springfield Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P004501-06 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2006 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: 6-30-09 Revised Annual Statement (revision no:)
 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	145,414.00	145,414.00	145,414.00	145,414.00
3	1408 Management Improvements	290,828.00	290,828.00	290,828.00	286,828.00
4	1410 Administration (may not exceed 10% of line 21)	145,414.00	145,414.00	145,414.00	145,414.00
5	1411 Audit	2,500.00	2,500.00	2,500.00	2,500.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	45,000.00	45,000.00	45,000.00	38,334.84
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	22,000.00	22,000.00	22,000.00	17,379.50
10	1460 Dwelling Structures	640,484.00	640,484.00	640,484.00	588,418.21
11	1465.1 Dwelling Equipment—Nonexpendable	6,000.00	6,000.00	6,000.00	6,000.00
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	7,200.00	7,200.00	7,200.00	5,807.66
14	1485 Demolition	20,000.00	20,000.00	20,000.00	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 ⁴	150,000.00	150,000.00	150,000.00	0.00

¹ To be completed for the Performance and Evaluation Report.

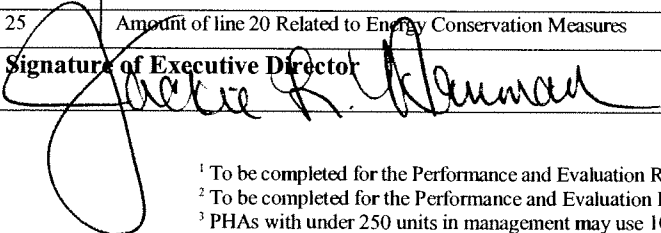
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P004501-06 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 type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-2009 <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
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)	1,474,840.00	1,474,840.00	1,474,840.00	1,236,096.21
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				
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director 	
				Date	

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: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P004501-06 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	
PHA Wide	Operations	1406		145,414.00	145,414.00	145,414.00	145,414.00	
	TOTAL 1406	1406		145,414.00	145,414.00	145,414.00	145,414.00	
PHA Wide	Marketing	1408		15,000.00	14,901.22	14,901.22	14,901.22	
	Preventive Maintenance	1408		5,000.00	5,000.00	5,000.00	5,000.00	
	Upgrade Computer Systems	1408		6,000.00	6,102.79	6,102.79	6,102.79	
	Staff Training	1408		50,000.00	49,995.99	49,995.99	49,995.99	
	Energy Conservation	1408		4,000.00	4,000.00	4,000.00	0.00	
	Security Salaries/Benefits	1408		210,828.00	210,828.00	210,828.00	210,828.00	
	TOTAL 1408	1408		290,828.00	290,828.00	290,828.00	286,828.00	
PHA Wide	FM&C Salaries	1410		71,625.90	71,625.90	71,625.90	71,625.90	
	FM&C Benefits	1410		73,788.10	73,788.10	73,788.10	73,788.10	
	TOTAL 1410	1410		145,414.00	145,414.00	145,414.00	145,414.00	
PHA Wide	Audit	1411		2,500.00	2,500.00	2,500.00	2,500.00	
	TOTAL 1411	1411		2,500.00	2,500.00	2,500.00	2,500.00	
PHA Wide	Fees and Costs	1430		40,000.00	40,000.00	40,000.00	38,334.84	
	Asbestos Study	1430		5,000.00	5,000.00	5,000.00	0.00	
PHA Wide	Re Key of Buildings	1460		42,322.00	42,322.00	42,322.00	37,717.36	
	Cycle Painting	1460		17,909.00	17,909.00	17,909.00	17,909.00	
	Window Washing	1460		2,821.00	2,821.00	2,821.00	0.00	

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: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P004501-06 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	
PHA Wide (Cont.)	Power Washing	1460		4,270.00	4,270.00	4,270.00	4,270.00	
	Total 1460	1460		67,322.00	67,322.00	67,322.00	59,896.36	
AMP 3	Demolition	1485		20,000.00	20,000.00	20,000.00	0.00	
	TOTAL 1485	1485		20,000.00	20,000.00	20,000.00	0.00	
PHA Wide	Appliances	1465		6,000.00	6,000.00	6,000.00	6,000.00	
	TOTAL 1465	1465		6,000.00	6,000.00	6,000.00	6,000.00	
AMP 1	Landscape/Parking Lots	1450		10,260.00	10,260.00	10,260.00	10,260.00	
	TOTAL 1450	1450		10,260.00	10,260.00	10,260.00	10,260.00	
AMP 1	HVAC Replacements	1460		66,339.41	66,339.41	66,339.41	64,426.44	
	Roof Replacements	1460		133,839.41	227,468.60	227,468.60	227,468.60	
	TOTAL 1460	1460		200,178.82	293,808.01	293,808.01	291,895.04	
AMP 1 & 2	Vehicle	1475		7,200.00	7,200.00	7,200.00	7,200.00	
	TOTAL 1475	1475		7,200.00	7,200.00	7,200.00	7,200.00	
AMP 2	Landscape/Parking Lots	1450		6,740.00	6,740.00	6,740.00	2,001.00	
	TOTAL 1450	1450		6,740.00	6,740.00	6,740.00	2,001.00	
AMP 2	HVAC Replacements	1460		57,741.59	48,291.59	48,291.59	25,676.75	
	Roof Replacements	1460		115,241.59	31,062.40	31,062.40	31,062.40	
	TOTAL 1460	1460		172,983.18	79,353.99	79,353.99	56,739.15	
AMP 3	Landscape/Parking Lots	1450		5,000.00	5,000.00	5,000.00	5,000.00	

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.

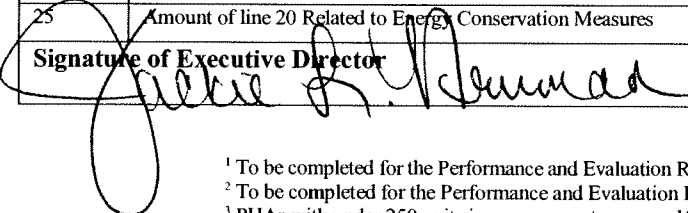
Part I: Summary						
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P004501-07 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-09 <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	158,103.10	158,103.10	158,103.10	158,103.10	
3	1408 Management Improvements	316,206.20	316,206.20	300,057.65	254,848.60	
4	1410 Administration (may not exceed 10% of line 21)	158,103.10	158,103.10	158,103.10	158,103.10	
5	1411 Audit	2,500.00	2,500.00	2,500.00	2,500.00	
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00	
7	1430 Fees and Costs	45,000.00	45,000.00	44,950.00	5,570.72	
8	1440 Site Acquisition	0.00	0.00	0.00	0.00	
9	1450 Site Improvement	19,200.00	9,216.00	9,216.00	4,233.00	
10	1460 Dwelling Structures	706,918.60	706,918.60	544,927.77	376,068.05	
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00	5,000.00	5,000.00	5,000.00	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	20,000.00	20,000.00	20,000.00	20,000.00	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴	150,000.00	150,000.00	0.00	0.00	

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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P004501-07 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: 6-30-09		<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
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)	1,581,031.00	1,581,031.00	1,289,829.00	994,627.39
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				
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director	
				Date	

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: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P004501-07 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	
PHA Wide	Operations	1406		158,103.10	158,103.10	158,103.10	158,103.10	
	TOTAL 1406	1406		158,103.10	158,103.10	158,103.10	158,103.10	
PHA Wide	Marketing	1408		30,000.00	30,000.00	14,332.55	11,206.59	
	Staff Training/Travel	1408		50,000.00	50,000.00	50,000.00	50,000.00	
	Preventive Maintenance	1408		136,206.20	126,206.20	125,725.10	83,642.01	
	Upgrade Computer Systems	1408		100,000.00	110,000.00	110,000.00	110,000.00	
	TOTAL 1408	1408		316,206.20	316,206.20	300,057.65	254,848.60	
PHA Wide	FM&C Salaries	1410		79,051.55	79,051.55	79,051.55	79,051.55	
	FM&C Salaries	1410		79,051.55	79,051.55	79,051.55	79,051.55	
	TOTAL	1410		158,103.10	158,103.10	158,103.10	158,103.10	
PHA Wide	Audit	1411		2,500.00	2,500.00	2,500.00	2,500.00	
	TOTAL 1411	1411		2,500.00	2,500.00	2,500.00	2,500.00	
PHA Wide	Fees and Costs	1430		40,000.00	40,000.00	40,000.00	620.72	
	Asbestos Study	1430		5,000.00	5,000.00	4,950.00	4,950.00	
	TOTAL 1430	1430		45,000.00	45,000.00	44,950.00	5,570.72	
AMP 1	Reseal parking Lots	1450		6,144.00	6,144.00	6,144.00	4,233.00	
	TOTAL 1450	1450		6,144.00	6,144.00	6,144.00	4,233.00	
AMP 1	Replace Water Heataers	1460		12,249.40	12,249.40	12,249.40	12,249.40	
	Interior/Exterior Outlets	1460		2,000.00	2,000.00	2,000.00	2,000.00	

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: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P004501-07 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	
AMP 1 Continued	Carbon Monoxide Detectors	1460		10,272.00	10,272.00	9,923.85	9,923.85	
	HVAC Replacement	1460		50,000.00	50,000.00	50,000.00	50,000.00	
	Siding/Soffits	1460		87,500.00	87,500.00	80,060.00	8,246.02	
	Cycle Painting	1460		16,000.00	16,000.00	14,132.77	14,132.77	
	TOTAL 1460	1460		178,021.40	178,021.40	168,366.02	88,306.02	
AMP 1	Appliances	1465		1,600.00	1,600.00	1,600.00	1,600.00	
	TOTAL 1465	1465		1,600.00	1,600.00	1,600.00	1,600.00	
AMP 2	Reseal Parking Lots	1450		3,072.00	3,072.00	3,072.00	0.00	
	TOTAL 1450	1450		3,072.00	3,072.00	3,072.00	0.00	
AMP 2	Replace Water Heaters	1460		12,249.40	12,249.40	8,530.41	0.00	
	HVAC Replacements	1460		50,000.00	50,000.00	0.00	0.00	
	Interior Exterior Outlets	1460		2,000.00	2,000.00	0.00	0.00	
	Carbon Monoxide Detectors	1460		6,488.00	6,488.00	5,871.78	5,871.78	
	Siding/Soffits	1460		87,500.00	87,500.00	34,940.00	0.00	
	Cycle Painting	1460		8,000.00	8,000.00	5,751.97	5,751.97	
	TOTAL 1460	1460		166,237.40	166,237.40	55,094.16	11,623.75	
AMP 2	Appliances	1465		800.00	800.00	800.00	800.00	
	TOTAL 1465	1465		800.00	800.00	800.00	800.00	

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: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P004501-07 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	
AMP 3	Reseal Parking Lots	1450		9,984.00	9,984.00	0.00	0.00	
	TOTAL 1450	1450		9,984.00	9,984.00	0.00	0.00	
AMP 3	Replace drain pipes in showers	1460		30,552.00	30,552.00	13,599.25	13,599.25	
	Replace Risers/Shut off Valves	1460		10,774.56	10,774.56	5,163.00	5,163.00	
	HVAC Install-Bonansinga	1460		263,709.24	263,709.24	263,709.24	218,379.93	
	Carbon Monoxide Detectors	1460		29,732.00	29,732.00	23,402.93	23,402.93	
	Trash Chute Door Bonansinga	1460		960.00	960.00	960.00	960.00	
	Cycle Painting	1460		25,040.00	25,040.00	12,741.17	12,741.17	
	TOTAL 1460	1460		360,767.80	360,767.80	319,575.59	274,246.28	
AMP 3	Appliances	1465		2,600.00	2,600.00	0.00	0.00	
	TOTAL 1465	1465		2,600.00	2,600.00	0.00	0.00	
AMP 4	Carbon Monoxide Detectors	1460		1,172.00	1,172.00	1,172.00	1,172.00	
	TOTAL 1460	1460		1,172.00	1,172.00	1,172.00	1,172.00	
AMP 6	Carbon Monoxide Detectors	1460		720.00	720.00	720.00	720.00	
	TOTAL 1460	1460		720.00	720.00	720.00	720.00	
PHA Wide	Vehicle Replacement	1475		20,000.00	20,000.00	20,000.00	20,000.00	
	TOTAL 1475	1475		20,000.00	20,000.00	20,000.00	20,000.00	
PHA Wide	Development Activity	1499		150,000.00	150,000.00	0.00	0.00	
	TOTAL 1499	1499		150,000.00	150,000.00	0.00	0.00	

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.

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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P00450108 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: 6-30-09 <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	148,932.00	0.00	148,932.00	148,932.00
3	1408 Management Improvements	30,000.00	0.00	21,120.24	21,120.24
4	1410 Administration (may not exceed 10% of line 21)	121,184.11	0.00	121,184.11	121,184.11
5	1411 Audit	2,500.00	0.00	1,500.00	1,500.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	55,000.00	0.00	5,510.68	5,510.68
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	85,000.00	0.00	18,821.22	18,821.22
10	1460 Dwelling Structures	726,709.89	0.00	90,867.50	90,867.50
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	30,000.00	0.00	3,574.00	3,574.00
13	1475 Non-dwelling Equipment	40,000.00	0.00	12,680.46	12,680.46
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 ⁴	150,000.00	0.00	0.00	0.00

¹ To be completed for the Performance and Evaluation Report.

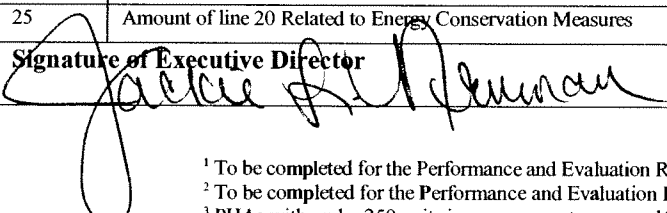
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P00450108 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: 6-30-09 <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
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)	100,000.00	0.00	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,489,326.00	0.00	424,190.21	424,190.21
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				
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director 	
				Date	

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: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P00450108 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	
PHA Wide	Operations	1406		148,932.00		148,932.00	148,932.00	
	TOTAL 1406	1406		148,932.00		148,932.00	148,932.00	
PHA Wide	Marketing	1408		10,000.00	10,000.00	1,120.24	1,120.24	
	Preventive Maintenance	1408		10,000.00	0.00	0.00	0.00	
	Upgrade Computer Systems	1408		10,000.00	20,000.00	20,000.00	20,000.00	
	TOTAL 1408	1408		30,000.00	30,000.00	21,120.24	21,120.24	
PHA Wide	FM&C Salaries	1410		70,000.00		70,000.00	70,000.00	
	FM&C Benefits	1410		51,184.11		51,184.11	51,184.11	
	TOTAL 1410	1410		121,184.11		121,184.11	121,184.11	
PHA Wide	Audit	1411		2,500.00		1,500.00	1,500.00	
	TOTAL 1411	1411		2,500.00		1,500.00	1,500.00	
PHA Wide	Fees and Costs	1430		40,000.00		560.68	560.68	
	Asbestos Study	1430		15,000.00		4,950.00	4,950.00	
	TOTAL 1430	1430		55,000.00		5,510.68	5,510.68	
PHA Wide	Computer Hardware	1475		20,000.00		0.00	0.00	
	Non Passenger Vehicle	1475		20,000.00		12,680.46	12,680.46	
	TOTAL 1475	1475		40,000.00		12,680.46	12,680.46	

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² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P00450108 CFFP (Yes/ No): 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	
AMP 1	Landscape	1450		10,000.00		8,835.00	8,835.00	
	TOTAL 1450	1450		10,000.00		8,835.00	8,835.00	
AMP 1	Smoke Detectors	1460		36,600.00		9,550.00	9,550.00	
	Roof Replacements	1460		160,000.00		72,991.30	72,991.30	
	TOTAL 1460	1460		196,600.00		82,541.30	82,541.30	
AMP 2	Sidewalks/Landscape	1450		25,000.00		4,005.00	4,005.00	
	TOTAL 1450	1450		25,000.00		4,005.00	4,005.00	
AMP 2	Smoke Detectors	1460		9,000.00		4,431.20	4,431.20	
	Siding/Stanton Ave/ Seven Pines	1460		100,000.00		0.00	0.00	
	TOTAL 1460	1460		109,000.00		4,431.20	4,431.20	
AMP 3	Landscape/Parking Lots	1450		50,000.00		5,981.22	5,981.22	
	TOTAL 1450	1450		50,000.00		5,981.22	5,981.22	
AMP 3	Smoke Detectors	1460		45,000.00		0.00	0.00	
	HVAC/Bonansinga	1460		356,109.89		3,895.00	3,895.00	
	Plumbing Lines	1460		20,000.00		0.00		
	TOTAL 1460	1460		421,109.89		3,895.00	3,895.00	
AMP 3	Exit Signage All Hi Rises	1470		30,000.00		3,574.00	3,574.00	
	TOTAL 1470	1470		30,000.00		3,574.00	3,574.00	

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² To be completed for the Performance and Evaluation Report.

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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06S00450109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 ARRA 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: 6-30-2009 <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)	200,000.00	200,000.00	200,000.00	0.00	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	130,000.00	130,000.00	77,705.00	0.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	38,000.00	30,000.00	0.00	0.00	
10	1460 Dwelling Structures	1,272,707.00	1,272,707.00	659,789.00	0.00	
11	1465.1 Dwelling Equipment—Nonexpendable	80,000.00	88,000.00	0.00	0.00	
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	300,000.00	300,000.00	0.00	0.00	

¹ To be completed for the Performance and Evaluation Report.

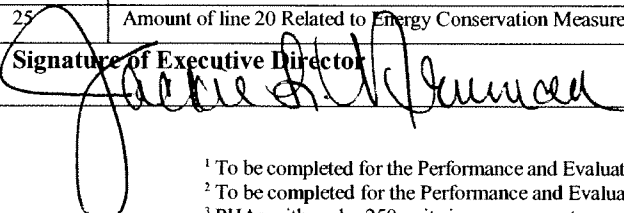
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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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
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary						
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06S00450109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 ARA 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: 6-30-09 <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	
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)	2,020,707.00	2,020,707.00	937,494.00	0.00	
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					
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director 		

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.
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Part II: Supporting Pages								
PHA Name: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06S00450109 CFFP (Yes/ No): NO Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009 ARRA		
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	
PHA Wide	Administration	1410		200,000.00	200,000.00	200,000.00	0.00	
	Physical Needs Assessment	1430		30,000.00	30,000.00	0.00	0.00	
AMP 1	Electrical Upgrade-Brandon	1460		230,000.00	230,000.00	49,661.23	0.00	
	Security Screen Doors/Front and Back	1460		40,000.00	40,000.00	0.00	0.00	
	Flush Valves - All AMP 1	1460		12,000.00	12,000.00	0.00	0.00	
	Safe T Elements All AMP 1	1460		10,000.00	10,000.00	0.00	0.00	
	Vinyl Siding Brandon	1460		310,147.00	310,147.00	195,540.45	0.00	
	Security Equipment Brandon	1465		30,000.00	30,000.00	0.00	0.00	
AMP 2	Electrical Upgrades Johnson Park	1460		68,000.00	68,000.00	53,900.00	0.00	
	HVAC-Johnson Park	1460		300,000.00	300,000.00	221,886.96	0.00	
	Flush Valves All AMP 2	1460		8,000.00	8,000.00	0.00	0.00	
	Safe T Elements All AMP 2	1460		5,000.00	5,000.00	0.00	0.00	
	Parking Lot - Stanton Ave	1465		8,000.00	8,000.00	0.00	0.00	

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Part II: Supporting Pages								
PHA Name: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06S00450109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009 ARRA		
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	
AMP 3	ADA Bathrooms -Hi Rises	1460		110,000.00	110,000.00	72,800.00	0.00	
	Flush Valves All AMP 3	1460		13,020.00	13,020.00	0.00	0.00	
	Safe T Elements All AMP 3	1460		26,040.00	26,040.00	0.00	0.00	
	Electrical Upgrade Hilde/Bonansinga	1460		60,000.00	60,000.00	270.68	0.00	
	Generator for Bonansinga	1460		50,000.00	50,000.00	37,185.00	0.00	
	Mini Blinds High Rises	1460		10,500.00	10,500.00	10,500.00	0.00	
	Lock Changes Units Bonansinga	1460		20,000.00	20,000.00	18,044.68	0.00	
	Upgrade parking Lots Hilde/Bonansinga	1450		30,000.00	30,000.00	0.00	0.00	
	A&E Servies -Sankey	1430		100,000.00	100,000.00	77,705.00	0.00	
	Security Equipment Hilde/Bonansinga	1465		50,000.00	50,000.00	0.00	0.00	
Major Byrd Redevelopment	Noise Attenuation Genesis Place	1499		300,000.00	0.00	0.00	0.00	
	TOTAL			2,020,707.00	2,020,707.00	937,494.00	0.00	

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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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P00450109 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	200,000.00				
3	1408 Management Improvements	75,000.00				
4	1410 Administration (may not exceed 10% of line 21)	147,693.00				
5	1411 Audit	3,000.00				
6	1415 Liquidated Damages					
7	1430 Fees and Costs	50,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	20,000.00				
10	1460 Dwelling Structures	630,237.00				
11	1465.1 Dwelling Equipment—Nonexpendable	45,000.00				
12	1470 Non-dwelling Structures	26,000.00				
13	1475 Non-dwelling Equipment	80,000.00				
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴	150,000.00				

¹ To be completed for the Performance and Evaluation Report.

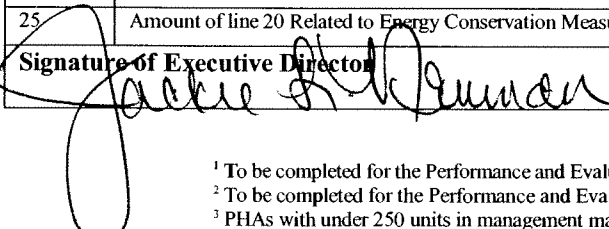
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P00450109 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
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)	50,000.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,476,930.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	40,677.00			
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	589,560.00			
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director 	
				Date	

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Part II: Supporting Pages								
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P00450109 CFFP (Yes/ No): 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	
AMP 1	Appliances	1465.1	37	15,000.00				
	Landscape/Parking Areas/Fences	1450		5,000.00				
	Entry Doors	1460	60	30,000.00				
	Roof Replacements	1460	10	45,000.00				
	HVAC	1460	40	200,000.00				
	Flush Valves	1460	342	12,000.00				
	Safe T Elements for Electric Ranges	1460	142	10,000.00				
	Installation of Playground Equipment	1470	1	18,000.00				
AMP 2	Appliances	1465.1	37	15,000.00				
	Landscape	1450		5,000.00				
	Roof Replacements	1460	11	60,000.00				
	Entry Doors	1460	40	20,000.00				
	Safe T Elements for Electric Ranges	1460	114	8,000.00				
	Flush Valves	1460	142	5,000.00				
	Installation of Playground Equipment	1470	1	8,000.00				
	Vehicle for AMP Manager	1475	1	20,000.00				

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² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P00450109 CFFP (Yes/ No): 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	
AMP 3	Landscape/Parking Areas	1450		5,000.00				
	Outdoor Furniture	1450		5,000.00				
	HVAC	1460		150,000.00				
	Section 504 Compliance	1460		40,677.00				
	Safe T Elements for Electric Ranges	1460	372	26,040.00				
	Flush Valves	1460	372	13,020.00				
	Window Blinds	1460	12,000	10,500.00				
	Appliances	1465.1	15	15,000.00				
	Vehicle for AMP Manager	1475	1	20,000.00				
PHA WIDE	4 x 4 Snow Removal Vehicle	1475	1	40,000.00				
	Operations	1406		200,000.00				
	Staff Training	1408		25,000.00				
	Marketing	1408		10,000.00				
	Preventive Maintenance	1408		15,000.00				
	Computer Improvements	1408		25,000.00				
	Administration	1410		147,693.00				
	Audit	1411		3,000.00				
	Fees and Costs	1430		25,000.00				
	Asbestos	1430		25,000.00				

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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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P004501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval:	
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"/> 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	200,000.00				
3	1408 Management Improvements	160,000.00				
4	1410 Administration (may not exceed 10% of line 21)	205,000.00				
5	1411 Audit	3,000.00				
6	1415 Liquidated Damages					
7	1430 Fees and Costs	425,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	210,000.00				
10	1460 Dwelling Structures	1,397,200.00				
11	1465.1 Dwelling Equipment—Nonexpendable	41,200.00				
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	166,200.00				
14	1485 Demolition	300,000.00				
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs	30,000.00				
17	1499 Development Activities ⁴	100,000.00				

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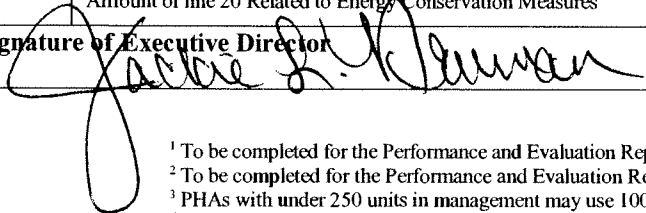
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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P004501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 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	
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)	3,237,600.00				
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					
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director 		
				Date		

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Part II: Supporting Pages								
PHA Name: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P004501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
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	
PHA Wide	Operations	1406		200,000.00				
	Total 1406	1406		200,000.00				
PHA Wide	Marketing/Advertisement	1408		35,000.00				
	Preventive Maintenance	1408		30,000.00				
	Upgrade Computer Systems	1408		50,000.00				
	Staff Training/Travel	1408		40,000.00				
	TOTAL	1408		165,000.00				
PHA Wide	F&MC Salaries/Benefits	1410		200,000.00				
	TOTAL	1410		200,000.00				
PHA Wide	Audit	1411		3,000.00				
	TOTAL	1411		3,000.00				
PHA Wide	Fees & Costs	1430		75,000.00				
	TOTAL	1430		75,000.00				
AMP 1	Parking Lots Repair/Replacement	1450	Multiple	30,000.00				
	TOTAL	1450	Multiple	30,000.00				
	HVAC Replacement	1460	76	300,000.00				
	Roof Replacement	1460	Multiple	50,000.00				
	New Closet Doors	1460	118	47,200.00				
	Windows/Screens	1460	Multiple	50,000.00				

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: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P004501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
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	
AMP 1 Continued	TOTAL	1460		447,200.00				
	Appliances	1465	37	15,000.00				
	TOTAL	1465		15,000.00				
	AMP Vehicle	1475	1	30,000.00				
	TOTAL	1475	1	30,000.00				
AMP 2	Landscape/Driveways	1450	Multiple	30,000.00				
	TOTAL	1450	Multiple	30,000.00				
	Screen Doors Front/Back	1460	114	50,000.00				
	Closet Doors	1460	98	50,000.00				
	Entry Doors	1460	24	20,000.00				
	TOTAL	1460		110,000.00				
	Appliances	1465	25	10,000.00				
	TOTAL	1465	25	10,000.00				
AMP 3	Landscape/Trees	1450	3 Hi Rises	20,000.00				
	Parking Lots	1450	3 Hi Rises	20,000.00				
	Paint/Caulk Exterior	1450	1 Hi Rise	100,000.00				
	TOTAL	1450		140,000.00				
	Roof Work	1460	1 Hi Rise	100,000.00				
	Upgrade Entry Way/Paint Interior	1460	1 Hi Rise	500,000.00				

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: Springfield Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P004501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
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	
AMP 3 Continued	Upgrade Kitchens	1460	200	100,000.00				
	Upgrade Bathrooms	1460	200	100,000.00				
	Section 504 Compliant	1460	20	50,000.00				
	TOTAL	1460		840,000.00				
	Appliances	1465	40	16,200.00				
	TOTAL	1465	40	16,200.00				
	Sankey Relocation	1495	120	30,000.00				
	TOTAL	1495		50,000.00				
	A&E Services-Sankey	1430	Hi Rise	300,000.00				
	TOTAL	1430		300,000.00				
PHA Wide	Asbestos Abatement	1430	Multiple	50,000.00				
	TOTAL	1430		50,000.00				
	Van Purchase	1475	2	60,000.00				
	TOTAL	1475		60,000.00				
	Demolition	1485		300,000.00				
	TOTAL	1485		500,000.00				
	Mod Use for Development	1499		100,000.00				
	TOTAL	1499		100,000.00				

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.

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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: 1L06R00450203 Date of CFFP:			FFY of Grant: 2003 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: 6-30-09 <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	643,611.00	643,611.00	429,000.19	256,614.65

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
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name: Springfield Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R00450203 Date of CFFP:	FFY of Grant: 2003 FFY of Grant Approval:
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Type of Grant

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: 6-30-09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	643,611.00	643,611.00	429,000.19	256,614.65
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				

Signature of Executive Director	Date 10-14-09	Signature of Public Housing Director	Date
---------------------------------	------------------	--------------------------------------	------

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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary						
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R004502-04 Date of CFFP:			FFY of Grant: 2004 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: 6-30-2009 <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	753,143.00	753,143.00	0.00	0.00	

¹ To be completed for the Performance and Evaluation Report.

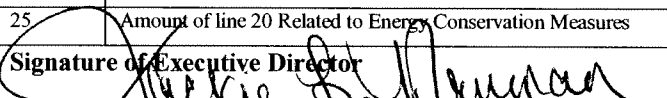
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06R004501-04 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2004 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: 6-30-2009 <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
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)	753,143.00	753,143.00	0.00	0.00
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				
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director _____	
				Date _____	

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.
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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
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 Expires 4/30/2011

Part I: Summary					
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06R004502-05 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2005 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: 6-30-2009 <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	901,100.00	901,100.00	0.00	0.00

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.

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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
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Expires 4/30/2011

Part I: Summary					
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL04R004502-05 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2005 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: 6-30-2009 <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
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)	901,100.00	901,100.00	0.00	0.00
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				
Signature of Executive Director <i>[Signature]</i>		Date <i>10-14-09</i>		Signature of Public Housing Director	
				Date	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R004501-06 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 type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-2009 <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	1,925.00	1,925.00	0.00	0.00

¹ To be completed for the Performance and Evaluation Report.

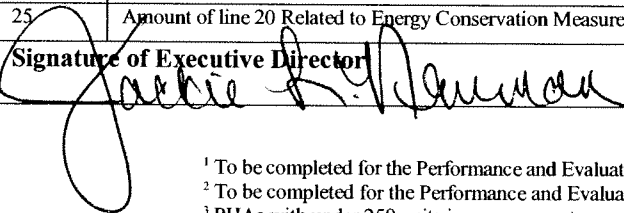
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report
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U.S. Department of Housing and Urban Development
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Expires 4/30/2011

Part I: Summary					
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R004501-06 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 type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-2009		<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
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)	1,925.00	1,925.00	0.00	0.00
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				
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director	
				Date	

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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 Expires 4/30/2011

Part I: Summary		
PHA Name: Springfield Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R004502-06 Date of CFFP:	FFY of Grant: 2006 FFY of Grant Approval:

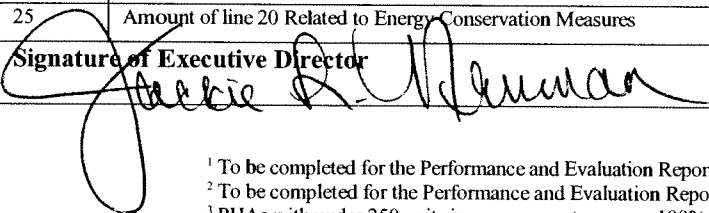
Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 6-30-2009 Final Performance and Evaluation Report

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)				
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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	754,325.00	754,325.00	0.00	0.00

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R004502-06 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 type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-2009 <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
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)	754,325.00	754,325.00	0.00	0.00
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				
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director 	
				Date 	

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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

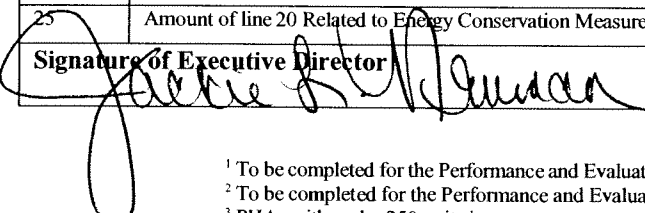
Part I: Summary						
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R004501-07 Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6-30-09 <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	1,985.00	1,985.00	0.00	0.00	

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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06R004501-07 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: 6-30-09		<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	
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)	1,985.00	1,985.00	0.00	0.00	
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					
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director 		
				Date		

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Part I: Summary						
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R004502-07 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: 6-30-09 <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					
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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	731,379.00	731,379.00	0.00	0.00	

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.

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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: Springfield Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06R004502-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 6-30-09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	731,379.00	731,379.00	0.00	0.00
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				

Signature of Executive Director 	Date 10-14-09	Signature of Public Housing Director	Date
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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
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary						
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R004501-08 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: 6-30-09 <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	0.00	0.00	0.00	0.00	
3	1408 Management Improvements	0.00	0.00	0.00	0.00	
4	1410 Administration (may not exceed 10% of line 21)	0.00	0.00	0.00	0.00	
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	0.00	0.00	0.00	0.00	
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	0.00	0.00	0.00	0.00	
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00	
12	1470 Non-dwelling Structures	0.00	0.00	0.00	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 ⁴	107,058.00	0.00	0.00	0.00	

¹ To be completed for the Performance and Evaluation Report.

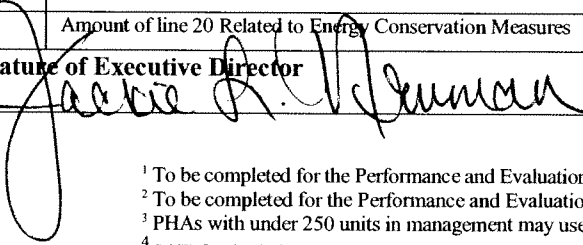
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary					
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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: 6-30-09		<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
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)	107,058.00	0.00	0.00	0.00
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				
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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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: Springfield Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R004501-09 Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	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	114,260.00	0.00	0.00	0.00

¹ To be completed for the Performance and Evaluation Report.

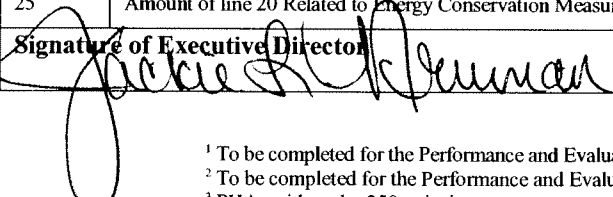
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Part I: Summary							
PHA Name: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R004501-09 Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval:			
Type of Grant <input 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		
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)	114,260.00	0.00	0.00	0.00		
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						
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director 		Date 	

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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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R004501-10 Date of CFFP:			FFY of Grant: 2010 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					
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	531,582.33	0.00	0.00	0.00	

¹ To be completed for the Performance and Evaluation Report.

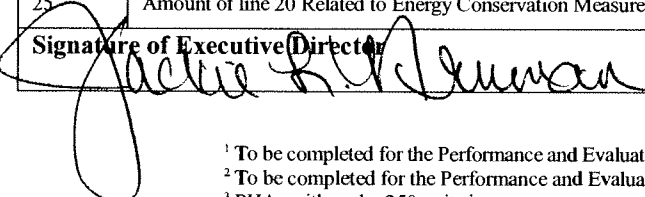
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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: Springfield Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: ILL06R004501-10 Date of CFFP:		FFY of Grant:2010 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
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)	531,582.33	0.00	0.00	0.00
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				
Signature of Executive Director 		Date 10-14-09		Signature of Public Housing Director Date	

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.

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⁴ RHF funds shall be included here.

Capital Fund Program—Five-Year Action Plan

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/Number		Locality (City/County & State)				<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____	
B.	Physical Improvements Subtotal	Annual Statement					
C.	Management Improvements						
D.	PHA-Wide Non-dwelling Structures and Equipment						
E.	Administration						
F.	Other						
G.	Operations						
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds						
L.	Total Non-CFP Funds						
M.	Grand Total						

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	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				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	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				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

10 (a) Progress in Meeting Mission and Goals:

The Springfield Housing Authority is working diligently to meet the mission and goals described in the 5-Year Plan by applying for additional Housing Choice Vouchers as available, reducing vacancies within Public Housing and constructing new affordable housing units for those most in need in the Springfield community. The SHA will improve the quality of low-rent public housing through modernization updates, by pursuing the disposition/demolition of aged hi-rise buildings and constructing new affordable housing units utilizing public and private funding sources. Specifically, the SHA is embarking on the construction of 41 new units named Genesis Place in place of the former Major Byrd Hi-Rise. Further, the SHA will seek public and private resources as available to address the distressed Sankey Hi-Rise and develop new affordable housing targeted for the aging baby boomer population within the Springfield community. The SHA will continue to conduct outreach efforts to potential voucher landlords to reduce the number of voucher holders in minority and poverty impacted areas while increasing housing options available to voucher holders. Additionally, the SHA will continue to expand its Section 8 Home Ownership Program.

The Springfield Housing Authority continues to network and collaborate with the City of Springfield, the Heartland Continuum of Care and various social service providers to expand affordable housing within the community in accordance with the City's Consolidated Plan.

Public housing security improvements will be undertaken among all public housing developments. The SHA also plans to submit for HUD approval a designated housing plan to designate units to serve elderly only residents in accordance with community needs and the Consolidated Plan. To ensure equal opportunity in housing for all Americans, SHA continues to undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability.

Significant Amendment and Substantial Deviation/Modification to the PHA Annual Plan

The Springfield Housing Authority defines the significant amendment and substantial deviation/modification to the PHA Annual Plan as follows:

- Changes to rent or admissions policies or organization of the waiting list;
- Changes to the Public Housing Admissions and Continued Occupancy Policy;
- Changes to the Section 8 Housing Choice Voucher Program Administrative Plan;
- Additions of non-emergency work items (items not included in the current Annual Statement or Five-year Action Plan) or change in the use of replacement reserve funds under the Capital Fund; and
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Requirements for Significant Amendments to the PHA Plan

Any significant amendment or substantial deviation/modification to the PHA Plan is subject to the same requirements as the original PHA Plan (including time frames). Following are the requirements:

- The PHA must consult with the Resident Advisory Board (RAB) (as defined in 24 CFR 903.13);
- The PHA must ensure consistency with the Consolidated Plan of the jurisdiction(s) (as defined in 24 CFR 903.15); and
- The PHA must provide a review of the amendments/modifications by the public during a 45-day public review period (as defined in 24 CFR 903.17).
- The PHA may not adopt the amendment or modification until the PHA has duly called a meeting of its Board of Directors (or similar governing body). This meeting, at which the amendment or modification is adopted, must be open to the public.
- The PHA may not implement the amendment or modification until notification of the amendment or modification is provided to HUD and approved by HUD in accordance with HUD's plan review procedures (as defined at 24 CFP 903.23).

CARBON MONOXIDE ALARM DETECTOR ACT
SPRINGFIELD HOUSING AUTHORITY
COMPLIANCE STATEMENT

The Illinois State Legislative Act 094-0741 became effective on January 1, 2007.

To comply with this Public Act, Springfield Housing Authority researched different carbon monoxide detectors and received three competitive prices on said detectors to locate the best detector for the safety of our residents and that was most cost effective.

Springfield Housing Authority Staff recommended purchase of the Pro Tech 7030-SL Lithium Battery Powered Carbon Monoxide Detector with Secure Lock, which has a 5 year warranty on either the battery or the detector. At the end of November, Springfield Housing Authority ordered and purchased 1008 of these detectors from Allied Sales. Allied Sales was the lowest most responsible bidder for this carbon monoxide detector.

The Springfield Housing Authority received the shipment of all 1008 detectors in the beginning of December, 2006. Residents were provided a notice the Springfield Housing Authority's Maintenance personnel would be entering dwelling units to install the Carbon Monoxide Detectors, (notice attached), and also a statement of responsibility for the detector, (statement attached). The residents were informed of their responsibility for any damage to the detector as well as replace the batteries as necessary.

Springfield Housing Authority is pleased to state that 100% of its dwelling units had the carbon monoxide detectors installed prior to the January 1, 2007 deadline. It was hard work and commitment of Springfield Housing Authority Staff with the residents' cooperation that made this possible.

RAB MEETING AND COMMENTS

Notice was sent out to the Residents Advisory Board for a meeting to be held on September 14, 2009, 5:00 PM at the Main Office of Springfield Housing Authority, 200 N. 11th Street, Springfield, IL 62703

No one attended this meeting so there were no comments received.

**VIOLENCE AGAINST WOMEN AND DEPARTMENT OF JUSTICE
REAUTHORIZATION ACT OF 2005, PUBLIC LAW 109-162, AND THE
UNITED STATES HOUSING ACT OF 1937, AS AMENDED:
SPRINGFIELD HOUSING AUTHORITY
PLAN OF ACTION**

VAWA 2005, signed into law on January 5, 2006 provides for protection for victims of abuse in the Public Housing Program and is incorporated into the Lease Addendum:

- An incident or incidents of actual or threatened domestic violence, dating violence, or staling will not be construed as serious or repeated violations of the lease or other “good cause” for termination of the assistance, tenancy, or occupancy rights of a victim of abuse. (Section 8(o)(7)(C) of the U.S. Housing Act of 1937.)
- Criminal activity directly relating to abuse, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that abuse. (Section 8(o)(7)(D)(i) of the U.S. Housing Act of 1937.)
- Notwithstanding the VAWA restrictions on admission, occupancy, or terminations of occupancy, or terminations of occupancy or assistance, or any Federal, State or local law to the contrary, a PHA may terminate assistance to or an owner or manager may “bifurcate” a lease, or otherwise remove a household member from the lease, without regard to whether a household member is a signatory to the lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful family members or others. This action may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. Such eviction, removal, termination of occupancy rights or termination of assistance shall be effected in accordance with the procedures prescribed by Federal, State, and local law for the termination of leases or assistance under the housing choice voucher program. (Section 8(o)(7)(D)(ii) of the U.S. Housing Act of 1937.)
- Nothing in Section 8(o)(7)(D)(i) may be construed to limit the authority of a public housing agency, owner, or manager, when notified, to honor court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where a family breaks up. (Section 8(o)(7)(D)(iii) of the U.S. Housing Act of 1937.)
- Nothing in Section 8(o)(7)(D)(i) limits any otherwise available authority of an owner or manager to evict or the public housing agency to terminate assistance to a tenant for any violation of lease not premised on the act or acts of violence in question against the tenant or a member of the tenant’s household, provided that the owner, manager, or public housing agency does not subject an individual who is or has been

a victim of domestic violence, dating violence, or stalking to a more demanding standard than other tenants in determining whether to evict or terminate. (Section 8(o)(7)(D)(iv) of the U.S. Housing Act of 1937.)

- Nothing in Section 8(o)(7)(D)(i) may be construed to limit the authority of an owner or manager to evict, or the public housing agency to terminate assistance, to any tenant if the owner, manager, or public housing agency can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant is not evicted or terminated from assistance. (Section 8(o)(7)(D)(v) of the U.S. Housing Act of 1937.)

- Nothing in Section 9(o)(7)(D)(i) shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than Section 8(o)(7)(D)(i) for victims of domestic violence, dating violence, or stalking. (Section 8(o)(7)(D)(vi) of the U.S. Housing Act of 1937.)