

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of the City of Muncie, Indiana</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard PHA Fiscal Year Beginning: (MM/YYYY): <u>April 1, 2010</u> PHA Code: <u>IN36P005</u> <input type="checkbox"/> HCV (Section 8)					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>361</u> Number of HCV units: _____					
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.					
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <b>The mission of the Muncie Housing Authority is to be a leader in the housing industry by providing safe, decent and sanitary modern affordable housing opportunities to low income persons while maintaining the fiscal integrity of the agency. To promote self-sufficiency, encourage personal responsibility, upward mobility, and customer satisfaction while focusing on the educational, job training and economic self sufficiency needs of the residents of public housing and the Section 8 program. These aims shall be further achieved by developing public/private partnerships; homeownership and entrepreneurial opportunities.</b>					
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <b>It shall be the continued goal of the Board of Commissioners and Staff to improve our public housing management (PHAS) score.</b> <b>It is the Authority's goal to acquire or develop additional affordable housing units/developments. The Muncie Housing Authority shall focus efforts on the revitalization of our older and much used housing units by implementing capital funding improvements. The Authority will work to improve on resident communication and continue to improve the appearance of MHA's properties.</b> <b>The Authority will conduct the admissions process in a manner in which all persons interested in admission to public housing are treated fairly and consistently. Further, the authority will not discriminate at any stage of the admissions process because of race, color, national origin, religion, creed, sex, age, or handicap. The Authority will follow the nondiscrimination requirements of Federal, State and Local Law.</b> <b>The Authority will assess an alternate plan for new MHA Administrative Office, possibly as part of the HOPE VI Community Center initiative.</b> <b>The Authority will submit a demolition/disposition application to SAC to develop Parkview Apartments.</b> <b>The Authority will continue to seek additional sources of funding i.e. HOPE VI grant, low income housing tax credits or enter into some other type of mixed-finance agreements to further develop MHA affordable housing units.</b> <b>The Authority will use its new entity named Affordable Housing and Development Corp. to act as co-developer for redevelop of Parkview Apartments and further meet the needs of affordable housing within the jurisdiction.</b> <b>The Authority will continue efforts to comply with the Asset Management business model for our developments by 2011. This will include further training of staff so we can achieve goals and compliances and effectively meet the needs of our community.</b> <b>The Authority will continue to upgrade and improve our information systems to meet with the demands of our industry.</b> <b>The Authority will research the feasibility of having project based housing choice vouchers.</b> <b>The Authority, which oversees the Unity Center Inc., will monitor board development and the capital campaign for the construction of a new community center in Heekin Park.</b> <b>The Authority will submit RHF development plan for redevelopment of 722 S. Monroe.</b> <b>The Authority will acquire various properties surrounding the existing MHA administration building for development of a village center which would include housing and neighborhood retail facilities to support the new Millennium Place community.</b> <b>The Authority will acquire a vacated elementary school from Muncie Community Schools to accommodate new administrative offices and to implement Phase I of the HOPE VI Community Center.</b>					

**PHA Plan Update**

- (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

**The PHA Procurement Policy and Confidentiality Statement for Commissioners and Staff.**

- (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

The Annual Plan and the 5-Year Plan may be obtained at the main administrative office of the PHA, PHA development management offices, or PHA website (when updated).

**PHA Plan Elements**

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

• **Public Housing**

1. **Eligibility** – Screenings are conducted through the initial application process and person are interviewed according to income limits. Criminal or Drug-related activity background checks are performed through local law enforcement agencies and FBI criminal records screenings. Rental history of the applicant is reviewed. A search is conducted to ensure no outstanding balances with other PHAs.
2. **Waiting List Organization** - Waiting lists are maintained at each public housing site. Applications for housing can be turned in at PHA main administrative office or PHA development site management office. Families may be on more than one waiting list simultaneously. Interested persons may obtain more information about and sign up to be on the site-based waiting lists at the PHA main administrative office and all PHA development management offices.
3. **Admission Preferences** - Preferences have been established by the PHA for admission into public housing (other than date and time of application). Those preferences are; working families and those unable to work because of age or disability and MFP (Money Follows Person) Rebalancing Initiative. Transfers will take precedence over new admissions only in the cases of emergencies, overhoused, underhoused, medical justification, or administrative reasons determined by the PHA (to permit modernization work).
4. **Deconcentration and Income Mixing** - PHA performs an analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty and income mixing. Based on the results of the analysis, the PHA made special efforts to attract or retain higher-income families in the following developments: Millennium Place, Parkview Apartments, Southern Pines, and Earthstone Terrace

• **Housing Choice Voucher Program**

1. **Eligibility – Screenings** - The extent of the screenings conducted by the PHA is for criminal or drug-related activity only to the extent required by law or regulation. The screenings also identify :
  - If any member of the family has been evicted from public housing during the last three years.
  - If any member of the family commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.
  - If any member of the family has committed drug-related criminal activity, or violent criminal activity within the past three years.
  - The family currently owes rent or other amounts to the HA or to another HA in connection with Section or public housing assistance under the 1937 Act.
  - The family has not reimbursed any HA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under lease.
  - The family breaches an agreement with an HA to pay amounts owed to an HA or amounts paid to an owner of an HA.
  - The family has engaged in or threatened abusive or violent behavior toward HA personnel.
  - Violations of family obligations in the past three years.
2. **Waiting List Process** - Interested persons may apply for admission to the Housing Choice Voucher Program for tenant-based assistance program by:
  - The Housing Choice Voucher Program uses the lottery system for its waiting list.
3. **Admission Preferences** - Elderly disabled singles have preference over non-elderly disabled singles.

**2. Financial Resources – The PHA has or expects to receive the following sources of federal and other funding:**

• Public Housing Operating Funds	\$ 931,827.00
• Public Housing Capital Funds	\$ 1,665,295.02
• ARRA Capital Fund Recovery Grant	\$ 872,488.00
• Capital Fund RHF Funds	\$ 316,169.00
• Annual Contributions for Section 8 Tenant Based Assistance	\$ 4,305,204.00
• Resident Opportunity and Self-Sufficiency Grants	\$ 244,982.00
• Community Development Block Grant – Neighborhood Stabilization Program	\$1,900,000.00
• HOME Funds	\$ 370,000.00
• Economic Development Initiative Grant	\$ 343,000.00
• Department of Health and Human Services OCS Grant	\$ 511,000.00
• Non-Federal Resources – Parkview Apartment Tax Credit	<u>\$ 6,345,961.00</u>
Total of all resources	<u>\$17,805,926.02</u>

### 3. Rent Determination Policies

- Public Housing

1. The PHA employs discretionary policies for determining income based rents. The minimum rent is set at \$50. The PHA has adopted a discretionary minimum rent hardship exemption policy. Between income reexaminations, tenants must report changes in income or family composition to the PHA which may result in an adjustment to tenants rent. In setting the market-based flat rents, the PHA uses the Section 8 rent reasonableness study of comparable housing and survey of rents listed in local newspapers.

- Housing Choice Voucher Program

1. The PHA's payment standard for HCVP is at or above 90% but below 100% of FMR. FRMs are adequate to ensure success among assisted families in the PHA's segment of the FMR area. The payment standards are reevaluated for adequacy on an annual basis. PHA considers success rates of assisted families in the assessment of the adequacy of the payment standard. The PHA also considers the availability of suitable units below payment standard, rent reasonableness Data Base/Average Rent to Owners Financial Feasibility. The minimum rent for Section 8 is set at \$50. The PHA has adopted a discretionary minimum rent hardship exemption policy. The hardship is determined if the family has lost eligibility for or is awaiting an eligibility determination for a federal, state, or local assistance program. The family would be evicted because it is unable to pay the minimum rent. Family income has decreased because of changed family circumstances, including the loss of employment. A death has occurred in the family. The family has experienced other circumstances determined by the PHA.

4. Operations and Management - The rules standards and policies of the PHA that govern maintenance and management are included in the policy and procedures manual. They are extensive and comprehensive and cannot be included within the limits of this space. A copy of the policies and procedures can be made available upon request.

### 5. Grievance Procedures

- Public Housing

1. The grievance procedures should be followed according to the agency's ACOP .

- Housing Choice Voucher Program

1. The grievance procedure is outlined in the administrative plan.

### 6. Designated Housing for Elderly and Disabled Families – N/A

7. Community Service and Self –Sufficiency – The PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services. The PHA employs the following discretionary policy to enhance the economic and social self-sufficiency of assisted families: Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA. The PHA is complying with the statutory requirements of the welfare program by:

- Adopting the appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies.
- Informing the residents of new policy on admissions and reexamination.
- Actively notify residents of new policies at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services.
- Establishing a protocol for exchange of information with all appropriate TANF agencies.

8. Safety and Crime Prevention – The PHA has gathered information from safety and security surveys completed by resident, resident reports and PHA employee reports to determine the need for PHA actions to improve safety of residents. The PHA has contracted with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities, crime prevention through environmental design, activities targeting at-risk youth, adults or seniors, and a volunteer resident patrol/block watchers program. The PHA and the Muncie Police Department have coordinated efforts to prevent crime with the following activities:

- Police provide crime data to housing authority staff or analysis and action.
- PHA does employ a police officer to patrol housing authority properties.
- Police testify in and otherwise support eviction cases when needed.
- Police meet with the PHA management and residents.
- PHA in partnership with the Muncie Police Department participated in National Night Out.

9. Pet Policy – The PHA does not discriminate against elderly or disabled tenants, which live in senior or family communities, regarding admission or continued occupancy because of ownership of pets and has established reasonable rules governing the keeping of common household pets in accordance with 24 CFR Part 5 Subpart C and with regard to assistance animals Section 504; Fair Housing Act (42 U.S. C.); 24 CFR 5.303.

10. Civil Rights Certification – The Civil Rights Certification is in compliance with 24 CFR Part 903.7 9(o) as evidenced attachment HUD form 50077.

11. Fiscal Year Audit – Velma Butler & Company Ltd. Audited the PHAs compliance with the public housing assessment system program and did not observe any material instances of noncompliance. Velma Butler & Company Ltd. also audited the PHAs compliance with the Section 8 Housing Management Assessment program and did not observe any material instances of noncompliance. In regards to financial statements, there were no reportable findings for the fiscal year ended March 31, 2009. Also, there were no reportable federal award findings or questioned costs for the fiscal year ending March 31, 2009.

12. Asset Management – The PHA has already decentralized its warehouse and made provisions for maintenance materials and supplies on a project basis. The finance department has made the transition to development based accounting. Development site managers have been given authority to supervise maintenance personnel at each site. The PHA is in the process of giving authority to development site managers regarding the expenditure of capital funds at each development site.

13. Violence Against Women Act (VAWA) – The PHA has a resident services director which handles matters which pertain to violence against women. The director and property managers have developed relationships with local agencies and service providers through a referral system.

7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>A. HOPE VI or Mixed Finance Modernization or Development – N/A</b></p> <p><b>B. Demolition and/or Disposition –</b> The PHA intends to demolish in its entirety the property known as Parkview Apartments. The subject property was built in 1953. It consists of 64 dwelling units, broken down as follows: (16) 1 bedroom units, (23) 2 bedroom units, (19) 3 bedroom units, and (6) 4 bedroom units. It has been determined in the PHAs recent physical needs assessment that the project is obsolete as to physical condition, making it unsuitable for housing purposes and there is no reasonable program of modification that is cost effective to return the public housing project to useful life. It is intention of the PHA to dispose of the subject property for redevelopment by a private developer in a tax credit redevelopment project. The PHA has determined that the disposition is in the best interest of the residents and is consistent with the goals of the PHA and funding necessary to redevelop the project has been obtained. The unit numbers and addresses are attached.</p> <p><b>C. Conversion of Public Housing – N/A</b></p> <p><b>D. Homeownership –</b> The PHA received a \$12,300,000 revitalization grant in 2002. The PHA will continue to implement its HOPE VI Homeownership phase. The PHA program is a Section 24 new construction, direct-sales program to low and moderate income buyers. The plan includes 44 homeownership units, 22 are subsidized by HOPE VI and 22 are market rate. The market rate units are privately funded. The project number is IN36URD0051102. Infrastructure for this project is 100% complete, the first phase of construction is expected to be complete by September 2010.</p> <p><b>E. Project-based Vouchers – N/A</b></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p><b>There are no plans to apply for a CFFP loan.</b></p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>The PHA is working in collaboration with other housing service providers to provide information about the agency's available housing stock on a quarterly basis. The PHA has established a director of resident services to act as a liaison in the community to disseminate information about resources and self-sufficiency programs. Case management and other resident development services are provided for all public housing residents and HCVP tenants. The PHA is also working with the Department of Community Development to identify and remove the negative effect of public policies that serve as barriers to affordable housing. The PHA publishes a quarterly newsletter and has recently updated the agency website.</b></p>

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>Strategy1: Maximize the number of affordable units available to the PHA within its current resources by:</b></p> <ul style="list-style-type: none"> <li>• Employ effective maintenance and management policies to minimize the number of public housing units off-line.</li> <li>• Reduce turnover time for vacated public housing units by outsourcing vacant unit maintenance to private contractors.</li> <li>• Reduce time to renovate public housing units.</li> <li>• Maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction.</li> <li>• Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required.</li> </ul> <p><b>Strategy 2: Increase the number of affordable housing units by:</b></p> <ul style="list-style-type: none"> <li>• Apply for additional Section 8 units should they become available.</li> <li>• Leverage affordable housing resources in the community through the creation of mixed-finance housing.</li> <li>• Pursue housing resources other than public housing or Section 8 tenant-based assistance.</li> </ul> <p><b>Need: Specific Family Types: Families at or below 30% of median</b>  <b>Strategy 1: Target available assistance to families at or below 30% AMI by:</b></p> <ul style="list-style-type: none"> <li>• Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based Section 8 assistance.</li> <li>• Employ admissions preferences aimed at families with economic hardships.</li> </ul> <p><b>Need: Specific Family Types: Families at or below 50% of median</b>  <b>Strategy 1: Target available assistance to families at or below 50% of AMI by:</b></p> <ul style="list-style-type: none"> <li>• Employ admissions preferences aimed at families who are working.</li> </ul> <p><b>Need: Specific Family Types: Families with Disabilities</b>  <b>Strategy 1: Target available assistance to Families with Disabilities by:</b></p> <ul style="list-style-type: none"> <li>• Affirmatively market to local non-profit agencies that assist families with disabilities.</li> </ul> <p><b>Need: Specific Family Types: Races or ethnicities with disproportionate housing needs</b>  <b>Strategy 2: Conduct activities to affirmatively further fair housing by:</b></p> <ul style="list-style-type: none"> <li>• Inform HCVP tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units.</li> </ul>
10.0	<p><b>Additional Information.</b> 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><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</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](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.



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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

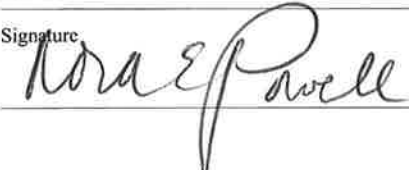
Muncie Housing Authority \_\_\_\_\_  
PHA Name

IN36P005 \_\_\_\_\_  
PHA Number/HA Code

☒ 5-Year PHA Plan for Fiscal Years 2010 - 2014

☒ Annual PHA Plan for Fiscal Years 201

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

Name of Authorized Official	Title
Nora E. Powell	VP Board of Commissioners
Signature	Date
	1/16/10

**RESOLUTION NO. 982**

**A RESOLUTION TO APPROVE THE 2010 ANNUAL PLAN AND FIVE YEAR PLAN FOR THE HOUSING AUTHORITY OF  
THE CITY OF MUNCIE**

**WHEREAS** the Board of Commissioners of the Housing Authority of the City of Muncie has reviewed the 2010 Annual and Five Year Plans; and

**WHEREAS** the 2010 Annual and Five Year Plan needs to be approved and submitted to HUD

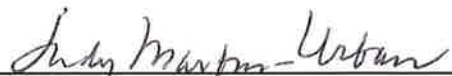
**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the Housing Authority of the City of Muncie that the 2010 Annual and Five Year Plans be approved.

Adopted this 15<sup>th</sup> day of January, 2010.

\_\_\_\_\_  
Ed Faulkner, Chair

  
\_\_\_\_\_  
Nora Powell, Vice Chair

  
\_\_\_\_\_  
Emma Price, Commissioner

  
\_\_\_\_\_  
Judy Martin-Urban, Commissioner

\_\_\_\_\_  
Micah Maxwell, Commissioner

\_\_\_\_\_  
Jerome Williams, Commissioner

\_\_\_\_\_  
Caleb Robichaud, Commissioner

**ATTEST**

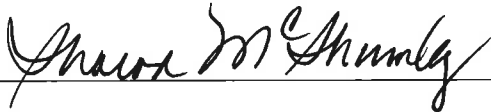
  
\_\_\_\_\_  
Guillermo Rodriguez, CEO

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

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

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

I, Sharon McShurley the Mayor, City of Muncie certify that the Five Year and  
Annual PHA Plan of the City of Muncie Housing Authority is consistent with the Consolidated Plan of  
City of Muncie prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

Muncie Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

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

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

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

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

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

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

Gillespie Tower, 701 West Jackson Street, Muncie, IN 47305 Delaware County

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

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

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

Name of Authorized Official

Guillermo Rodriguez

Title

CEO

Signature

Date

01/15/2010

X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

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and Urban Development

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

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

Muncie Housing Authority, 409 E. First St., Muncie, IN 47302 Delaware County

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Name of Authorized Official

Guillermo Rodriguez

Title

CEO

Signature

Date

01/15/2010

X



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Applicant Name

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Parkview Apts., 1609 East Centennial Avenue, Muncie, IN Delaware County

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form HUD-50070 (3/98)

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Earthstone Terrace, 3500 Juniper Lane, Muncie, IN 47302 Delaware County

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

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Name of Authorized Official

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X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3



# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

Muncie Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

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

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

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

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

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

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

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

Southern Pines, 4110 South Pinewood, Muncie, IN 47302 Delaware County

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

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

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

Name of Authorized Official

Guillermo Rodriguez

Title

CEO

Signature

Date

01/15/2010

X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Muncie Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

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

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

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

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

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

Name of Authorized Official

Guillermo Rodriguez

Title

CEO

Signature

Date (mm/dd/yyyy)

01/15/2010

Previous edition is obsolete

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material <b>For Material:</b> year _____ day _____ <b>Only:</b> quarter _____ report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: _____  Congressional District, if known: 4c		<b>5. If Reporting Entity in _____ and Address of Prime _____</b> Congressional District, if known: _____		<b>Subawardee, Enter Name _____</b>	
<b>6. Federal Department/Agency:</b> _____		<b>7. Federal _____</b>		<b>8. Name/Description:</b> _____ Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b> _____		<b>9. Amount, if known:</b> _____		<b>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</b> _____	
<b>10. b. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</b> _____		<b>10. c. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</b> _____		<b>10. d. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</b> _____	
<b>11. Information requested through this form is authorized by _____</b> 1352. This disclosure of lobbying activities is required upon which reliance was placed by the tier above or entered into. This disclosure is required for information will be available for public inspection. Information required disclosure shall be subject to a penalty of not more than \$100,000 for each such violation.		<b>11. Information requested through this form is authorized by _____</b> U.S.C. section 1352. This disclosure of lobbying activities is required upon which reliance was placed by the tier above or entered into. This disclosure is required for information will be available for public inspection. Information required disclosure shall be subject to a penalty of not more than \$100,000 for each such violation.		<b>Signature:</b> _____ <b>Print Name:</b> Guillermo Rodriguez <b>Title:</b> CEO <b>Telephone No.:</b> (765) 288-9242 <b>Date:</b> 01/18/2010	
<b>Federal Use Only:</b> _____		<b>Authorized for Local Reproduction</b> Standard Form LLL (Rev. 7-97)		<b>Authorized for Local Reproduction</b> Standard Form LLL (Rev. 7-97)	



409 East First Street  
Muncie, Indiana 47302  
<http://www.muncieha.com>

Guillermo Rodriguez, PHM, Executive Director

September 16, 2009

## Resident/Participant of the Muncie Housing Authority

### Resident Advisory Board – 2009

The Muncie Housing Authority is required by HUD regulations to submit an Annual Plan and Five Year Plan to HUD. It is again time to prepare for the submission of this plan. As a resident/participant of a federal housing program, Section 8 or Public Housing your name has been given to the Housing Authority by your resident manager or case manager of Section 8 as a resident who would possibly be willing to serve on the RAB (**Resident Advisory Board**) The RAB is a group of residents or participants who meet with the soul objective of having input into the plan.

A meeting has been scheduled for the first RAB session on **September 29, 2009 at 2:00 pm** at the **Gillespie Towers building, 701 W. Jackson Street, Muncie, Indiana**. This will be the first of a series of meetings. If you are in need of directions please call 747-9554.

We encourage you if at all possible to try to be a part of the board. If for some reason you will not be able to be on this board, please contact Autumn Pickett at 765-288-9242 ext. 34 no later than September 25, 2009 so we can properly prepare for our meetings.

If you have any questions or concerns please contact Carol Butts at 747-9554 and leave your name and return number where you can be reached.

Sincerely,

*Carol A. Butts*



Public Housing (765) 288-9242 • Section 8 (765) 747-9553 • Fax (765) 741-7308 • TDD (765) 281-1582  
*The Muncie Housing Authority is an Equal Opportunity Employer*

[illegible]

## **ANNUAL PLAN ADVISORY BOARD COMMENTS**

### **Gillespie Towers**

- 1. Front doors with handicap automatic open shut lock system. It is difficult for wheel chairs to get in front door**
- 2. Privacy fence or something to defray the sound from generators – noise is very bad**
- 3. Add washers and dryers to all floors**

### **Parkview**

- 1. If future plans for Parkview are to tare down and rebuild – Maybe have one bedroom units separate from other units.**
- 2. In development of recreation area – don't just have children things available but look at things for older residents – Basketball court, walking trail, etc.**

### **Advisory Board**

- 1. Look at grievance policy and revise – it takes problem people to long to be removed for complex – makes good residents pay the price**
- 2. All communities need better landscaping**
- 3. Parkview is interested in organizing a tenant council**
- 4. Look at ways to enforce the lease concerning problem children**
- 5. Make residents more accountable**

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

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

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P005-501 05 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2005</b> <b>FFY of Grant Approval:</b>	
<b>PHA Name: Muncie Housing Authority</b> <b>IN36P005</b>					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup></b> <b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	85,996.58	85,996.58	85,996.58	85,996.58
3	1408 Management Improvements	41,087.24	41,087.24	41,087.24	41,087.24
4	1410 Administration (may not exceed 10% of line 21)	75,674.42	75,674.42	75,044.11	75,044.11
5	1411 Audit	1,267.91	1,267.91	1,267.91	1,267.91
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	35,000.00	35,000.00	34,999.85	34,999.85
8	1440 Site Acquisition	3,750.00	3,750.00	3,750.00	3,750.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	321,209.63	321,209.63	321,895.42	321,895.42
11	1465.1 Dwelling Equipment—Nonexpendable	104,724.86	104,724.86	102,438.89	102,438.89
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	58,827.50	58,827.50	58,785.46	58,785.46
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 <sup>4</sup>	58,389.27	58,389.27	12,000.00	12,000.00

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

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>		<b>FFY of Grant: 2005</b>	
<b>PHA Name:</b> Muncie Housing Authority IN36P005	<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P005-50105 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Type of Grant</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b>
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)		
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		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<b>Date</b>		<b>Date</b>	

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



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

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

Part II: Supporting Pages				Federal FFY of Grant: 2005				
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005-501 05 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
ALL	Operations	1406		85,996.44	85,996.58	85,996.58	85,996.58	Final
ALL	PHM/FSS/RI/MOD	1408		10,000.00	7,427.05	7,427.05	7,427.05	Final
ALL	Rent Coll. Pro. Trng.	1408		12,500.00	11,388.41	11,388.41	11,388.41	Final
ALL	Software Upgrades	1408		5,000.00	0	0	0	Final
ALL	Vac Red Trng/Temp	1408		18,587.24	12,376.13	12,376.13	12,376.13	Final
ALL	Mod Administration	1410		50,000.00	25,847.99	25,847.99	25,847.99	Final
ALL	Mod Benefits	1410		25,674.42	22,783.65	22,783.65	22,783.65	Final
ALL	Audit Costs	1411		1,267.91	1,267.91	1,267.91	1,267.91	Final
ALL	A & E Professional	1430		25,000.00	24,999.85	24,999.85	24,999.85	99.99%
ALL	Planning	1430		10,000.00	10,000.00	10,000.00	10,000.00	Final
ALL	Site Acquisition	1440		3,750.00	3,750.00	3,750.00	3,750.00	Final
ALL	Site Improvement	1450		0	0	0	0	Final
ALL	Computer Upgrades	1475		5,000.00	5,703.22	5,703.22	5,703.22	114%
ALL	Maintenance Equipment	1475		7,000.00	5,128.92	5,128.92	5,128.92	Final
ALL	Maintenance Truck	1475		24,584.50	28,922.41	28,922.41	28,922.41	117%
ALL	Office Equipment	1475		2,958.87	1,308.50	1,308.50	1,308.50	Final
ALL	Development Activities	1499		58,389.27	12,000.00	12,000.00	12,000.00	Final
ALL	Contingency	1502		0	9,710.63	9,710.63	9,710.63	Final
Price Hall	Contingency	1502		4,795.31	2,289.00	2,289.00	2,289.00	Final

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

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

Part II: Supporting Pages			Federal FFY of Grant: 2005				
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005-501 05 CFFP (Yes/ No): Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
004	Blinds	1460		5,562.87	5,562.87	5,562.87	5,562.87
004	Stoves	1465		19,540.00	15,660.00	15,660.00	15,660.00
004	Refrigerators	1465		27,904.42	34,959.50	34,959.50	34,959.50
004	Demolition	1485		0	0	0	0
004	Relocation	1495		0	0	0	0
004	Contingency	1502		16,201.17	8,040.21	8,040.21	8,040.21
005	Entrance Sign	1450		0	0	0	0
005	Repair Sidewalks and Patios	1450		9,450.00	0	0	0
005	Floor Sag Problem	1460		0	41,400.00	41,400.00	41,400.00
005	Tile	1460		810.00	864.00	864.00	864.00
005	Bathrooms	1460		11,388.10	11,388.10	0	0
005	Paint Exterior Doors	1460		8,300.00	8,300.00	8,300.00	8,300.00
005	Front Door Seals	1460		0	0	0	0
005	Bathroom Vanities	1460		0	0	0	0
005	Window Installation	1460		9,900.00	32,239.25	32,239.25	32,239.25
005	Windows	1460		11,000.00	12,800.33	12,800.33	12,800.33
005	Water Heaters	1460		3,647.30	647.30	647.30	647.30
005	Playground Repair	1460		0	1,500.00	0	0
005	Contingency	1502		10,000.00	4,078.06	4,078.06	4,078.06

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

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

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 II: Supporting Pages								
PHA Name: Muncie Housing Authority IN36P005			Grant Type and Number Capital Fund Program Grant No: IN36P005-501 05 CFPP (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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
006	Heating	1460		1,368.58	1,368.58	1,368.58	1,368.58	Final
006	Carpet Replacement	1460		21,570.26	15,849.48	15,849.48	15,849.48	Final
006	Parking Lot Repair.	1460		84,000.00	84,000.00	84,000.00	84,000.00	Final
006	ADT Alarm System	1460		0	0	0	0	Final
006	Parapet Reconstruction	1460		49,514.34	52,194.34	52,194.34	52,194.34	Final
006	Refrigerators	1465		24,040.00	24,689.36	24,689.36	24,689.36	Final
006	Stoves	1465		29,360.44	25,536.00	25,536.00	25,536.00	Final
006	Boiler Pipe Repair	1475		13,863.00	14,243.00	14,243.00	14,243.00	Final
006	Contingency	1502		10,000.00	9,990.51	9,990.51	9,990.51	Final
008	Floor Sag Problem	1460		49,978.83	0	0	0	Final
008	Tile	1460		0	0	0	0	Final
008	Water Heaters	1460		9,364.07	6,116.85	6,116.85	6,116.85	Final
008	Bathrooms	1460		5,650.53	928.00	928.00	928.00	Final
008	Paint Exterior Doors	1460		8,750.00	8,570.00	8,570.00	8,570.00	Final
008	Window Installation	1460		1,800.00	1,800.00	0	0	Final
008	Refrigerators	1460		9,450.00	0	0	0	Final
008	Siding and Soffit Repair	1460		9,450.00	9,450.00	1,793.53	1,793.53	Final
008	Landscaping Repairs	1460		0	9,822.53	5,100.00	5,100.00	Final
008	Playground Repairs	1460		0	4,400.00	3,400.00	3,400.00	Final

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

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

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

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

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

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

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

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

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

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P005-501 06 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2006</b> <b>FFY of Grant Approval:</b>	
<b>PHA Name: Muncie Housing Authority</b> <b>IN36P005</b>					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: )		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Summary by Development Account		<input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup></b> <b>Expended</b>	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	81,957.99	81,957.99	81,957.99	
3	1408 Management Improvements	50,010.31	50,003.80	50,003.80	
4	1410 Administration (may not exceed 10% of line 21)	20,000.00	19,750.28	19,750.28	
5	1411 Audit	1510.00	1510.00	1510.00	
6	1415 Liquidated Damages	0.00	0.00	0.00	
7	1430 Fees and Costs	25,000.00	24,907.34	24,907.34	
8	1440 Site Acquisition	0.00	0.00	0.00	
9	1450 Site Improvement	227,781.23	226,844.50	226,844.50	
10	1460 Dwelling Structures	302,228.24	302,192.04	302,192.04	
11	1465.1 Dwelling Equipment—Nonexpendable	40,873.81	39,374.66	39,374.66	
12	1470 Non-dwelling Structures	16,758.42	26,439.27	26,439.27	
13	1475 Non-dwelling Equipment	44,801.25	37,982.00	37,982.00	
14	1485 Demolition	0.00	0.00	0.00	
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	
16	1495.1 Relocation Costs	0.00	0.00	0.00	
17	1499 Development Activities <sup>4</sup>	0.00	0.00	0.00	

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

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

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

<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>		<b>FFY of Grant: 2006</b>	
<b>PHA Name:</b> Muncie Housing Authority IN36P005	<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P005-501 06 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b>
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)	34,501.75	34,461.12
20	Amount of Annual Grant:: (sum of lines 2 - 19)	845,423.00	845,423.00
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		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<b>Date</b>		<b>Date</b>	

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

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

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

<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages				Federal FFY of Grant: 2006				
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005-501 06 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
ALL	Operations	1406		81,957.99	81,957.99	81,957.99	81,957.99	Final
ALL	PHM/FSS/RI/MOD	1408		19,891.84	17,189.95	17,189.95	17,189.95	Final
ALL	Rent Coll. Pro. Trng.	1408		15,000.00	8,741.76	8,741.76	8,741.76	Final
ALL	Software Upgrades	1408		5,000.00	499.00	499.00	499.00	Final
ALL	Vac Red Trng/Temp	1408		10,118.47	10,118.47	10,118.47	10,118.47	Final
ALL	Mod Administration	1410		20,000.00	8,688.79	8,688.79	8,688.79	Final
ALL	Audit Costs	1411		1,510.00	1,510.00	1,510.00	1,510.00	Final
ALL	A&E Professional	1430		15,000.00	898.18	898.18	898.18	Final
ALL	Planning	1430		10,000.00	3,329.51	3,329.51	3,329.51	Final
ALL	Site Acquisition	1440		0	0	0	0	Final
ALL	Computer Upgrades	1475		10,000.00	4,431.99	4,431.99	4,431.99	Final
ALL	Maintenance Equipment	1475		10,000.00	10,000.00	10,000.00	10,000.00	Final
ALL	Office Equipment	1475		8,000.00	1,914.56	1,914.56	1,914.56	Final
ALL	Passenger Van	1475		16,801.25	16,801.25	16,801.25	16,801.25	Final
ALL	Demolition	1485		0	0	0	0	Final
ALL	Relocation	1495		0	0	0	0	Final
Price Hall	Carpet	1470		7,901.96	7,901.96	7,901.96	7,901.96	Final
Price Hall	Contingency	1502		3,000.00	1,447.99	1,447.99	1,447.99	Final
004	Playground Equipment (Paint)	1450		650.00	650.00	650.00	650.00	Final

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

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



Part II: Supporting Pages				Federal FFY of Grant: 2006				
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005-501 06 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
004	Landscaping	1450		5,100.00	5,100.00	5,100.00	5,100.00	Final
004	Complex Sign	1450		508.50	508.50	508.50	508.50	Final
004	Building Lighting	1460		2,000.00	1,198.14	1,198.14	1,198.14	Final
004	Roofing	1460		0	0	0	0	Final
004	Gutter Replacement	1460		0	0	0	0	Final
004	Pest Control	1460		0	0	0	0	Final
004	Bathroom Vanities	1460		0	0	0	0	Final
004	Kitchen Sinks	1460		0	0	0	0	Final
004	Interior Painting	1460		7,605.00	7,605.00	7,605.00	7,605.00	Final
004	Windows	1460		1,596.08	1,639.41	1,639.41	1,639.41	Final
004	Screens	1460		1,925.27	2,214.41	2,214.41	2,214.41	Final
004	Office Repairs	1470		406.98	406.98	406.98	406.98	Final
004	Exterior Paint	1470		0	0	0	0	Final
004	Building Lighting	1470		801.86	801.86	801.86	801.86	Final
004	Contingency	1502		5,893.12	5,856.06	5,856.06	5,856.06	Final
005	Repave Drives and Parking Areas	1450		85,000.00	84,846.00	84,846.00	84,846.00	Final
005	Repave Patios and Sidewalks	1450		0	0	0	0	Final
005	Landscaping	1450		8,400.00	8,400.00	8,400.00	8,400.00	Final
005	Playground	1450		2,540.00	2,540.00	2,540.00	2,540.00	Final

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

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

Part II: Supporting Pages			Federal FFY of Grant: 2006					
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005-501 06 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
005	Refrigerators	1460		9,450.00	9,450.00	9,450.00	9,450.00	Final
005	Paint Exterior Patio Doors	1460		0	0	0	0	Final
005	Siding Repairs	1460		2,896.00	2896.00	2,896.00	2,896.00	Final
005	Interior Painting	1460		5,790.00	5,790.00	5,790.00	5,790.00	Final
005	Windows	1460		12,360.41	16,033.57	16,033.57	16,033.57	Final
005	Interior Doors	1460		12,775.00	9,331.84	1,580.99	1,580.99	Final
005	Water Heaters	1465		3,500.00	1,908.28	1,908.28	1,908.28	Final
005	Contingency	1502		5,000.00	4,655.61	4,498.99	4,498.99	Final
006	Tree Removal	1450		0	0	0	0	Final
006	Masonry/Stucco Cleaning	1450		0	0	0	0	Final
006	ADT Fire Security System	1460		71,217.00	70,217.00	70,217.00	70,217.00	Final
006	Repair Leaks	1460		3,000.00	3,000.00	1,188.45	1,188.45	Final
006	Exterior Windows Cleaned	1460		0	0	0	0	Final
006	Carpet Replacement (Unit)	1460		9,000.00	9,438.86	9,438.86	9,438.86	Final
006	Parapet Wall Repair	1460		126,074.66	129,065.69	129,065.69	129,065.69	Final
006	Trash Compactor	1465		17,400.00	17,400.00	17,400.00	17,400.00	Final
006	Boiler Compressor	1465		19,043.17	15,610.93	15,610.93	15,610.93	Final
006	Contingency	1502		10,000.00	11,321.95	11,321.95	11,321.95	Final
008	Repave Drives and Parking Area	1450		650.00	650.00	650.00	650.00	Final

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

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

Part II: Supporting Pages				Federal FFY of Grant: 2006				
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005-501 06 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
008	Landscaping	1450		4,800.00	4,800.00	4,800.00	4,800.00	Final
008	Toddler Playground	1450		3,000.00	936.73	0	0	Final
008	Basketball Goals	1450		0	0	0	0	Final
008	Repair Patio and Sidewalks	1450		0	0	0	0	Final
008	Front Door Seals	1460		0	0	0	0	Final
008	Gutters and Downspouts	1460		0	0	0	0	Final
008	Siding and Soffit Repair	1460		0	0	0	0	Final
008	Refrigerators	1460		9,450.00	11,667.77	11,667.77	11,667.77	Final
008	Interior Painting	1460		4,080.00	6,630.00	6,630.00	6,630.00	Final
008	Interior Doors	1460		12,442.53	1,122.70	1,122.70	1,22.70	Final
008	Windows	1460		3,697.62	3,837.22	3,837.22	3,837.22	Final
008	Water Heaters	1465		4,362.88	2,637.98	2,637.98	2,637.98	Final
008	Toilets	1465		0	0	0	0	Final
008	Community Room Repairs	1470		0	0	0	0	Final
008	Exterior Office Lighting	1470		1,197.25	3,186.72	3,186.72	3,186.72	Final
008	Heat Pump	1470		9,000.00	4,460.90	0	0	Final
008	Contingency	1502		9,618.63	9,668.13	9,668.13	9,668.13	Final

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

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

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

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

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

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

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

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

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P005-501 07 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval:</b>	
<b>PHA Name: Muncie Housing Authority</b>					
<b>IN36P005</b>					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<b>Summary by Development Account</b>		<b>Total Estimated Cost</b>		<b>Total Actual Cost<sup>1</sup></b>	
<b>Line</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>	
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	58,680.00	58,568.82.	58,568.82.	
3	1408 Management Improvements	50,000.00	50,000.00	49,945.71	
4	1410 Administration (may not exceed 10% of line 21)	20,000.00	20,000.00	19,813.91	
5	1411 Audit	5,000.00	5,000.00	2,934.62	
6	1415 Liquidated Damages	0.00	0.00	0.00	
7	1430 Fees and Costs	25,000.00	25,000.00	24,475.76	
8	1440 Site Acquisition	0.00	0.00	0.00	
9	1450 Site Improvement	5,000.00	5,000.00	3,423.12	
10	1460 Dwelling Structures	319,000.00	319,000.00	225,915.51	
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00	10,000.00	9,057.73	
12	1470 Non-dwelling Structures	5,000.00	5,000.00	4,972.17	
13	1475 Non-dwelling Equipment	25,000.00	25,000.00	20,434.36	
14	1485 Demolition	0.00	0.00	0.00	
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	
16	1495.1 Relocation Costs	1,000.00	1,000.00	0.00	
17	1499 Development Activities <sup>4</sup>	0.00	0.00	0.00	

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

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

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

<b>Part I: Summary</b>						FFY of Grant: 2007 FFY of Grant Approval:	
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005-501 07 Replacement Housing Factor Grant No: Date of CFFP:					
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	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)	45,000.00	45,000.00		44,960.51	44,960.51	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	568,680.00	568,680.00		464,502.22	464,502.22	
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						
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>		<b>Date</b>		<b>Date</b>	

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

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

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

<sup>4</sup> RHF funds shall be included here.

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

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

Part II: Supporting Pages							
PHA Name: Muncie Housing Authority IN36P005			Grant Type and Number Capital Fund Program Grant No: IN36P005-501 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
ALL	Operations	1406		58,680.00	58,568.82	58,568.82	58,568.82
ALL	PHM/FSS/RI/MOD	1408		15,000.00	13,629.88	13,629.88	13,629.88
ALL	Rent Coll. Pro. Trng	1408		15,000.00	0.00	0.00	0.00
ALL	Software Upgrades	1408		10,000.00	15,304.02	15,304.02	15,304.02
ALL	Vac. Red Trng/ Temp	1408		10,000.00	21,011.81	21,011.81	21,011.81
ALL	Administration	1410		20,000.00	19,813.91	19,813.91	19,813.91
ALL	Audit Cost	1411		5,000.00	2,934.62	2,934.62	2,934.62
ALL	A&E Professional	1430		15,000.00	20,202.47	20,202.47	20,202.47
ALL	Planning	1430		10,000.00	4,273.29	4,273.29	4,273.29
ALL	Site Acquisition	1440		50,000.00	0.00	0.00	0.00
ALL	Computer Upgrades	1475		10,000.00	8,799.20	8,799.20	8,799.20
ALL	Maintenance Equipment	1475		10,000.00	7,693.91	7,693.91	7,693.91
ALL	Office Equipment	1475		5,000.00	351.10	351.10	351.10
ALL	Demolition	1485		0.00	0.00	0.00	0.00
ALL	Relocation	1495		0.00	0.00	0.00	0.00
ALL	Dwelling Equipment	1465		0.00	6,736.03	6,736.03	6,736.03
ALL	Patio Doors	1460		0.00	227,078.79	122,238.68	122,238.68
Price Hall	Roof	1470		5,000.00	4,793.71	4,793.71	4,793.71
Price Hall	Contingency	1502		3,000.00	5,102.84	5,102.84	5,102.84

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

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



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 II: Supporting Pages			Federal FFY of Grant: 2007			
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: In36P005-501 07 CFFP (Yes/ No): Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>
						Funds Expended <sup>2</sup>
004	Office Parking Lot	1450		5,000.00	0.00	0.00
004	Dwelling Structures	1460		0.00	1,412.22	1,412.22
004	Windows	1460		0.00	170.76	170.76
004	Relocation	1495		1,000.00	0.00	0.00
004	Contingency	1502		12,000.00	8,498.17	8,498.17
005	Medicine Cabinet Replacement	1460		40,000.00	44,076.50	44,076.50
005	Patio Door Replacement	1460		54,514.00	2,425.00	2,425.00
005	HVAC	1460		10,000.00	2,782.68	2,782.68
005	Windows	1460		0.00	1,360.00	1,360.00
005	Interior Painting	1460		0.00	7,725.00	7,725.00
005	Dwelling Structures	1460		0.00	17,543.06	17,543.06
005	Water Heater	1465		5,000.00	654.31	654.31
005	Contingency	1502		10,000.00	14,918.54	14,918.54
005	Non-Dwelling Structures	1470		0.00	178.46	178.46

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

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

Part II: Supporting Pages								
PHA Name: Muncie Housing Authority IN36P005			Grant Type and Number Capital Fund Program Grant No: IN36P005-501 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
006	Site Improvement	1450		0.00	3,423.12	3,423.12	3,423.12	FINAL
006	Security Cameras	1460		40,000.00	1,872.58	1,872.58	1,872.58	FINAL
006	Carpet Replacement (Unit)	1460		10,000.00	2,270.15	2,270.15	2,270.15	FINAL
006	Lobby Renovations	1460		35,000.00	13,663.99	13,663.99	13,663.99	FINAL
006	Pest Control	1460		0.00	113.40	113.40	113.40	FINAL
006	HVAC	1460		0.00	26,342.00	26,342.00	26,342.00	FINAL
006	Non-Dwelling Equipment	1475		0.00	3,590.15	3,590.15	3,590.15	FINAL
006	Contingency	1502		10,000.00	6,281.96	6,281.96	6,281.96	FINAL
008	Patio Doors	1460		50,533.00	51,333.00	51,333.00	51,333.00	FINAL
008	Exterior Window Seals	1460		20,000.00	0.00	0.00	0.00	
008	Medicine Cabinets	1460		44,076.50	0.00	0.00	0.00	FINAL
008	Rood Shingles	1460		10,000.00	0.00	0.00	0.00	FINAL
008	Windows	1460		0.00	2,424.10	2,424.10	2,424.10	FINAL
008	Dwelling Structures	1460		0.00	23,571.96	23,571.96	23,571.96	FINAL
008	Water Heaters	1465		5,000.00	1,667.39	1,667.39	1,667.39	FINAL
008	Contingency	1502		10,000.00	10,159.00	10,159.00	10,159.00	FINAL

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

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

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

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

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

[illegible]

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

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

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

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P005-501 08 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval:</b>	
<b>PHA Name: Muncie Housing Authority</b>					
<b>IN36P005</b>					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost</b>	<b>Obligated</b>	<b>Total Actual Cost <sup>1</sup></b>
			<b>Revised<sup>2</sup></b>		<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	57,377.00	57,377.00	29,904.92	29,904.92
3	1408 Management Improvements	50,000.00	50,000.00	28,541.56	28,541.56
4	1410 Administration (may not exceed 10% of line 21)	20,000.00	20,000.00	19,794.10	19,794.10
5	1411 Audit	5,000.00	5,000.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	25,000.00	25,000.00	13,849.47	13,849.47
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	273,740.00	273,740.00	268.90	268.90
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	5,000.00	5,000.00	4,934.84	4,934.84
13	1475 Non-dwelling Equipment	29,000.00	29,000.00	1,735.50	1,735.50
14	1485 Demolition	22,260.00	22,260.00	22,260.00	22,260.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	1,000.00	1,000.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>	40,000.00	40,000.00	0.00	0.00

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

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

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

<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>		FFY of Grant: 2008 FFY of Grant Approval:	
PHA Name: Muncie Housing Authority IN36P005	Grant Type and Number Capital Fund Program Grant No: IN36P005 - 501 08 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Original	Total Actual Cost <sup>1</sup> Revised <sup>2</sup> 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)	45,395.00	23,628.02
20	Amount of Annual Grant:: (sum of lines 2 - 19)	573,772.00	144,917.31
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		Signature of Public Housing Director	
Date 1-19-10		Date	

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

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

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

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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 II: Supporting Pages							
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005-501 08 CFEP (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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
ALL	Operations	1406		58,680.00	57,377.00	29,904.92	29,904.92
ALL	PHM/FSS/RI/MOD	1408		15,000.00	15,000.00	1494.30	1494.30
ALL	Rent Coll.Pro. Trng	1408		15,000.00	15,000.00		
ALL	Software Upgrades	1408		10,000.00	10,000.00	2,398.00	2,398.00
ALL	Vac Red Trng/Temp	1408		10,000.00	10,000.00	24,649.26	24,649.26
ALL	Administration	1410		20,000.00	20,000.00	23,973.48	23,973.48
ALL	Audit Costs	1411		5,000.00	5,000.00		
ALL	A&E Professional	1430		15,000.00	15,000.00	13,849.47	13,849.47
ALL	Planning	1430		10,000.00	10,000.00		
ALL	Site Acquisition	1440					
ALL	Non-Dwelling Structures	1475		10,000.00	10,000.00	3,471.00	3,471.00
ALL	Maintenance Truck	1475		10,000.00	10,000.00		
ALL	Office Equipmentq	1475		8,000.00	8,000.00		
ALL	Demolition	1485		0.00	0.00	0.00	0.00
ALL	Relocation	1495		0.00	0.00	0.00	0.00
Price Hall	Roof	1470		5,000.00	5,000.00	1434.84	1434.84
Price Hall	Contingency	1502		3,000.00	3,000.00	13,910.25	13,910.25

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

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

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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Part II: Supporting Pages							Federal FFY of Grant: 2008		
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005-501 08 CFFP (Yes/ No): Replacement Housing Factor Grant No:							
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
004	Demolition	1485		10,000.00	10,000.00				
004	Relocation	1495		1,000.00	1,000.00				
004	Development Activities	1499		40,000.00	40,000.00				
004	Contingency	1502		10,000.00	10,000.00				
005	Interior Doors	1460		1,000.00	1,000.00				
005	Closet Doors	1460		20,000.00	20,000.00				
005	Concrete	1460		40,000.00	40,000.00				
005	Interior Painting	1460		5,000.00	5,000.00				
005	Front Exterior Doors	1460		25,000.00	25,000.00				
005	Contingency	1502		10,000.00	10,000.00				
006	Interior Painting	1460		4,000.00	4,000.00				
006	Intercom System	1460		75,000.00	75,000.00				
006	Replace Swag Light	1460		15,000.00	15,000.00				
006	Electric Door System	1460		10,000.00	10,000.00				
006	Contingency	1502		15,000.00	15,000.00	674.22	674.22	4.49%	

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

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



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

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

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

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OMB No. 2577-0226  
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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

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P005 - 501 09 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:</b> FFY of Grant Approval:	
<b>PHA Name: Muncie Housing Authority</b> <b>IN36P005</b>					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup></b>
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	116,390.00	116,390.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	58,195.00	58,195.00	31,633.45	31,633.45
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 <sup>4</sup>				

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

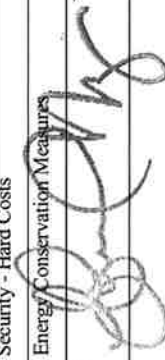
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

<sup>4</sup> RHF funds shall be included here.

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

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

<b>Part I: Summary</b>		<b>FFY of Grant:</b>	
<b>PHA Name:</b> Muncie Housing Authority IN36P005	<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P005 - 501 09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Revised<sup>2</sup></b>
		<b>Obligated</b>	<b>Expended</b>
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)		
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		
<b>Signature of Executive Director</b> 		<b>Signature of Public Housing Director</b>	
<b>Date</b> 1-19-10		<b>Date</b>	

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

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

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



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

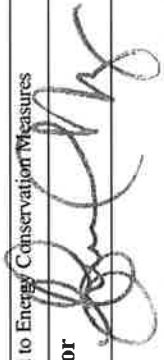
U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36R005-501 09 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	
<b>PHA Name: Muncie Housing Authority</b> <b>IN36P005</b>					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost</b>	<b>Obligated</b>	<b>Total Actual Cost <sup>1</sup></b>
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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 <sup>4</sup>	200,664.00	200,664.00	0.00	0.00

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

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

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

<b>Part I: Summary</b>		<b>FFY of Grant: 2009</b>			
PHA Name: Muncie Housing Authority IN36P005	Grant Type and Number Capital Fund Program Grant No: IN36R005-501 09 Replacement Housing Factor Grant No: Date of CFFP:				
Type of Grant <input 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 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> 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)	200,664.00	200,664.00	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				
<b>Signature of Executive Director</b> 		<b>Date</b> 1-19-10		<b>Signature of Public Housing Director</b>	
<b>Date</b>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
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<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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[illegible]

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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  
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<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36S005-501 09 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval:</b>	
<b>PHA Name: Muncie Housing Authority</b>					
<b>IN36P005</b>					
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<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			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Original</b>	<b>Total Estimated Cost</b>	<b>Obligated</b>	<b>Total Actual Cost<sup>1</sup></b>
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	87,248.00	87,248.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00	20,000.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	300,000.00	300,000.00	0.00	0.00
10	1460 Dwelling Structures	290,240.00	290,240.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	150,000.00	150,000.00	0.00	0.00
12	1470 Non-dwelling Structures	15,000.00	15,000.00	0.00	0.00
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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**Annual Statement/Performance and Evaluation Report**  
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<b>Part I: Summary</b>		<b>FFY of Grant: 2009</b>	
<b>PHA Name:</b> Muncie Housing Authority IN36P005	<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36S005 - 501 09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b>
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)	10,000.00	0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	872,488.00	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		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<b>Date</b> 1-19-10		<b>Date</b>	

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

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

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

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

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

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

# Capital Fund Program—Five-Year Action Plan

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

<b>Part I: Summary</b>						
PHA Name/Number : Muncie Housing Authority IN36P005		Locality (City/County & State) Muncie/Delaware County, Indiana		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	392,680.00	392,680.00	387,680.00	377,680.00
C.	Management Improvements		35,000.00	35,000.00	35,000.00	40,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		15,000.00	15,000.00	20,000.00	20,000.00
E.	Administration		56,000.00	56,000.00	56,000.00	56,000.00
F.	Other		30,000.00	30,000.00	30,000.00	35,000.00
G.	Operations		40,000.00	40,000.00	40,000.00	40,000.00
H.	Demolition		0.00	0.00	0.00	0.00
I.	Development		0.00	0.00	0.00	0.00
J.	Capital Fund Financing – Debt Service		0.00	0.00	0.00	0.00
K.	Total CFP Funds		568,680.00	568,680.00	568,680.00	568,680.00
L.	Total Non-CFP Funds					
M.	Grand Total					

**Capital Fund Program—Five-Year Action Plan**

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

**Part I: Summary (Continuation)**

PHA Name/Number: Muncie Housing Authority IN36P005		Locality (City/county & State) Muncie/Delaware County, Indiana		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
	<b>IN36P005</b> <b>-004 Parkview</b> <b>-005 Earthstone</b> <b>-006 Gillespie</b> <b>-008 Southern Pines</b>	<b>Annual Statement</b>	\$187,680.00 \$140,000.00 \$ 65,000.00	\$100,000.00 \$ 90,000.00 \$202,680.00	\$170,000.00 \$142,680.00 \$ 75,000.00	\$121,340.00 \$ 60,000.00 \$196,340.00
	<b>HA Wide</b>					
	Operations		\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00
	Mgmt. Improvements		\$35,000.00	\$35,000.00	\$35,000.00	\$40,000.00
	Administration		\$56,000.00	\$56,000.00	\$56,000.00	\$56,000.00
	Fees and Costs		\$30,000.00	\$30,000.00	\$30,000.00	\$35,000.00
	Non-Dwelling		\$15,000.00	\$15,000.00	\$20,000.00	\$20,000.00
	CFP Funds Listed for 5-year planning		\$568,680.00	\$568,680.00	\$568,680.00	\$568,680.00

**Capital Fund Program—Five-Year Action Plan**

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

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2011</u> FFY			Work Statement for Year: <u>2012</u> FFY		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	IN36P005			IN36P005		
Annual	-005 Earthstone Terrace			-005 Earthstone Terrace		
Statement						
	Renovate Bathrooms	100	102,680.00	Roof/Siding Repair		75,000.00
	Install New Floor Tile	As Needed	50,000.00	Interior Paint/Walls		15,000.00
	Interior Wall Repair/Paint		25,000.00	Water Heaters		5,000.00
	Water Heaters		5,000.00	Emergencies		5,000.00
	Emergencies		5,000.00			
	-006 Gillespie Tower			-006 Gillespie Tower		
	First Floor Renovation		120,000.00	Carpet Replacement/Hallways		60,000.00
	Carpet Replacement		7,500.00	Interior Walls/Paint		20,000.00
	Interior Walls Repair/Paint		7,500.00	Emergencies		10,000.00
	Emergencies		5,000.00			
	-008 Southern Pines			-008 Southern Pines		
	Install New Floor Tile		40,000.00	Renovate Bathrooms	100	102,680.00
	Interior Wall Repair/Paint		15,000.00	Roof/Siding Repair		75,000.00
	Water Heaters		5,000.00	Interior Wall Repair/Paint		15,000.00
	Emergencies		5,000.00	Water Heaters		5,000.00
				Emergencies		5,000.00
	Subtotal of Estimated Cost		\$392,680.00	Subtotal of Estimated Cost		\$392,680.00
	Cost					



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

Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2013</u> FFY _____			Work Statement for Year: <u>2014</u> FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	IN36P005			IN36P005		
Annual	-005 Earthstone Terrace			-005 Earthstone Terrace		
Statement						
	Window Repair/Replacement		95,000.00	Kitchen Upgrades		96,340.00
	Parking Lot/New Asphalt		40,000.00	Interior Walls/Paint		15,000.00
	Landscape Work		10,000.00	Water Heaters		5,000.00
	Interior Walls/Paint		15,000.00	Emergencies		5,000.00
	Water Heaters		5,000.00			
	Emergencies		5,000.00			
	-006 Gillespie Tower			-006 Gillespie Tower		
	Bathroom & Kitchen Renovations	100 units	120,000.00	Power wash & clean exteriors		20,000.00
	Laundry Room Upgrades		22,680.00	Paint EIFS Panels		40,000.00
	-008 Southern Pines			-008 Southern Pines		
	Parking Lot/New Asphalt		40,000.00	Window Repair/Replacement		75,000.00
	Landscape Work		10,000.00	Kitchen Upgrades		96,340.00
	Interior Walls/Paint		15,000.00	Interior Walls/Paint		15,000.00
	Water Heaters		5,000.00	Water Heaters		5,000.00
	Emergencies		5,000.00	Emergencies		5,000.00
	Subtotal of Estimated Cost		\$387,680.00	Subtotal of Estimated Cost		\$377,680.00

**Part III: Supporting Pages – Management Needs Work Statement(s)**

Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2011</u> FFY _____		Work Statement for Year: <u>2012</u> FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	PHA Wide		PHA Wide	
Annual	Staff Training/Travel	\$20,000.00	Staff Training/Travel	\$20,000.00
Statement	Strategic Planning	\$2,500.00	Strategic Planning	\$2,500.00
	Marketing and Advertisement	\$2,500.00	Marketing and Advertisement	\$2,500.00
	Employee Benefits	\$10,000.00	Employee Benefits	\$10,000.00
	Subtotal of Estimated Cost	\$35,000.00	Subtotal of Estimated Cost	\$35,000.00

**Part III: Supporting Pages – Management Needs Work Statement(s)**

Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2013</u> FFY _____		Work Statement for Year: <u>2014</u> FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	PHA Wide		PHA Wide	
Annual	Staff Training/Travel	\$20,000.00	Staff Training/Travel	\$10,000.00
Statement	Strategic Planning	\$2,500.00	Computer Upgrades	\$17,500.00
	Marketing and Advertisement	\$2,500.00	Marketing and Advertisement	\$2,500.00
	Employee Benefits	\$10,000.00	Employee Benefits	\$10,000.00
	Subtotal of Estimated Cost	\$35,000.00	Subtotal of Estimated Cost	\$40,000.00