

<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>
-----------------------------------	---	--

<b>1.0</b>	<b>PHA Information</b> PHA Name: <b>Exeter Housing Authority</b> <span style="float: right;">PHA Code: <b>NH014</b></span> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <b>10/2010</b>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <b>107</b> <span style="float: right;">Number of HCV units: <b>169</b></span>																										
<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.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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:					
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>05.1</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 Exeter Housing Authority is committed to excellence in offering quality, affordable, safe housing options and opportunities for the residents of Exeter</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>The Exeter Housing Authority Public Housing Goal is to improve the quality of assisted housing by continuing to improve PH Management (PHAS Score) 95+. Improve Voucher Management (SEMAP Score) 95+ Continuing to concentrate our efforts to improve specific management functions (list e.g., public housing finance, voucher unit inspections). Renovate or modernize public housing units. PHA Strategic Goal. Continue to undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status and disability. Continue to undertake affirmative measures to provide a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familial status and disability. Continue to undertake affirmative measures to insure accessible housing with all varieties of disabilities regardless of unit size required.</b>																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>Revised ACOP Policy</b> <b>Revised Section 8 Administrative Plan</b> <b>Revised Procurement Policy</b> <b>1. Rent Determination. Minimum rent for Public Housing has been raised to \$50.00</b> <b>2. Termination Policy: VAWA Protections, and Verifications of Domestic Violence, Dating Violence or Stalking policies have been added &amp; Confidentiality clause for above has been added.</b>  (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>The 5 year plan (2010/2015) and the Annual Plan for 2010/2011 are on display at the office of the Exeter Housing Authority, 277 Water Street, Exeter NH. 03833. Office hours 8:00am to 4:00pm Monday thru Friday.</b>																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> N/A																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										

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. <i>N/A</i></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>
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.</p> <p><b>Employ effective maintenance and management policies to minimize the number of public housing units off-line</b>  <b>Participate in the Consolidated Plan development process to ensure coordination with broader community strategies</b>  <b>Reduce time to renovate public housing units</b>  <b>Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction</b>  <b>Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration</b>  <b>Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program</b>  <b>Reduce turnover time for vacated public housing units</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. Latest FHAS scores have been over 95% and the latest SEMAP scores are over 98%. We have concentrated our efforts to improve all management functions as well as modernizing PH units, professionally making HQS inspections as well as offering advice to landlords on improving their units. We feel this professional advice and follow-up has drastically raised the standards of the Section 8 unit offerings in the area. We have continued to aggressively undertake affirmative measures to insure access to assisted housing regardless of race, color, religion, national origin, sex, familial status and disability. The EHA has continued to undertake affirmative measures to insure accessible housing with all varieties of disabilities regardless of unit size required.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <b>Definition – Substantial Deviations or Significant amendments or modifications are defined as discretionary changes in plans or policies of the Exeter Housing Authority that fundamentally change the missions, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.</b></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)  (b) <b>Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</b>  (c) <b>Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</b>  (d) <b>Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</b>  (e) <b>Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</b>  (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.  (g) Challenged Elements  (h) <b>Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</b>  (i) <b>Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</b></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.

**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 I: Summary</b>						
PHA Name/Number Exeter Housing Authority NH014		Locality Exeter, NH			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY _2110_____	Work Statement for Year 2 FFY _2112_____	Work Statement for Year 3 FFY ____2113_____	Work Statement for Year 4 FFY ____2114	Work Statement for Year 5 FFY _____
B.	Physical Improvements Subtotal	Annual Statement	122,722	93947	132178	220,213
C.	Management Improvements		1000	1000	1000	1000
D.	PHA-Wide Non-dwelling Structures and Equipment		1850	30,000.	564	
E.	Administration		1000	1000	1000	
F.	Other					
G.	Operations		35000	35000	35000	35000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		161,572	160 947.	169,742.	265,213.
L.	Total Non-CFP Funds					
M.	Grand Total					

**Part I: Summary (Continuation)**

Exeter Housing Authority NH014		Locality Exeter, Rockingham, NH			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____ 2012_____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
		Annual Statement				
	Linden Fields NH014-002		Physical Improvements 14,637	Physical Improvements	Physical Improvements	Physical Improvements
	Water Street NH014-003		Physical improvements 94,520	Physical Improvements	Physical Improvements	Physical Improvements
	PA/Auburn NH014-004		physical improvements 15,465	Physical Improvements	Physical Improvements	Physical Improvements
	PHA Wide		Operations 35000	Operations 35000	Operations 35000	Operations 35000

Operations 35000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year __2012_____ FFY _____			Work Statement for Year: __2013_____ 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 Annual Statement	NH003- Water Street	Repair exterior stucco	30000	NH003 Water Street	Computers	3000
		Replace smoke detect	1520		Refrigerators	30000
		Replace Cabinets	30000		Replace Cabinets	30000
					Paint units	1000
					Replace carpet	1000
					landscaping	1000
	NH003	Replace carpets	1000	NH0092 Linden Fields	Storage sheds	1500
		Paint units	1000		Counter top & sink	550
		landscaping	1000			
	NH002- Linden Fields	Bath accessories	432		Bath access	432
		Bath Fixtures	495		Bath fixtures	495
		Kitchen range	910		Kit range	910
		Electric Baseboard	9000		Counter top & cabinets	4100
		Sanitary waste & vent	2800		Heat strips	3000
	NH004 – PA/Auburn	PA- Bath Fix	330		Vent fans	2800
		Tubs	3600		ranges	8178
		ranges	1800	NH004 PA/Auburn	ranges	3822
		baseboards	9335		fence	849
		Vent fans	400		floors	2961
					Hot water heater	350
	PHA Wide	Operations	35000	PHA Wide	Operations	35000
		Mgt improvements	1000		Mgt improvements	1000
		admin	1000		admin	1000
	NH003-Water Street	Carpet tile & paint Front hallway & Office	30000		Fees & Costs truck	1000 30000
		Subtotal of Estimated Cost	\$ 160,622		Subtotal of Estimated Cost	\$163,947



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____	Work Statement for Year <u>2014</u> FFY _____			Work Statement for Year: <u>2015</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	NH003- Water Street	Stairs 3 Scrape & Paint	6000	NH003	Paint gazebo	4000
Annual		HWH - 2	2300		Common are carpet	49215
Statement		ranges	<b>38000</b>		Bath fixtures	14500
		Replace carpets	<b>1000</b>		Thermostats	<b>15000</b>
		Landscaping	<b>1000</b>		Carpets	<b>1000</b>
					Landscaping	1000
					Paint	1000
					Remediate waste pipes	1000
		Paint units	1000	Nh002	Vinyl Siding	80000
		refrigerators	30000		Walls ext	1080
	NH002 Linden Fields	Bath access	432		windows	30000
		Bath fix	485		ceilings	907
		ranges	910		Walls common areas	1176
		tub	1450		bath	432
		Vents	2600		Tub	495
		windows	30000		Smoke det	300
	NH004 PA/Auburn	Parking lot	564		Range & range Hood	910
		Heat strips	7001		Liv room vinyl	3718
					Counter top	550
	PHA Wide	Operations	35000	NH004 PA/Auburn	Vents	2600
		Mgt improvements	1000	Auburn	Replace sump pump	1330
		admin	<b>1000</b>		Operations	35000
		Fees & Costs	1000		Seal & stripe pl	10000
				NH003 Water Street	Add Circuits emergency generator	<b>10000</b>
		Subtotal of Estimated Cost	\$ 160,742		Subtotal of Estimated Cost	\$ <b>265,213</b>

Part III: Supporting Pages – Management Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year ____2012_____ FFY _____			Work Statement for Year: __2013_____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost		
See	Water street NH003	Repair exterior stucco	30000	Water Street NH	003Computers	3000
Annual		Replace smoke detect	1520		Refrigerators	30000
Statement		Replace Cabinets	30000		Replace Cabinets	30000
					Paint units	1000
					Replace carpet	1000
					landscaping	1000
		Replace carpets	1000	Linden Fields NH002	Storage sheds	1500
		Paint units	1000		Counter top & sink	550
		landscaping	1000			
	Linden Fields NH002	Bath accessories	432		Bath access	432
		Bath Fixtures	495		Bath fixtures	495
		Kitchen range	910		Kit range	910
		Electric Baseboard	9000		Counter top & cabinets	4100
		Sanitary waste & vent	2800		Heat strips	3000
	Auburn NH004	Bath Fix	330		Vent fans	2800
		Tubs	3600		ranges	8178
		ranges	1800	PA/Auburn NH004	ranges	3822
		baseboards	9335		fence	849
		Vent fans	400		floors	2961
					Hot water heater	350
	PHA-Wide	Operations	35000	PHA Wide	Operations	35000
		Mgt improvements	1000		Mgt improvements	1000
		admin	<b>1000</b>		admin	<b>1000</b>
		Carpet tile & paint Front hallway & Office	30000		Fees & Costs	1000
					truck	30000
		Subtotal of Estimated Cost	\$ 160,622		Subtotal of Estimated Cost	\$163,947

Part III: Supporting Pages – Management Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year __2014_____ FFY _____			Work Statement for Year: ____2015_____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost		
See	Water Street NH003	Stairs 3 Scrape & Paint	6000	Water Street NH003	Paint gazebo	4000
Annual		HWH - 2	2300		Common are carpet	49215
Statement		ranges	<b>38000</b>		Bath fixtures	14500
		Replace carpets	<b>1000</b>		Thermostats	<b>15000</b>
		Landscaping	<b>1000</b>		Carpets	<b>1000</b>
					Landscaping	1000
					Paint	1000
					Remediate waste pipes	1000
		Paint units	1000		Vinyl Siding	80000
		refrigerators	30000		Walls ext	1080
	Linden Fields NH003	Bath access	432	Linden Fields NH002	windows	30000
		Bath fix	485		ceilings	907
		ranges	910		Walls common areas	1176
		tub	1450		bath	432
		Vents	2600		Tub	495
		windows	30000		Smoke det	300
	PA/Auburn NH004	Parking lot	564		Range & range Hood	910
		Heat strips	7001		Living room vinyl	3718
					Counter top	550
	PHA Wide	Operations	35000	PA/Auburn NH004	Vents	2600
		Mgt improvements	1000		Replace sump pump	1330
		admin	<b>1000</b>	PHA Wide	Operations	35000
		Fees & Costs	1000		Seal & stripe pl	10000
					Add Circuits emergency generator	<b>10000</b>
		Subtotal of Estimated Cost	\$ 160,742		Subtotal of Estimated Cost	\$ <b>265,213</b>

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

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

**Part I: Summary**

PHA Name: Exeter Housing Authority  
 277 Water Street  
 Exeter NH 03833

NH014

Grant Type and Number  
 Capital Fund Program Grant No. NH36P01450110  
 Replacement Housing Factor Grant No:  
 Date of CFFP:

FFY of Grant: 2010/2011  
 FFY of Grant Approval: 2010

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
			Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFF Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		35000	35000		
3	1408 Management Improvements		1000	1000		
4	1410 Administration (may not exceed 10% of line 21)		1000	1000		
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		1000	10000		
8	1440 Site Acquisition					
9	1450 Site Improvement		9840	41840		
10	1460 Dwelling Structures		59350	60108		
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures		15900	1850		
13	1475 Non-dwelling Equipment		25710			
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 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: 2010/2011	
PHA Name: Exeter Housing Authority 277 Water Street Exeter NH 03833 NH014		Grant Type and Number Capital Fund Program Grant No: NH36F01450110 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 2 )	
Summary by Development Account		Final Performance and Evaluation Report	
Line		Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
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)	148,800..	150,798.
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities	36500	
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs	20000	
25	Amount of line 20 Related to Energy Conservation Measures	7140	
Signature of Executive Director <i>[Signature]</i>		Signature of Public Housing Director <i>[Signature]</i>	
Date		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.  
<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 II: Supporting Pages</b>		<b>Federal FFY of Grant: 2010</b>				
PHA Name: Exeter Housing Authority 277 Water Street Exeter NH 03833 NH014		Grant Type and Number Capital Fund Program Grant No: NH36P01450110 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>
14002 Linden Fields	Enclose dumpster on 3 sides w Stockade Upgrade 2 rips	1450		9840	9840	
	replace vanity Apt 12	1460		2850	2650	
	hand kit range hood exhaust motors countertops 6-7-11-13-			2400	0	
	replace 8 old hot water heaters	1460		6400	6400	
	Security Camera upgrade	1460		10,710	10,000	
	replace electrical panels	1475		15000	0	
	remediate 2 units sanitary waste system	1460		0	2600	
14003 Water Street	Kitchens			38000	0	
	IANDSCAPINGI	1450		0	2000	
	Replace hdcap bathrooms fixtures	1460		1500	1500	
	Replace Carpt	1460		1000	2628	
	Bathroom fans	1460		600	5000	
	Security Camera Upgrade, upgrade emergency lights	1460		14050	19050	
	Regrade entryways front & two sides paint units	1450 1460		0 0	30000 1000	

<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**

<b>Part II: Supporting Pages</b>		<b>Federal FFY of Grant: 2010</b>					
PHA Name: Exeter Housing Authority 277 Water Street Exeter NH 03833		Grant Type and Number Capital Fund Program Grant No: NH36P01450110 CFPP (Yes/ No): Replacement Housing Factor Grant No:					
NH014							
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>
NH004 Ports & Aubr Auburn	Replace garage door Replace HWH	1470 1460		1850 350	1850 600		
Portsmouth Ave	Paint Porches Lighting building mounted sump pump Bath fixtures-lavatoryBath fixtures -tub- -Bath Vanities, fans	1460 1460 1460 1460		2970	2000 300 1000 5380		
PHA wide							
	Operations	1406		35000	35000		
	Fees & Costs	1430		1000	10000		
	Mgt improvements	1408		1000	1000		
	Admin	1410		1000	1000		

<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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					<b>Federal FFY of Grant: 2010</b>
PHA Name: Exeter Housing Authority 277 Water Street Exeter NH 03833					NH014
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NH014-002 Linden Fields	07/15/2012		07/15/2014		
NH014-003 Water Street	07/15/2012		07/15/2014		
NH014-004 PA/Auburn	07/15/2012		07/15/2014		
PHA Wide	07/15/2012		07/15/2014		

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

† 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

Part I: Summary		Grant Type and Number		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: Exeter Housing Auth 277 Water Street Exeter NH 03833 NH014		Capital Fund Program Grant No: NH36P01450109 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant		Revised Annual Statement (revision no-01 )		Total Actual Cost <sup>1</sup>	
<input checked="" type="checkbox"/> Original Annual Statement		<input checked="" type="checkbox"/> Final Performance and Evaluation Report		Expended	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies			
Summary by Development Account		Total Estimated Cost		Total Actual Cost <sup>1</sup>	
Line		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	35000	35000	35000	35000
3	1408 Management Improvements	1000	1000		
4	1410 Administration (may not exceed 10% of line 21)	1000	1000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1000	1000		
8	1440 Site Acquisition				
9	1450 Site Improvement	1000	1000		
10	1460 Dwelling Structures	45000	45000	32822.11	32822.11
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	69000	66973	33666	33666
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 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: 2009		FFY of Grant Approval:	
PHA Name: Exeter Housing Authority NH-014	Grant Type and Number Capital Fund Program Grant No: NH36P01450109 Replacement Housing Factor Grant No: Date of CFFP:				
Type of Grant		<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:			
Summary by Development Account		Total Estimated Cost		Total Actual Cost <sup>1</sup>	
Line		Original	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)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	153000	150973	101488.11	101488.11
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>	
<i>[Signature]</i>		<i>[Signature]</i>		6-15-2010	

<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.

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Exeter Housing Authority		Grant Type and Number Capital Fund Program Grant No: NH36P01450109 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>	
NH014-PHA Wide	Bobcat	1475		32000	33666	33666	33,666.00	
	Ford F250 Truck	1475		33973	33973	0		
	computer	1475		2000	2000	0		
NH014-003 Water St	Kitchen Cabinets & Floors	1460		38000	38000	29888.42	29,888.42	
	Paint units	1460		1000	2264.94	2264.94	2264.94	
	carpets	1460		1000	1000			
	Heat Strips	1460		5000	2069.06	0	0	
NH014-PH Wide	Operations	1406		35000	35000	35,000.00	35,000.00	
	Management Improvements	1408		1000	1000	.0	0	
	Administrative	1410		1000	332	0	0	
NH014-003 Water St	site improvements	1450		1000	1000	0	0	
	roof ( Addl to Stimulus)	1460		0	668.75	668.75	668.75	
				150973	150,973	101,488.11	101,488.11	

<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

<b>Part II: Supporting Pages</b> PHA Name:		<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:		<b>Federal FFY of Grant:</b>				
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>	

<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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					<b>Federal FFY of Grant: 2009</b>
PHA Name: Exeter Housing Authority, 277 Water Street, Exeter NH, 03833 NH014					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	10/01/2011	09/15/2011	10/01/2013	09/15/2013	ACC
NH014-003	10/01/2011	09/15/2011	10/01-2013	09/15/2013	ACC

<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.

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

<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

Part I: Summary		Grant Type and Number		FFY of Grant: 2008	
PHA Name: Exeter Housing Authority 277 Water Street, Exeter NH NH014		Capital Fund Program Grant No: NH36P01450108 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2010					
Summary by Development Account		Total Estimated Cost		Total Actual Cost <sup>1</sup>	
Line		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	35000	35000	35000	35000.00
3	1408 Management Improvements	1000	0		
4	1410 Administration (may not exceed 10% of line 21)	10500	1903.00	1903.00	1903.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4000	6696.00	6696.00	6696.00
8	1440 Site Acquisition				
9	1450 Site Improvement	5000	0		
10	1460 Dwelling Structures	87934	103512	95128.61	95128.61
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	3000	0		
13	1475 Non-dwelling Equipment	5500	4823	4823.18	4823.18
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 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

<b>Part I: Summary</b>		FFY of Grant: 2008	
PHA Name: Exeter Housing Authority 277 Water Street, Exeter NH NH014	Grant Type and Number Capital Fund Program Grant No: NH36P01450108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3-31-2010 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no: )	
Summary by Development Account		Total Estimated Cost	Total Actual Cost <sup>1</sup>
Line		Original	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)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	151,934.00	143,551.
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		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.  
<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 II: Supporting Pages</b>		<b>Federal FFY of Grant: 2008</b>						
PHA Name: Exeter Housing Authority 277 Water Street, Exeter NH		Grant Type and Number Capital Fund Program Grant No: NH36P01450108						
NH014		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>	
PHA Wide	operations	1406		35000	35000	35000	35000	
	Mgt Improvements	1408		1000	0			
	Adm-Emergency Plan	1410		3000	0			
	Adm-Appraisal	1410		5000	0	0	0	
	fees & costs	1430		4000	6696.25	6696.25	6696.25	
	Comm Vacume	1475		1000	2565.48	2565.48	2565.48	
NH014-003	Railings	1450		4000	0	0	0	
	Card system outside doors	1460		13000	0	0	0	
	Kitchen Cabinets	1460		38000	52962.43	46,964.03	46964.03	
	Carpet & tile Bldg entrance	1460		8000	0	0	0	
	Breaker panels	1460		25000	15763.45	15763.45	15763.45	
	Survey Land	1410		2500	1903	1903.00	1903	
	Landscaping	1450		1000	0	0	0	
	Paint units 1460	1460		3934	10469.13	10469.13	10469.13	
	Carpet office	1470		2000	0	0	0	
	Paint office	1470		1000	0	0	0	
	Computers	1475		2000	0	0	0	
	Carpet cleaner	1475		2500	2257.70	2257.70	2257.70	
	Re Roof Building (excess stimulus)	1460		0	21932.00	21932	21932	
				151,934	151,934	143,351	143351	

<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**

<b>Part II: Supporting Pages</b>			<b>Federal FFY of Grant: 2008</b>					
PHA Name: Exeter Housing Authority 277 Water Street, Exeter NH NH014		Grant Type and Number Capital Fund Program Grant No: NH36P01450108 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Total Estimated Cost		Total Actual Cost		
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>	

<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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					Federal FFY of Grant: 2008
PHA Name: Exeter Housing Authority 277 Water Street, Exeter NH					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
NH014					
PHA Wide	6/13/2010		6/13/2012		
NH014-002	6/13/2010		6/13/2012		
NH014-003	6/13/2010		6/13/2012		
NH014-004	6/13/2010		6/13/2012		

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

<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.