PHA 5-Year and	U.S. Department of Housing and Urban	C
	Development	
Annual Plan	Office of Public and Indian Housing	

1.0	PHA Name: _LAKE CITY HOUSING AUTHORITY PHA Code: _SC018         PHA Type: Small High Performing X Standard HCV (Section 8)         PHA Fiscal Year Beginning: (MM/YYYY): _07/2010							
2.0	Inventory (based on ACC units at time of F Number of PH units: _287	Y beginning i —		umber of HCV units:311				
3.0	Submission Type 5-Year and Annual Plan	Annual I	Plan Only	5-Year Plan Only				
4.0	PHA Consortia	HA Consortia	a: (Check box if submitting a joi	int Plan and complete table bel				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units Program PH	s in Each HCV		
	PHA 1:				111			
	PHA 2:							
	PHA 3:							
5.0	5-Year Plan. Complete items 5.1 and 5.2 or	ily at 5-Year I	Plan update.					
5.1	Mission. State the PHA's Mission for servi jurisdiction for the next five years: TO PROMOTE ADEQUATE AND AFFOR ENVIRONMENT FREE FROM DISCRIM	DABLE HO				HA's		
	<ul> <li>Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</li> <li>TO MAINTAIN AND IMPROVE THE EXISTING PUBLIC HOUSING UNITS AND DEVELOP ADDITIONAL UNITS SHOULD FUNDING BE AVAILABLE. IMPROVE THE HCV PROGRAM WHEN PRACTICAL.</li> </ul>							
6.0	<ul> <li>PHA Plan Update</li> <li>(a) Identify all PHA Plan elements that hav</li> <li>(b) Identify the specific location(s) where the elements, see Section 6.0 of the instruction</li> <li>HOUISING AUTHORITY ADMINISTRATION</li> </ul>	ne public may ons. FIVE OFFICE	obtain copies of the 5-Year and ES, 398 N. MATTHEWS RD., I	l Annual PHA Plan. For a con LAKE CITY, SC 29560	-			
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.							
8.0	Capital Improvements. Please complete P	arts 8.1 throug	gh 8.3, as applicable.					
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.							
8.2	<b>Capital Fund Program Five-Year Action</b> <i>Program Five-Year Action Plan,</i> form HUD for a five year period). Large capital items r	-50075.2, and	l subsequent annual updates (on	a rolling basis, e.g., drop curre				
8.3	Capital Fund Financing Program (CFFP) Check if the PHA proposes to use any po- finance capital improvements.		apital Fund Program (CFP)/Rep	lacement Housing Factor (RH	F) to repay debt	incurred to		

**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Waiting Lists - PH - 349 HCV - 678 (Lower Florence Co. 578,Williamsburg Co. 100)

Public Housing Waiting List by Bedroom Size											
Size	0BR	1BR	2BR	3BR	4BR	5BR	6+BR	Total			
Elderly		1	5	1				7			
Near Elderly											
Handi/Disabled		9	10	3				22			
Single Fed Disp											
Family		86	143	66	21	4		320			
Totals		96	158	70	21	4		349			
Hispanic		1		1				2			
White		11	11	4	1			27			
Black		84	145	65	20	4		318			
Indian/Alaskan			1					1			
Asian											
Pacific Islander											
Mixed											

9.0

### Housing Choice Voucher Waiting List by Bedroom Size

Trousing Choice voucher waiting List by Deuroom Size									
Size	0BR	1BR	2BR	3BR	4BR	5BR	6+BR	Total	
Elderly		7	9	3	3			22	
Near Elderly									
Handi/Disabled		19	16	7	3			45	
Single Fed Disp									
Family	12	70	232	167	26	4		511	
Totals	12	96	257	177	32	4		578	
Hispanic			1	1				2	
White	1	9	15	9	1			35	
Black	11	84	240	166	29	4		534	
Indian/Alaskan			1					1	
Asian									
Pacific Islander				1				1	
Mixed									

Income ranges for waiting list families range from Very Low Income to Extremely Low Income

Vacant units in Florence County = 4,689\*

Vacant units in Williamsburg County = 1,838\*

Media Rent in Florence County =  $452^*$ 

Median Rent in Williamsburg County = \$373\*

Minority % of Renter Occupied Units in Florence County = 52.5%\*

Minority % of Renter Occupied Units in Williamsburg County = 74.9%\*

\* 2000 South Carolina Statistical Abstract

9	.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. The Housing Authority has a current application for additional public housing units using replacement housing factor funds and SC019019development funds, awaiting HUD approval and instructions The Housing Authority has HCV contract authority of 311 units and current inventory of 245 units. The Housing Authority issues additional vouchers when funding is sufficient. The Housing Authority conducts annual owners meetings to encourage additional housing investment and participation. Owners and participants are encouraged to seek housing outside of areas of minority concentration.
		<ul> <li>Additional Information. Describe the following, as well as any additional information HUD has requested.</li> <li>The Housing Authority adheres to requirements of the VAWA. The Housing Authority continues its relationship of the Pee Dee Coalition Against Criminal and Sexual Abuse to its residents, through support of the Coalitions programs and Resources. Leases and lease amendments have VAWA reporting attachments as a part of their issuance. Occupancy personnel have attended training specifically addressing criminal and sexual abuse.</li> <li>(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-</li> </ul>
1	0.0	<ul> <li>(a) Progress in Meeting Mission and Goals. Provide a oriel statement of the PHA's progress in meeting the mission and goals described in the S-Year Plan.</li> <li>The Housing Authority has upgraded and continues to improve unit performance through energy conservation measures. These improvements along with unit modernization continue to enhance our rental stock. Our units currently provide the best housing opportunity in 'our communities.</li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</li> </ul>
		A significant amendment is one that changes the intent, purpose or definition of an admissions or operating policy and will be accomplished by board action. Except that if the change is a result of law or regulatory change and/ or addition, then the PHA will follow the requirement of the change and/or addition and modify the affected policy as applicable.
		A significant amendment or modification to the PHA Plan is one that is not within the current five year plan and will require public and resident comment with the proper board action for work item and budget change.

11.0	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.
	<ul> <li>(a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)</li> </ul>
	<ul> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> </ul>
	<ul> <li>(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.</li> <li>(g) Challenged Elements</li> </ul>
	<ul> <li>(b) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)</li> </ul>

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 off ice 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)

 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.

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

Hope VI or Mixed Finance Modernization or Development. (a) 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.c fm

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

Conversion of Public Housing. With respect to public (c) 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.
- Capital Improvements. This section provides information on a PHA's 8.0 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;
    - To report on the Performance and Evaluation Report progress **(b)** on any open grants previously funded or CFFP; and
    - To record a budget revision on a previously approved open (c) 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:

- At the end of the program year; until the program is 1. completed or all funds are expended;
- When revisions to the Annual Statement are made, 2. 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 5year 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.

	Summary				
	me: LAKE CITYY IG AUTHORITY G AUTHORITY Grant Type and Number Capital Fund Program Grant No: SCI Replacement Housing Factor Grant N Date of CFFP:	6P018501-10 lo:			FFY of Grant: 2010 FFY of Grant Approval: 2010
Type of Orig	Grant International Statement International Reserve for Disasters/Emergencies for Disasters/Emergencies for Pariod Ending:		<ul> <li>Revised Annual Staten</li> <li>Final Performance and</li> </ul>	ent (revision no: )   Evaluation Report	
Line	Summary by Development Account		Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements	18000			
4	1410 Administration (may not exceed 10% of line 21)	40000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	175000			
10	1460 Dwelling Structures	250000			
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.

Part I: S	ummary				
PHA Nam LAKE CI HOUSING AUTHOR	Grant Type and Number           Capital Fund Program Grant No: SC16P018501-10           Replacement Howing Factor Grant No:	FFY of Grant:2010 FFY of Grant Approval: 2010			
Type of G	ant I Annual Statement I Reserve for Disasters/Emergenc	ies	□ R	evised Annual Statement (revision no:	)
	rmance and Evaluation Report for Period Ending:			inal Performance and Evaluation Report	
Line	Summary by Development Account		Total Estimated Cost	Total A	Actual Cost 1
		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)				
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	15000			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signatur	e of Executive Director Date		Signature of Public Ho	ousing Director	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.

Part II: Supporting Page	S									
PHA Name: LAKE CITYY HOUSING AUTHORITY			Grant Type and NumberICapital Fund Program Grant No: SC16P018501-10ICFFP (Yes/ No):IReplacement Housing Factor Grant No:I				Federal FFY of Grant: 2010			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estir	nated Cost	Total Actual	Cost	Status of Work	
					Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
HA WIDE	SECURITY PATROLS		1408		15000		Ŭ	1		
	DATA PROCESSING UPGRAD	ES	1408		3000					
	CGP ADMINISTRATION		1410		40000					
SC018001	REPLACEMENT WINDOWS/D	OORS	1460	30	75000					
SC018002	REPLACEMENT WINDOWS/D	OOR	1460	70	175000					
SC018001	FENCING		1450	30	50000					
SC018002	FENCING		1450	70	125000					

<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.

Capital Fu CFFP (Ye	nd Program Grant No: s/ No):			Federal ]	FFY of Grant:		
Work	Development	Quantity	Total Estima	ated Cost	Total Actual	Cost	Status of Work
	Account No.						
			Original	Revised <sup>1</sup>	Funds		
					Obligated <sup>2</sup>	Expended <sup>2</sup>	
			1			1	
						1	
	Capital Fu CFFP (Ye	CFFP (Yes/ No): Replacement Housing Factor Gra	Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: Work Development Quantity	Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: Work Development Quantity Total Estimation	Capital Fund Program Grant No:         CFFP (Yes/ No):         Replacement Housing Factor Grant No:         Work       Development         Account No.    Total Estimated Cost	Capital Fund Program Grant No:         CFFP (Yes/ No):         Replacement Housing Factor Grant No:         Work       Development         Account No.    Total Estimated Cost Total Actual O	Capital Fund Program Grant No:       CFFP (Yes/ No):         Replacement Housing Factor Grant No:       Replacement Housing Factor Grant No:         Work       Development Account No.         Quantity       Total Estimated Cost         Total Actual Cost         Original       Revised <sup>1</sup> Funds

<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 III: Implementation Schedule for Capital Fund Financing Program									
PHA Name:					Federal FFY of Grant:				
Development Number Name/PHA-Wide Activities		d Obligated Ending Date)		ls Expended 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					

<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:					Federal FFY of Grant:				
Development Number Name/PHA-Wide Activities	All Fund (Quarter I	l Obligated Ending Date)	All Fund (Quarter I	s Expended 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					

<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.

Par	t I: Summary					
	Name/Number LAKE CITY HORITY SC018	( HOUSING		/County & State) FLORENCE, SC	Original 5-Year Plan	Revision No:
А.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
В.	Physical Improvements Subtotal	Annual Statement	515000	5000000	444000	465000
C.	Management Improvements		23000	23000	25000	25000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		40000	40000	40000	40000
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
Κ.	Total CFP Funds					
L.	Total Non-CFP Funds					
М.	Grand Total		578000	563000	505000	530000

Name/Number LAKE CIT HORITY SCO18	Y HOUSING			C		
Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014	
PHA WIDE	Annual Statement	ADMINISTRATION SECURITY PATROLS DATA PROCESSING	ADMINISTRATION SECURITY PATROLS DATA PROCESSING	ADMINISTRATION SECURITY PATROLS DATA PROCESSING	ADMINISTRATION SECURITY PATROLS DATA PROCESSING	
SCO18001		KITCHEN RENOVATION		BATHROOM RENOVATION	ROOFING	
		V/C TILE LANDSCAPING				
SC018002		KITCHEN RENOVATION		BATHROOM RENOVATION	ROOFING	
		V/C TILE LANDSCAPING				
SC018003			KITCHEN RENOVATION			
SC018005		LANDSCAPING			KITCHEN RENOVATION	
	HORITY SCO18 Development Number and Name PHA WIDE SCO18001 SCO18002 SCO18003	Development Number and NameWork Statement for Year 1 FFY 2010PHA WIDEAnnual StatementSCO18001	LAKE CITY / LAKE CITY / Development Number and NameWork Statement for Year 1 FFY 2010Work Statement for Year 2 FFY 2011PHA WIDEAnnual StatementADMINISTRATION SECURITY PATROLS DATA PROCESSINGSCO18001V/C TILE LANDSCAPINGSC018002V/C TILE LANDSCAPINGSC018003OSC018003O	HORITY SC018       LAKE CITY /FLORENCE, SC         Development Number and Name       Work Statement for Year 1 FFY 2010       Work Statement for Year 2 FFY 2011       Work Statement for Year 3 FFY 2012         PHA WIDE       Annual Statement       ADMINISTRATION SECURITY PATROLS DATA PROCESSING       ADMINISTRATION SECURITY PATROLS DATA PROCESSING         SC018001       V/C TILE       Image: Comparison of the comparison of	HORITY SCO18       LAKE CITY /FLORENCE, SC       Law Construction         Development Number and Name       Work Statement for Year 1 FFY 2010       Work Statement for Year 2 FFY 2011       Work Statement for Year 3 FFY 2012       Work Statement for Year 4 FFY 2013         PHA WIDE       Annual Statement       ADMINISTRATION SECURITY PATROLS DATA PROCESSING       ADMINISTRATION SECURITY PATROLS DATA PROCESSING       ADMINISTRATION SECURITY PATROLS DATA PROCESSING       ADMINISTRATION SECURITY PATROLS DATA PROCESSING         SC018001       V/C TILE       BATHROOM RENOVATION       BATHROOM RENOVATION         SC018002       KITCHEN RENOVATION       BATHROOM RENOVATION         SC018002       KITCHEN RENOVATION       BATHROOM RENOVATION         LANDSCAPING       LANDSCAPING       BATHROOM RENOVATION         SC018003       LANDSCAPING       LANDSCAPING       LANDSCAPING	

Part II: Sup	porting Pages – Physic	cal Needs Work State	ement(s)			
Work		Work Statement for Year 2	2	V	Work Statement for Year: 3	
Statement for		FFY 2011_	-		FFY 2012	
Year 1 FFY 2010	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	PHA WIDE ADMINISTRATION SECURITY PATROLS DATA PROCESSING	1	63000	PHA WIDE ADMINISTRATION SECURITY PATROLS DATA PROCESSING	1	63000
Annual	SC018001 KITCHEN RENOVATION V/C TILE LANDSCAPING	30	200000	SC018003 KITCHEN RENOVATION	118	500000
Statement	SC018002 KITCHEN RENOVATION V/C TILE LANDSCAPING	70	300000			
	SC018005 LANDSCAPING	52	15000			
	Sub	total of Estimated Cost	\$578,000.00	Sub	total of Estimated Cost	\$563,000.00

Part II: Sup	porting Pages – Physic	cal Needs Work State	ement(s)			
Work		Work Statement for Year 4	ŀ	W	/ork Statement for Year:5	
Statement for		FFY 2013	-		FFY 2014	-
Year 1 FFY 2010	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	PHA WIDE ADMINISTRATION SECURITY PATROLS DATA PROCESSING	1	65000	PHA WIDE ADMINISTRATION SECURITY PATROLS DATA PROCESSING	1	65000
Annual						
Statement	SC018001 BATHROOM RENOVATION	30	90000	SC018001 ROOFING	30	85000
	SC018002 BATHROOM RENOVATION	70	250000	SC018002 ROOFING	70	180000
	SC018003 FENCING	58	100000	SC018005 KITCHEN RENOVATION V/C TILE	52	200000
	Sub	total of Estimated Cost	\$ 505,000.00	Subto	otal of Estimated Cost	\$530,000.00

Part III: Sup	pporting Pages – Management Needs Worl	k Statement(s)		
Work	Work Statement for Year		Work Statement for Year:	
Statement for	FFY		FFY	
Year 1 FFY	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
	General Description of Major Work Categories		General Description of Major Work Categories	
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Sup	pporting Pages – Management Needs Worl	k Statement(s)		
Work	Work Statement for Year		Work Statement for Year:	
Statement for	FFY		FFY	
Year 1 FFY	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
	General Description of Major Work Categories		General Description of Major Work Categories	
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

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RHF funds shall be included here.

<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.

	nt Annual Statement ance and Evaluatio Summary by Deve Summon-CFP Fun 1406 Operations (m
3	1408 Management Improvements
4	1410 Administration (may not exceed
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-Nonexpenda
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>

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

Part I: Summary PHA Name: LAKE CITYY HOUSING AUTHORITY

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<b>Grant Type and Number</b> Capital Fund Program Grant No: SC16P01 Replacement Housing Factor Grant No: Date of CFFP:	18501-10			FFY of Grant Approval: 2010
Reserve for Disasters/Emergencies		Revised Annual Statement (	t (revision no: )	
ccount		Cost	Ţ	otal Actual Cost
	Original	Revised <sup>2</sup>	Obligated	Expended
ed 20% of line 21) <sup>3</sup>				
nts	18000			
exceed 10% of line 21)	40000			
				÷
	175000			
	250000			
Nonexpendable				
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stration				

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

## Y of Grant: 2010

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<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> PHE funde shall be included here. RHF funds shall be included here.

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buc Housing Director				
	Signature of Pub	Date 4/1/10	ure of Executive Director	Signature
			Amount of line 20 Related to Energy Conservation Measures	25
			Amount of line 20 Related to Security Hard Costs	24
		15000	F N	23
			Amount of line 20 Related to Section 504 Activities	22
			Amount of line 20 Related to LBP Activities	21
			Amount of Annual Grant:: (sum of lines 2 - 19)	20
			1502 Contingency (may not exceed 8% of line 20)	61
			9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba
			1501 Collateralization or Debt Service paid by the PHA	18a
Revised <sup>2</sup> Obligated		Original		
	<b>Total Estimated Cost</b>		Summary by Development Account	Line
☐ Final Performance and Evaluation Report			Performance and Evaluation Report for Period Ending:	Pe
Revised Annual Statement (revision no:		Emergencies	Original Annual Statement	
			of Grant	Type of
FFY of Grant:2010 FFY of Grant Approval: 2010			Name: E CITYY E CITYY ISING HORITYGrant Type and Number Capital Fund Program Grant No: SC16P018501-10 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: LAKE CITYY HOUSING AUTHORITY
			Summary	Part I:

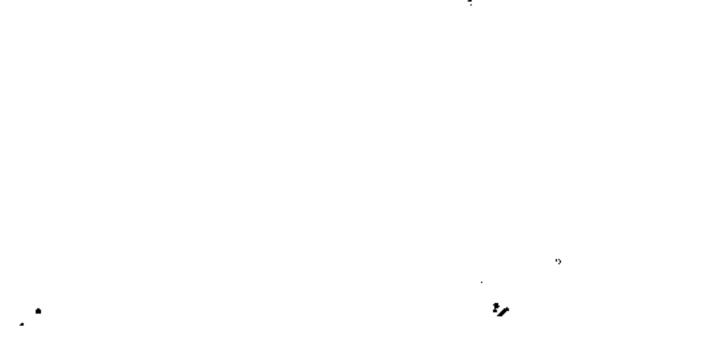
Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report **Capital Fund Financing Program** 

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### U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 tual Cost<sup>1</sup> $\smile$ Expires 4/30/2011 • Expended Date -. 9 • \*/ • Å

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Part II: Supporting Pages									
PHA Name: LAKE CITY	YY HOUSING AUTHORITY	Grant Type Capital Fund CFFP (Yes/] Replacement	apital Fund Program Grant No FFP (Yes/ No): eplacement Housing Factor Gr	iber Grant No: SC16P018501 Factor Grant No:	-10	Federal	FFY of Grant: 201	10	
Development Number Name/PHA-Wide Activities	General Description of Major W Categories	Vork I	Development Account No.	Quantity	Total Estimate	ted Cost	Total Actual C	Cost	Status of Work
					Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA WIDE	SECURITY PATROLS	1	408		15000				
	DATA PROCESSING UPGRADES		408		3000				
	CGP ADMINISTRATION		1410		40000				
SC018001	REPLACEMENT WINDOWS/DO		1460	30	75000				
SC018002	OWS/DO	ÖR 1	1460	70	175000				
SC018001	FENCING	1	450	30	00000				
SC018002	FENCING	1	450	70	125000				

# Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/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. <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

# form HUD-50075.1 (4/2008)

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## **Capital Fund Program** Five-Φ ar **Action Plan**

M. (	L. 1	К. Т		J. C	l.	H. I	G. (	F.	E.		D. P	C. N	B. P		P.		AUTHO	PHA N	Fart I:
Grand Total	Total Non-CFP Funds	Fotal CFP Funds	Debt Service	Capital Fund Financing –	Development	Demolition	Operations	Other	Administration	Structures and Equipment	PHA-Wide Non-dwelling	Management Improvements	Physical Improvements Subtotal		Name	Development Number and	HORITY SC018	PHA Name/Number LAKE CITY	: Summary
														FF Y 2010	for Year 1	Work Statement		7 HOUSING	
578000									40000			23000	515000		FFY 2011	Work Statement for Year 2	LAKE CITY /FI	Locality (City/	
563000									40000			23000	5000000		FFY	Work Stateme	LORENCE, SC	City/County & State)	

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	nol 5 Voor Dion	
	⊠Original 5-Year Plan □F	Revision No:
nent for Year 3 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
	444000	465000
	25000	25000
	40000	40000
	505000	530000

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

form HUD-50075.2 (4/2008)

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### Capital Fund Program 1 و است

	SC018005	SC018003		SC018002		SCO18001	PHA WIDE		A. and Name	Development Number	PHA Name/Number LAKE C AUTHORITY SCO18	<b>Part I: Summary (Conti</b>
								FFY 2010	Statemen	ıber	CITY HOUSIN	1 -

	Locality (C LAKE CIT Statement for Vear	Vear	<b>Work Statement</b>
0 r_nr for	Work Statement for Year 2 FFY 2011		
	ADMINISTRATION SECURITY PATROLS DATA PROCESSING	ADMINISTRATION SECURITY PATROLS DATA PROCESSING	
	<b>CITCHEN RENOVATION</b>		
	V/C TILE		
	<b>SITCHEN RENOVATION</b>		
	V/C TILE		┝┣
	ANDSCAPING		┠───┥
		KITCHEN RENOVATION	ļ
	ANDSCAPING		

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	office of Public and Indian Housing Expires 4/30/20011
-Year Plan	Revision No:
ment for Year 4	Work Statement for Year 5 FFY 2014
EATION PATROLS	ADMINISTRATION SECURITY PATROLS
Z	ROCESSINC
N N N	ROOFING
S S S	ROOFING
	RENOVATION
	V/C TILE

## form HUD-50075.2 (4/2008) :

# **Capital Fund Program—Five-Ye**

					Year 1 FFY 2010	Part II: Sup Work Statement for
Subtota	LANDSCAPING	SCO18002 KITCHEN RENOVATION V/C TILE	SC018001 KITCHEN RENOVATION V/C TILE LANDSCAPING	PHA WIDE ADMINISTRATION SECURITY PATROLS DATA PROCESSING	Development Number/Name General Description of Major Work Categories	porting Pages – Physica W

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Page 3 of 6

form HUD-50075.2 (4/2008)

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al of Estimated Cost				52		70		ζ.		1			Quantity	FFY 2011	Chatamant far	Needs Work Stateme	
\$578,000.00				15000		30000		<b>20000</b>		63000			<b>Estimated</b> Cost			ment(s)	
Subt								RENOVATION	DATA PROCESSING	PHA WIDE	Major Work Categories	Number/Name	Development				
btotal of Estimated Cost								110					Quantity	FFY 2012	Wark Statement for Vear 3		
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## Capital Fund Program-Five-Yea

Developmen Number/Nam General Descriptic Major Work Categ PHA WIDE ADMINISTRATION SECURITY PATF DATA PROCESSI SC018001 BATHROOM RENOVATION SC018002 BATHROOM RENOVATION SC018003 FENCING																	2010	Year 1 FFY	Statement for	Work	<b>Part II: Sup</b>
	Sub		ENCI	C018		HROC	C018	DVAT	ATH	)18	CESSIN	<b>ITY PATROL</b>	ADMINISTRATION	Γ	Major Work Categories	General Description of					porting Pages – Physical

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age	
4 0	
)f 6	

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Work	ment(s)		Office	e of Public and Indian Housing Expires 4/30/20011
<b>Needs Work Statemen</b>	ment(s)			
nent for			Work Statement for Year:5	
			FFY 2014	•
Quantity	Estimated Cost	Development Number/Name	Quantity	Estimated Cost
		General Description of Major Work Categories		
	65000	PHA WIDE	1	65000
		ADMINISTRATION SECURITY PATROLS		
30	90000	SC018001 ROOFING	30	85000
70	250000	SC018002 ROOFING	70	180000
85	10000	SC018005 KITCHEN RENOVATION V/C TILE	52	20000
al of Estimated Cost	\$ 505,000.00	Sul	Subtotal of Estimated Cost	\$530,000.00

## form HUD-50075.2 (4/2008)

RHF funds shall be included her

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<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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17 1499 Development Act	16 1495.1 Relocation Cost	15 1492 Moving to Work I	14 1485 Demolition	13 1475 Non-dwelling Equ	12 1470 Non-dwelling Stru	11 1465.1 Dwelling Equip	10 1460 Dwelling Structur	9 1450 Site Improvement	8 1440 Site Acquisition	7 1430 Fees and Costs	6 1415 Liquidated Damag	5 1411 Audit	4 1410 Administration (m	3 1408 Management Impr	2 1406 Operations (may n	1 Total non-CFP Funds	Line Summary by Develop	tatement Evaluation		
pment Activities 4	ation Costs	to W	tion	velling Equipment	velling Structures		ng Structures	provement	quisition	Cos	ted Damages		stration (may not exceed 10%	ment Improvements	ons (may not exceed 20% of li	Fun		t on Repor	Capital Fund Replacement Date of CFF	-

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

**Capital Fund Financing Program** 

# ype and Number und Program Grant No: SC16P01850109 nent Housing Factor Grant No: YFFP:

r Disasters/Emergencies nding: 03/31/2010		Revised Annual Statement (revision no: Final Performance and Evaluation	on no: uation Report
	Total Esti	imated Cost	Total Act
	Original	Revised <sup>2</sup>	Obligated
ine 21) '			
	33000		
of line 21)	46395		46394
	79550		119334
	205000		224899
able	100000		

### U.S. Department of Housin Office of ] FFY of Grant: 2009 FFY of Grant Approval: 2009 ng and Urban Development f Public and Indian Housing OMB No. 2577-0226 tual Cost <sup>1</sup> Expended 46394 109400 Expires 4/30/2011

## D-50075.1 (4/2008)

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

Signature of Executive Director	Signatur
Amount of line 20 Related to Energy Consen	25
Amount of line 20 Related to Security Hard	24
Amount of line 20 Related to Security - Soft	23
Amount of line 20 Related to Section 504 Ac	22
Amount of line 20 Related to LBP Activities	21
Amount of Annual Grant:: (sum of lines 2 -	20
1502 Contingency (may not exceed 8% of lin	19
9000 Collateralization or Debt Service paid V Payment	18ba
1501 Collateralization or Debt Service paid b	18a
Summary by Development Account	Line
Performance and Evaluation Report for Period E	X Perfor
Original Annual Statement	Origin
Int	Type of Grant
<b>TY</b> Date of CFFP:	AUTHORITY
	LAKE CITY
	HA Na
Summary	Part I: Su

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

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	Director	Signature of Public Housing Di	S	
			100000	Servation Measures
				ard Costs
			20000	officerals
				Activities
				Б.
	390627		463945	2 - 19)
				(line 20)
				d Via System of Direct
				d by the PHA
	Obligated	Revised <sup>2</sup>	Original	
		Fotal Estimated Cost	To	
	ormance and Evaluation	Final Perfe		1 Ending: 3/31/2009
_	Statement (revision n	Revised Annual	icies	Reserve for Disasters/Emergencies
	rant:2009 rant Approval: 2009	FFY of C		lo: SC16P01850109 Grant No:

<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.

### of Grant:2009 U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011 ual Cost<sup>1</sup> -56188 Expended Date • ••

D-50075.1 (4/2008)

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

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									SC018001&2	SC018003	SC018005	PHA WIDE	Name/PHA-Wide Activities	n		Name: LAKE	Part II: Supporting Pages
									ADDITIONAL PARKING		BATHROOM RENOVATION	ADMINISTRATION	Categories	General Description of Major		HOUSING AUTHORITY	
									1450	1460	1460	1410	Account No.	Work Development	(Yes/ No): NO ement Housin	int Type and Nu	
						 			100	118	118			Quantity	Gra	nt No. SC16P018	

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

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

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

1850109	60	Federal I	FFY of Grant: 2009	60	
Ţ	Total Estimated	ted Cost	Total Actual (	ost	Status of Work
	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	46395		46394		100%
	205000		171675	56176	
			53224	53224	100%
	79550		119334		
				y	.4

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# form HUD-50075.1 (4/2008)

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Grants for operations.

<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 R
 <sup>3</sup> PHAs with under 250 units in management may use 100% of CFP
 <sup>4</sup> RHF funds shall be included here.

I Relocation (	16
Moving to W	15
1485 Demolition	14
1475 Non-dwelling Equipment	13
1470 Non-dwelling Structures	12
1465.1 Dwelling Equipment—Nonexpendal	11
1460 Dwelling Structures	10
1450 Site Improvement	9
1440 Site Acquisition	8
1430 Fees and Costs	7
1415 Liquidated Damages	6
1411 Audit	5
1410 Administration (may not exceed 10%)	4
1408 Management Improvements	3
1406 Operations (may not exceed 20% of lir	2
Total non-CFP Funds	
Summary by Development Account	Line
of Grant riginal Annual Statement Reserve for erformance and Evaluation Report for Period Er	Type of Gra
Replacemen Date of CFF	
Y Y	PHA Name: AUTHORIT
nmary	art I:

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Annual Statement/Performance and Evaluatic Capital Fund Program, Capital Fund Program **Capital Fund Financing Program** -

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n Report Replacement Housing I	Factor and			U.S. Department of I Off	f Housing and U ffice of Public a ON	nd Urban Development lic and Indian Housing OMB No. 2577-0226 Expires 4/30/2011
and Number Program Grant No: SC16S018501 Housing Factor Grant No: P:	1850109				FFY of Grant: FFY of Grant	of Grant: 2009 of Grant Approval: 2009
r Disasters/Emergencies			<b>Revised Annual Statement (revision</b>	t (revision no: )		
ding: 03/3			Final Performance and	Evaluation Report		
		Total Esti	Estimated Cost		Total Actual Cost	ist '
	Original		Revised*	Obligated	Ехр	Expended
ne 21) <sup>3</sup>						
of line 21)					-	
	636846			636846	539	9503
ble						
ance and Evaluation Report. ance and Evaluation Report or a	Revised Annual	Statement.				

## 50075.1 (4/2008)

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ature of Executive Director	Sig
Amount of line 20 Related to Energy Conser	25
Amount of line 20 Related to Security - Hard	24
Amount of line 20 Related to Security Soft	23
Amount of line 20 Related to Section 504 Activit	22
Amount of line 20 Related to LBP Activities	21
Amount of Annual Grant:: (sum of lines	20
1502 Contingency (may not exceed 8% of	19
9000 Collateralization or Debt Service paid Payment	18ba
1501 Collateralization or Debt Service paid	18a
Summary by Development Account	Line
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<sup>2</sup> To be completed for the Performance and Evaluation Report. <sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

Part II: Supporting Pages								
A Name: LAKE CIT	HOUSING AUTHORITY	<b>Grant Type</b> Capital Fund CFFP (Yes/1 Replacement	<b>Grant Type and Number</b> Capital Fund Program Grant No: SC CFFP (Yes/ No): NO Replacement Housing Factor Grant	: SC16S01850109 ant No:	9	Federal	FFY of Grant: 20	2009
Development Number Name/PHA-Wide Activities	General Description of Major V Categories	Work	Development Account No.	Quantity	Total Estimated	ted Cost	Total Actual (	Cost
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# Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

**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

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# form HUD-50075.1 (4/2008)

4 RHF funds shall be included here.

<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.

IA Name: LAKE CITY HOUSING JTHORITY         Pe of Grant Original Annual Statement Performance and Evaluation Report         ne       Summary by Development / Performance and Evaluation Report         1406 Operations (may not exc 1406 Operations (may not exc 1408 Management Improvem 1410 Administration (may not exc 1410 Administration (may not 1411 Audit         1411 Audit         1413 Liquidated Damages         1440 Site Acquisition         1450 Site Improvement         1460 Dwelling Structures         1470 Non-dwelling Equipment-         1475 Non-dwelling Equipmer         1485 Demolition         1495.1 Relocation Costs	1499 Development Activities *	
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Annual Statement/Performance and Evaluation Capital Fund Program, Capital Fund Program **Capital Fund Financing Program** 

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

# **Replacement Housing Factor and**

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## U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 ual Cost<sup>1</sup> Expires 4/30/2011 Expended

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

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Part II: Supporting Pages								
Name: LAKE CIT	Y HOUISING AUTHORITY	<b>Grant Ty</b> Capital Fu CFFP (Ye Replacem	rant Type and Number apital Fund Program Grant No: FFP (Yes/ No): NO eplacement Housing Factor Grant No: SC16R0185	ant No: SC16R	)1850109	Federal F	FY of Grant:	2009
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## Capital Fund Program, Capital Fund Program Annual Statement/Performance and Evaluation Report **Replacement Housing Factor and**

**Capital Fund Financing Program** 

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

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

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4 RHF funds shall be included here.

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<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.

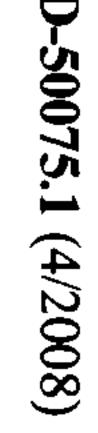
1499 Development Activities <sup>4</sup>	17
1495.1 Relocation Costs	16
1492 Moving to Work Demonstration	15
1485 Demolition	14
1475 Non-dwelling Equipment	13
1470 Non-dwelling Structures	12
1465.1 Dwelling Equipment—Nonexpendab	11
1460 Dwelling Structures	10
1450 Site Improvement	9
1440 Site Acquisition	8
1430 Fees and Costs	7
1415 Liquidated Damages	6
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Annual Statement/Performance and Evaluatio Capital Fund Program, Capital Fund Program **Capital Fund Financing Program** 

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

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<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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## U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 tual Cost<sup>1</sup> $\sim$ Expires 4/30/2011 Expended





# Annual Statement/Performance and Evaluatic Capital Fund Program, Capital Fund Program Capital Fund Financing Program

Part II: Supporting Pages									
KE	HOUISING AUTHORITY	<b>Grant Type</b> Capital Fund CFFP (Yes/ Replacemen	<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): NO Replacement Housing Factor Grant No: SC16R0185	ant No: SC16R	)1850108	Federal F	FY of Grant: 2008	8	
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<sup>2</sup> To be completed for the Performance and Evaluation Report. <sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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



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4 RHF funds shall be included here.

<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.

1499 Development Activities <sup>4</sup>	17
1495.1 Relocation Costs	16
1492 Moving to Work Demonstration	15
1485 Demolition	14
1475 Non-dwelling Equipment	13
1470 Non-dwelling Structures	12
1465.1 Dwelling Equipment—Nonexpenda	11
1460 Dwelling Structures	10
1450 Site Improvement	9
1440 Site Acquisition	8
1430 Fees and Costs	7
1415 Liquidated Damages	6
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Annual Statement/Performance and Evaluatic Capital Fund Program, Capital Fund Program **Capital Fund Financing Program** 

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e and Number d Program Grant No: nt Housing Factor Grant No: SCR0 7P:	R01850107			FFY	/ of Grant: 2007 / of Grant Approval: 2007
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Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report •

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<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.

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

## 50075.1 (4/2008)

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

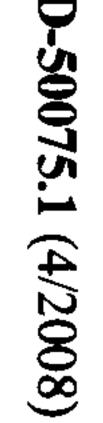
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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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



RHF funds shall be included here.

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

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2	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—Nonexpenda
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>

**Capital Fund Financing Program** Annual Statement/Performance and Evaluation Capital Fund Program, Capital Fund Program

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Part I: Summary PHA Name: LAKE CITY HOUSING AUTHORITY

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4 RHF funds shall be included here.

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<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.

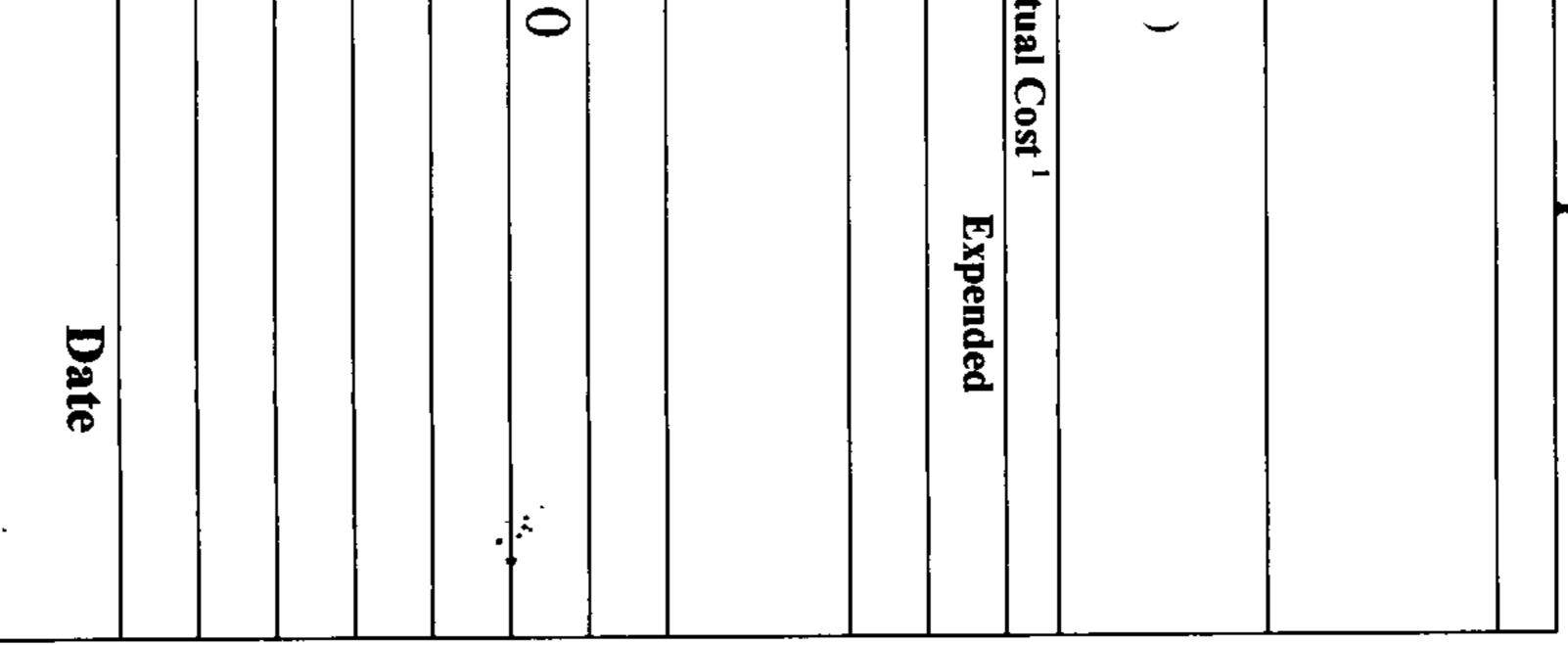
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Amount of line 20 Related to Security Hard	24	
Amount of line 20 Related to Security - Soft	23	
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Amount of line 20 Related to LBP Activities	21	
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Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and **Capital Fund Financing Program** 

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🕂	<b>Final Performance and Evaluation Report</b>	Final Pe		Ending: 03/31/2010
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				rant No: SC16R01850106
	Grant:2006 Grant Approval: 2006	FFY of G		

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



## form HUD-50075.1 (4/2008)

									PHA WIDE		Development Number Name/PHA-Wide Activities		Part II: Supporting Pages PHA Name: LAKE CITY
									DEVELOP ADDITIONAL HOUSI		General Description of Major Wo Categories		HOUISING AUTHORITY
							-		JSING   1499		Work Dev Acc	apital Fund Pro FFP (Yes/ No) eplacement Ho	Frant Type and
									$\mathbf{i}$		Development Account No.	Capital Fund Program Grant No: CFFP (Yes/ No): NO Replacement Housing Factor Grant No: SC16R01	1 Number
											Quantity	ant No: SC16R	
					:				36438	Original	Total Estimate	01850106	
										Revised <sup>1</sup>	ated Cost		Federal I
									0	Funds Obligated <sup>2</sup>	Total Actual		FFY of Grant: 2
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## Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

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



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

<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.

1499 Development Activities <sup>4</sup>	17
1495.1 Relocation Costs	16
1492 Moving to Work Demonstration	15
1485 Demolition	14
1475 Non-dwelling Equipment	13
1470 Non-dwelling Structures	12
1465.1 Dwelling Equipment—Nonexpendal	11
1460 Dwelling Structures	10
1450 Site Improvement	9
1440 Site Acquisition	~
1430 Fees and Costs	7
1415 Liquidated Damages	6
1411 Audit	S
1410 Administration (may not exceed 10%	4
1408 Management Improvements	ω
1406 Operations (may not exceed 20% of lir	2
Total non-CFP Funds	
Summary by Development Account	Line
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LAKE CITY HOUSING	HO
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**Capital Fund Financing Program** 

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Actual Cost <sup>1</sup>	Tota	stimated Cost	Total E	
	<b>`</b>	Revised Annual Statement (revision no: Final Performance and Evaluation Report		r Disasters/Emergencies nding: 03/31/2010
			S0105	P: P:
FFY of Grant Approval: 2005				Program Grant No:
of Grant: 2005				and Number
Expires 4/30/2011				
OMB No. 2577-0226				
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4 RHF funds shall be included here.

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	of Duklin Housing D		Amount of line 20 Related to Energy Conservation Measures	25
			Amount of line 20 Related to Security - Hard Costs	24
			Amount of line 20 Related to Sectimity - Soft Costs	23
			Amount of line 20 Related to Section 504 Activities	22
			Amount of line 20 Related to LBP Activities	21
C		39015	Amount of Annual Grant:: (sum of lines 2 - 19)	20
			1502 Contingency (may not exceed 8% of line 20)	19
			9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba
			1501 Collateralization or Debt Service paid by the PHA	18a
Obligated	Revised <sup>2</sup>	Original	e e	
	Estimated Cost	Total Estin	narv by Development Account	
	Final Per		Performance and Evaluation Report for Period Ending: 03/31/2010	
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rant Approvai: 2005	HHY OF G		Grant Capital Replace	
nt:2005	FFY of G		ame:	PHA Nai

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

Capital Fund Financing Program

<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.

## U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 0 tual Cost<sup>1</sup> $\smile$ -. Expires 4/30/2011 Expended ×., Date ÷ •••

## **Capital Fund Financing Program** Capital Fund Program, Capital Fund Program Annual Statement/Performance and Evaluati

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									PHA WIDE		Development Number Name/PHA-Wide Activities			k	Part II: Supporting Pages
									DEVELOP ADDITIONAL HOUSING		General Description of Major Wo Categories		δΟΰ	S	
											Work D		Capital Fund Pro CFFP (Yes/ No): Replacement Ho	rant Type	
									1499		Development Account No.		Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	and Number	
											Quantity		ant No:		
		· · · · · ·							86899	Original	Total Estimated				
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									0	Funds Expended <sup>2</sup>	Cost				
											Status of Work	,			

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

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

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RHF funds shall be included here.

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1499 Development Activities	
1 Relocation Costs	16
1492 Moving to Work Demonstration	15
1485 Demolition	14
1475 Non-dwelling Equipment	13
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1465.1 Dwelling Equipment-Nonexpend	11
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1415 Liquidated Damages	6
1411 Audit	5
1410 Administration (may not exceed 10%	4
1408 Management Improvements	З
1406 Operations (may not exceed 20% of 1	2
Total non-CFP Funds	
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LAKE CITY HOUSING Grant	PHA Name: AUTHORIT
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## Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

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Capital Fund Financing Program

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

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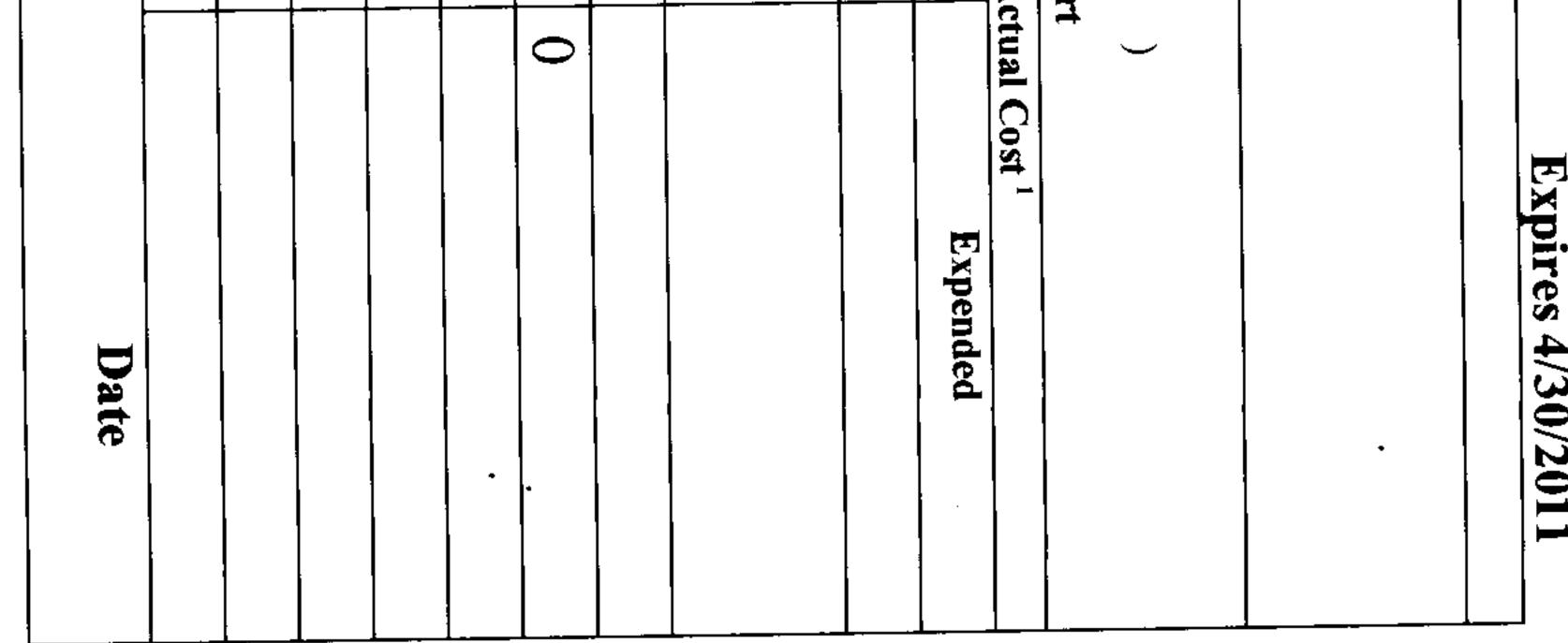
 <sup>1</sup> To be completed for the Performance and Evaluation Report.
 <sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 <sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations. 4 RHF funds shall be included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

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

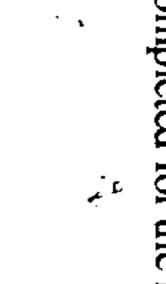
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## form HUD-50075.1 (4/2008)

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

Part II: Supporting Pages									
HA Name:	<u>န</u> ္န ဂ ဂ ဂ ဂ ဂ	<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	ber Frant No: actor Grant No:			Federal F	FY of Grant:		
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# U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

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