

PHA 5-Year and Annual Plan	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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1.0	PHA Information PHA Name: PHA Code: ___TX313_____ PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): ___04/2010_____																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: ___117_____ Number of HCV units: ___211_____																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <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:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	Mission. 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: Our mission is to serve the low-income , very low and extremely low income families in our community with safe, decent sanitary housing and offer programs that enable them to become self sufficient, community service minded with an awareness of the wrong of Violence Against Women, programs to help the children remain in school and programs to help high school graduates who live in assisted living to have the same advantages that other high school graduates have. We will remain aware of the need to remain in compliance with the Civil Rights Certification and support initiatives that will assure that our annual plan is consistent with the plan. We don’t currently have any specific programs on the Violence Against Women Act, but we plan to offer such programs in the coming months.																										
5.2	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. To reduce public housing vacancies, improve PHAS score, install additional security measures, and undertake suitable measures to encourage self sufficiency.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: There have been no revisions since the annual plan submission (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. 254 N. 13th St. Aransas Pass, TEXAS 78336																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>																										
8.0	Capital Improvements. Please complete Parts 8.1 through 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	Capital Fund Program Five-Year Action Plan. 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.																										
8.3	Capital Fund Financing Program (CFFP). <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.																										

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Public housing needs are rising proportionately with the unemployment rate. We have very few vacancies and those have families gathering up the utility deposit money. We could fill another six or 8 dwellings if we had them. The public housing waiting list has traditionally been short but it is expected to grow rapidly. We have a few vouchers set aside for elderly and disabled people.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. We will aggressively advertise our apartments in the community and continue to make our housing neighborhood a place where people won’t have to be ashamed to live. We do not expect our waiting list to go down soon with the downturn in the local and national economy but we are looking at ways to expand our public housing to meet the need.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. Our goals for this year are to complete the roofing project, get the landscaping project started and continue the preventive maintenance on the buildings. We continue to seek out those who need public and section housing with advertising and signage. We have implemented self sufficiency programs through the Resident Association with the residents helping each other. Two children’s programs have begun that reward children who make all A’s at school, All A’&B’s and those who have perfect attendance. It has sparked a lot of interest and approval from the residents.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” There has been no significant amendment or modification of the plan which would be 50% deletion from or addition to the goals and objectives as a whole, or substantial deviation modification, which would be additions or non-emergency work items in excess of \$25,000 or any changes in excess of \$25,000 in use of replacement reserve funds.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

SECTION 11 (F) THE3 RESIDENT ASSOCIATION BOARD HAD NO COMMENTS ON THE PLAN

SECTLIION 11(G) THERE WERE ;NO CHALLENGED ELEMENTS.

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

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

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

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

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

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

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

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

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

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

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: 2010	
PHA Name: Aransas Pass		Capital Fund Program Grant No: TX59P313501-10		FFY of Grant Approval: 2010	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input checked="" 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: 07-15-10				<input type="checkbox"/> Total Estimated Cost	
Line	Summary by Development Account	Original	Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	10,047		0	0
3	1408 Management Improvements	5,000		0	0
4	1410 Administration (may not exceed 10% of line 21)	10,000		0	0
5	1411 Audit	6,000		0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	79,000		0	0
10	1460 Dwelling Structures	56,500		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	3,000		0	0
12	1470 Non-dwelling Structures	3,000		0	0
13	1475 Non-dwelling Equipment	3,000		0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary		FFY of Grant:	
PHA Name:	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
Type of Grant	<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 07-15-10 <input type="checkbox"/> Revised Annual Statement (revision no:)		
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated
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)	178,547	0
20	Amount of Annual Grant:: (sum of lines 2 - 19)		
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

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

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

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

Part I: Summary	
PHA Name: <i>Alameda Area Housing Court</i>	Grant Type and Number Capital Fund Program Grant No. <i>TX 09 P 5135810</i> Date of CFFP: _____
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account	FFY of Grant: <i>2010</i> FFY of Grant Approval: _____
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Actual Cost ¹
Total Estimated Cost	Revised ²
Original	Obligated
Date <i>9/15/10</i>	Expended
Signature of Executive Director <i>[Signature]</i>	Signature of Public Housing Director

Part II: Supporting Pages		Federal FFY of Grant: 2010						
PHA Name: Aransas Pass		Grant Type and Number Capital Fund Program Grant No: TX59P313501-10 CFFP (Yes/No): 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 ¹	Funds Obligated ²	Funds Expended ²	
H/A Wide	Operations	1406				0	0	
H/A Wide	Mgmt Improvements	1408		10,047		0	0	
H/A Wide	Administration	1410		5,000		0	0	
H/A Wide	Audit Costs	1411		10,000		0	0	
H/A Wide	Fees & Costs	1430		6,000		0	0	
H/A Wide	Landscaping (21,500), upgrade playground area (4,000), repair parking area (2,000) street repair/curbs (51,500)	1450		3,000		0	0	
H/A Wide	Roof repair (43,500), paint int/ext (4,000), replace floor tile (5,000), ext. doors, fascia/soffits, HVAC's (4,000)	1460		79,000		0	0	
H/A Wide	Ranges (1,000), Refrigerators (1,000), & Water heaters (1,000)	1465		56,500		0	0	
H/A Wide	School bus shelter (2,000), Renovate community room & maintenance warehouse (1,000)	1470		3,000		0	0	
H/A Wide	Lawn/Garden/Maintenance equipment (3,000)	1475		3,000		0	0	
	TOTAL:			178,547		0	0	

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

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: 2009	
PHA Name: Aransas Pass		Capital Fund Program Grant No: TX59P313501-09		FFY of Grant Approval: 2009	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 07-17-10				<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹
					Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	5,000		0	0
3	1408 Management Improvements	5,000		574.37	574.37
4	1410 Administration (may not exceed 10% of line 21)	5,000		8,225.00	8,225.00
5	1411 Audit	8,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	105,300		0	0
10	1460 Dwelling Structures	34,400		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	4,500		0	0
12	1470 Non-dwelling Structures	5,037		0	0
13	1475 Non-dwelling Equipment	3,000		0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary		FFY of Grant:	
PHA Name:	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
Type of Grant	<input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 07-17-10	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated
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)	180,237	8,799.37
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	

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

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

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

Part I: Summary	
PHA Name: aransas pass housing authority	Grant Type and Number Capital Fund Program Grant No. PX 59 P 313 58109 Date of CFFP: _____ Replacement Housing Factor Grant No
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account	FFY of Grant: 2009 FFY of Grant Approval:
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Actual Cost ¹
Signature of Executive Director <i>[Signature]</i>	Total Estimated Cost
Date 7/17/10	Revised ²
	Signature of Public Housing Director
	Obligated
	Expended

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Aransas Pass		Grant Type and Number Capital Fund Program Grant No: TX59P313501-09 CFFP (Yes/No): 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 ¹	Funds Obligated ²	Funds Expended ²	
H/A Wide	Operations	1406		5,000		0	0	
H/A Wide	Mgmt Improvements	1408		5,000		574.37	574.37	
H/A Wide	Administration	1410		5,000		8,225.00	8,225.00	
H/A Wide	Audit Costs	1411		8,000		0	0	
H/A Wide	Fees & Costs	1430		5,000		0	0	
TX313-001	Landscaping (2,500) upgrade park area (2,000) repair parking area (2,600) street repair (98,200)	1450		105,300		0	0	
TX313-001	Paint ext/int. (10,000), replace floor tile (4,200), roof fascia/soffits (5,000), renovate kit/bath cabinets (7,000), exterior utility doors (3,200) & HVAC's (5,000)	1460		34,400		0	0	
H/A Wide	Ranges (3,750), Refrigerators (3,750), & Water heaters	1465		4,500		0	0	
H/A Wide	School bus shelter (2,037), Renovate community room & maintenance warehouse (3,000)	1470		5,037		0	0	
H/A Wide	Lawn/Garden/Maintenance equipment (3,000)	1475		3000		0	0	
	TOTAL:			180,237		8,799.37	8,799.37	

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

U.S. Department of Housing and Urban Development
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Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No. TX59-s31350138		2009	
Aransas Pass Housing Authority		Replacement Housing Factor Grant No.:		2009	
Date of CFPF: March, 1999		FFY of Grant Approval:		2009	
Type of Grant		Revised Annual Statement (revision no:2)		Total Actual Cost ¹	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:2) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Revised ¹	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	22,000	4,500	900	900
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	22,000	1,100	1,100	1,100
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	184,378			
11	1463.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1480 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9006 Collateralization or Debt Service paid Via System of Direct Payment				
19	1503 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	228,878	228,878	228,878	
21	Amount of line 20 Related to LBF Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
25	Amount of line 20 Related to Security - Soft Costs				

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

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

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Part I: Summary		FFY of Grant: 2009	
PHA Name: Arkansas Pass Housing Authority		FFY of Grant Approval: 2009	
Grant Type and Number Capital Fund Program Grant No. TX595321850109 Date of CFFP: March, 2009		Replacement Housing Factor Grant No.:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Signature of Executive Director <i>Ann Lemick</i>		Signature of Public Housing Director <i>[Signature]</i>	
Date 11/12/09		Date 11/12/09	
Original		Revised	
Total Estimated Cost		Total Actual Cost	
Obligated		Expended	

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
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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant:	
PHIA Name:		Capital Fund Program Grant No:		2009	
Arkansas Pass Housing Authority		TX59S31350109		CFPP (Yes/No):	
Development		Replacement Housing Factor Grant No:		Total Estimated Cost	
Number		Development		Original	
Name/PHA-Wide		Account No.		Revised ¹	
Activities		Quantity		Funds Obligated ²	
TX313				Funds Expended ²	
General Description of Major Work Categories					
Administration					
Prorate Salaries and Benefits				900 continuing	
Fees & Costs					
A&E					
Printing Costs				1,100 completed	
Dwelling Structures					
Installation of Central HVAC		60		223,878 223,878 continuing	

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

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

U.S. Department of Housing and Urban Development
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Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Arkansas Pass Housing Authority	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2009	Reasons for Revised Target Dates
	December, 2009		March 17, 2012			
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
TX131	March 17, 2009	December, 2009			No changes anticipated in target dates	
Installation of HVAC						

¹ 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
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Part I: Summary		Grant Type and Number	Replacement Housing Factor Grant No:	FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: TX59P313501-05		2005	
ARANSAS PASS		Date of CFFP:		FFY of Grant Approval:	
Type of Grant		Total Estimated Cost			
<input type="checkbox"/> Original Annual Statement		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:)			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	8,288.00	8,287.74	8,287.74	8,287.74
3	1408 Management Improvements	4,973.00	13,139.33	13,139.33	13,139.33
4	1410 Administration (may not exceed 10% of line 21)	4,558.00	4,558.00	4,558.00	4,558.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,514.00	6,777.89	6,777.89	6,777.89
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	121,408.00	120,343.14	120,343.14	120,343.14
12	1470 Non-dwelling Structures	9,904.00	16,171.80	16,171.80	16,171.80
13	1475 Non-dwelling Equipment				
14	1485 Demolition	3,729.00	4,096.10	4,096.10	4,096.10
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part I: Summary	
PHA Name:	Replacement Housing Factor Grant No:
Grant Type and Number Capital Fund Program Grant No: Date of CFFP:	FFY of Grant: FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report
Signature of Executive Director	Total Estimated Cost
<i>Janeke Demink</i>	Revised ²
Date 11/9/10	Obligated
	Total Actual Cost ¹
	Expended
	Date 12/15/10
	07/25/10

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part II: Supporting Pages

PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			CFFP (Yes/No):		Federal FFY of Grant:		
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost			Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
HA-WIDE	OPERATIONS	1406		8,288	8,287.74	8,287.74	8,287.74		COMPLETED
HA-WIDE	MANAGEMENT IMPROVEMENTS	1408		4,973.00	13,139.33	13,139.33	13,139.33		COMPLETED
	Mgmt Training	1408	3						
	Maintenance Training	1408	2						
	Software Upgrade	1408	1						
HA WIDE	ADMINISTRATION	1410		4,558.00	4,558.00	4,558.00	4,558.00		COMPLETED
	Salaries & Benefits		3						
HA-WIDE	FEES & COST	1430		20,514.00	6,777.89	6,777.89	6,777.89		COMPLETED
	A&E Fees								
	Annual Plan Preparation								
	Printing Cost								
TX 313-001	DWELLING STRUCTURES	1460		121,408.00	120,343.14	120,343.14	120,343.14		COMPLETED
	Replace Windows	450							

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

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part II: Supporting Pages							
PHA Name:	Grant Type and Number		Federal FFY of Grant:				
ARANSAS PASS	Capital Fund Program Grant No: TX59P315501-05		2005				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
				Original	Revised ¹		
HA-WIDE	Dwelling Equipment						
	Replace Ranges	1465	12	9,904.00	16,171.80	16,171.80	COMPLETED
	Replace Refrigerators	1465	10				
	NON DWELLING EQUIPMENT	1475		3,729.00	4,096.10	4,096.10	COMPLETED

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

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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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:	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Reasons for Revised Target Dates	

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

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

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Part I: Summary		Grant Type and Number		Replacement Housing Factor Grant No:		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: TX59P313501-05		Date of CFFP:		2005	
ARANSAS PASS						FFY of Grant Approval:	
Type of Grant		<input type="checkbox"/> Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹			
Line		Original	Revised ²	Obligated	Expended		
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	8,288.00	8,287.74	8,287.74	8,287.74		
3	1408 Management Improvements	4,973.00	13,139.33	13,139.33	13,139.33		
4	1410 Administration (may not exceed 10% of line 21)	4,558.00	4,558.00	4,558.00	4,558.00		
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	20,514.00	6,777.89	6,777.89	6,777.89		
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable	121,408.00	120,343.14	120,343.14	120,343.14		
12	1470 Non-dwelling Structures	9,904.00	16,171.80	16,171.80	16,171.80		
13	1475 Non-dwelling Equipment						
14	1485 Demolition	3,729.00	4,096.10	4,096.10	4,096.10		
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)						
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

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

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: TX59P313501-06		2006	
ARANSAS PASS		Replacement Housing Factor Grant No:		FFY of Grant Approval:	
Date of CFFP:					
Type of Grant	Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: 1)		
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Final Performance and Evaluation Report		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	10,725.00	4,880.00	4,880.00	4,880.00
3	1408 Management Improvements	7,665.00	4,288.90	4,288.90	4,288.90
4	1410 Administration (may not exceed 10% of line 21)	4,275.00	4,575.56	4,575.56	4,575.56
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	19,278.00	1,821.24	1,821.24	1,821.24
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	113,840.00	160,751.30	160,751.30	160,751.30
11	1465.1 Dwelling Equipment—Nonexpendable	17,039.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	3,495.00	0.00	0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	176,317.00	176,317.00	176,317.00	173,317.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part I: Summary	
PHA Name: ARANSAS PASS	Grant Type and Number Capital Fund Program Grant No: TX59P313501-06 Date of CFFP: _____ Replacement Housing Factor Grant No: _____
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account	FFY of Grant: 2006 FFY of Grant Approval: _____
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost Revised ² Total Actual Cost ¹
Signature of Executive Director <i>[Signature]</i>	Date 11/9/10
Signature of Public Housing Director <i>[Signature]</i>	Date 12/15/10
Signature of Public Housing Director <i>[Signature]</i>	Date 6/12/10

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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part II: Supporting Pages										
PHA Name: ARANSAS PASS		Grant Type and Number Capital Fund Program Grant No: TX59P313501-06			CFPP (Yes/No):			Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities		General Description of Major Work Categories		Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
						Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-WIDE		Operations		1406	1	10,725.00	4,880.00	4,880.00	4,880.00	COMPLETED
HA-WIDE		Management Improvement		1408	3	7,665.00	4,288.90	4,288.00	4,288.00	COMPLETED
		Mgmt. Training								
		Maintenance Training			2					
		Software Upgrade			1					
HA-WIDE		Administration		1410	3	4,275.00	4,575.56	4,575.56	4,575.56	COMPLETED
		Salaries & Benefits								
HA-WIDE		Fees & Cost		1430	1	19,278.00	1,821.24	1,821.24	1,821.24	COMPLETED
		A&E Fees								
		Annual Plan Preparation								
TX313-001/002		Dwelling Structures		1460	450	113,840.00	160,751.30	160,751.30	160,751.30	COMPLETED
		Renovate Baths								
		Dwelling Equipment		1465	12	17,039.00	0.00	0.00	0.00	N/A
		Replace Ranges								
		Replace Refrigerators			10					

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

PHA Name: ARANSAS PASS		Grant Type and Number Capital Fund Program Grant No: TX59P313501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA WIDE	NON-DWELLING EQUIPMENT	1475	3	3,495.00	0.00	0.00	0.00	N/A

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

Part 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 ¹		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date			

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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:				Federal FFY of Grant:	
Development Number Name/PHA - Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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 Office of Public and Indian Housing
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Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: TX59P313501-07		2007	
ARANSAS PASS		Replacement Housing Factor Grant No:		FFY of Grant Approval:	
Date of CFFP:					
Type of Grant	Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:)	Total Estimated Cost	Revised ²	Total Actual Cost ¹
Original Annual Statement	<input type="checkbox"/>				
Performance and Evaluation Report for Period Ending:	<input type="checkbox"/>	Final Performance and Evaluation Report			
Summary by Development Account			Original		Obligated
Line					Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		171,316.00		171,316.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment---Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)		171,316.00		171,316.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

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Part I: Summary	
PHA Name: ARANSAS PASS	Grant Type and Number Capital Fund Program Grant No: TX59P313501-07 Date of CFFP: _____
Replacement Housing Factor Grant No: _____	
FFY of Grant: 2007 FFY of Grant Approval: _____	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report
Total Estimated Cost	
Revised ²	
Total Actual Cost ¹	
Obligated	
Expended	
Signature of Executive Director <i>[Signature]</i>	Signature of Public Housing Director <i>[Signature]</i>
Date 11/9/10	Date 12-15-10
9/12/15/10	

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U.S. Department of Housing and Urban Development
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Part II: Supporting Pages

PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:		CFPP (Yes/No):		Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost			Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ²		

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

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part III: Implementation Schedule for Capital Fund Financing Program

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 ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ 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.

