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|-----------------------------------|---|--|
| <b>PHA 5-Year and Annual Plan</b> | <b>U.S. Department of Housing and Urban Development<br/>Office of Public and Indian Housing</b> | <b>OMB No. 2577-0226<br/>Expires 4/30/2011</b> |
|-----------------------------------|---|--|

| <b>1.0</b>                   | <b>PHA Information</b><br>PHA Name: <u>Winooski Housing Authority</u> <span style="float: right;">PHA Code: <u>VT-006</u></span><br>PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)<br>PHA Fiscal Year Beginning: (MM/YYYY): <u>4/1/2010</u>   |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |
|------------------------------|--|----------|--------------------------------------|-------------------------------|---|------------------------------|--|----|-----|--------|--|--------|--|--------|--|
| <b>2.0</b>                   | <b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above)<br>Number of PH units: <u>238</u> <span style="float: right;">Number of HCV units: <u>320</u></span>  |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |
| <b>3.0</b>                   | <b>Submission Type</b><br><input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only   |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |
| <b>4.0</b>                   | <b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)  |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |
|                              | Participating PHAs   | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | <table border="1"> <thead> <tr> <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> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table> | No. of Units in Each Program |  | PH | HCV | PHA 1: |  | PHA 2: |  | PHA 3: |  |
| No. of Units in Each Program |  |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |
| PH                           | HCV  |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |
| PHA 1:                       |  |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |
| PHA 2:                       |  |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |
| PHA 3:                       |  |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |
| <b>5.0</b>                   | <b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.   |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |
| <b>5.1</b>                   | <b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of WHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.   |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |
| <b>5.2</b>                   | <b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.<br><br>Progress Report:<br>Goal: Expand the supply of assisted housing: During the subject period, WHA partnered with the Chittenden Housing Corporation to ensure the perpetual affordability of an at-risk, 100-unit assisted housing facility for elders.<br>Goal: Improve the quality of assisted housing: During the subject period WHA modernized approximately 100 public housing units.<br>Goal: Improve PHAS Score: During the subject period WHA maintained High Performer status.<br><br>New Goals:<br>Goal: Expand supply of assisted housing by applying for additional housing vouchers if and when they become available.<br>Goal: Improve quality of assisted housing by continuing with the public housing modernization program and by maintaining WHA's High Performer status. |          |                                      |                               |   |                              |  |    |     |        |  |        |  |        |  |

**PHA Plan Update**

**Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:**

-The public housing Admissions and Continued Occupancy Policy (ACOP)

**Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan.**

-WHA's main administrative offices.

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

-Please refer to Chapter's 3 and 4 of WHA's Public Housing Admissions and Continued Occupancy policy (ACOP). Note: as regards deconcentration, WHA has only one family public housing development. Please refer to Chapters 2 and 3 of WHA's Section Eight Housing Choice Voucher Program's Administrative Plan.

**Financial Resources.**

-Estimated resources:

Public Housing Operating Subsidy: \$670,000

Capital Fund Program Grant: \$400,000

Section 8 Annual Contributions: \$2,400,000

Dwelling Rental Income: \$1,000,000

Laundry proceeds: \$10,000

**Rent Determination. A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.**

-Please refer to Chapter's 6 and 9 of WHA's Public Housing ACOP and Chapter 6 of WHA's HCV Program Admin Plan.

**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.**

-WHA has in place policies and procedures to ensure WHA's public housing assets are well operated and maintained. Aspects of these policies and procedures include: Property Conservation, Risk Control, Pest Control (including cockroaches) preventative maintenance schedule, and cyclical tasking schedules by department and function.

**Grievance Procedures. A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.**

-Please refer to Chapter 14 of WHA's Pubic Housing Program ACOP.

**Designated Housing for Elderly and Disabled Families**

-WHA has no designated housing in its portfolio.

**Community Service and Self-Sufficiency**

-Please refer to Chapter 11 of WHA's Public Housing Program ACOP.

**Safety and Crime Prevention.**

-Winooski Housing Authority Anti-Crime Strategy

WHA understands the value of close coordination with local, state and federal law enforcement agencies to achieving and maintaining safe living environments for its residents. Towards that end, the following procedures shall be in effect:

1. Crime and crime related problems will be tracked in at least 90% of WHA developments;
2. A close working relationship between WHA and local, state and federal law enforcement agencies shall be maintained, with a goal of reporting incidents to said law enforcement agencies;
3. WHA will work closely with law enforcement agencies and residents to coordinate ant-crime strategies.

03/20/2000

**Pets. A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.**

-Please refer to Chapter 10 of WHA's ACOP.

**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.**

-Hard copy certifications have been submitted under separate cover.

**Fiscal Year Audit**

-Previously submitted

**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.**

-WHA will utilize generally accepted private sector asset management business practices. In addition, the basis for capital planning will be regularly conducted physical needs assessments.

**VAWA**

-See below.

**Challenged Elements**

-None

**Resident Advisory Board Comments**

-None

6.0

|      |   |
|------|---|
| 7.0  | <p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p>-Winooski Housing Authority administers a Section 8 Homeownership Program. The policies/procedures have not changed since they were last submitted to HUD</p>   |
| 8.0  | <p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>   |
| 8.1  | <p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>  |
| 8.2  | <p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>  |
| 8.3  | <p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>  |
| 9.0  | <p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The following information was drawn from the 2010 Vermont Housing Needs Assessment, commissioned by the Vermont Housing Finance Agency.</p> <p>-The vacancy rate in WHA's area of operation is less than 1%.</p> <p>-62% of low income Vermont residents (27,000) lack housing they can afford without spending more than 30% of their income for housing expense. The number of individuals on waiting lists in WHA's area of operation is in excess of 1,000.</p> <p>-16% of all Vermonters have at least one disability.</p>  |
| 9.1  | <p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>- Expand supply of assisted housing by applying for additional housing vouchers if and when they become available.</p>  |
| 10.0 | <p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan.</p> <p>-See section 5.2 above.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>- Winooski Housing Authority defines Significant Amendments and Substantial Deviations/Modifications to the Agency Plan as follows:</p> <p>Significant Amendments</p> <ol style="list-style-type: none"> <li>1. Changes to rent or admissions policies or organization of the waiting list;</li> <li>2. Additions of new activities to mitigate crime;</li> </ol> <p>Substantial Deviations/Modifications:</p> <ol style="list-style-type: none"> <li>1. Any change with respect to public housing demolition, disposition or conversion activities or programs.</li> </ol>  |
| 11.0 | <p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. 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> |

## **Domestic Violence, Dating Violence, Sexual Assault, Stalking**

The Winooski Housing Authority (WHA) has adopted a policy (see below) to implement applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA). WHA's goals, objectives and policies to enable WHA to serve the needs of child and adult victims of domestic violence, dating violence and stalking, as defined in VAWA, are stated in the WHA VAWA Policy.

In addition:

A. The following activities, services, or programs are provided by AHA, directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking.

-Timely referrals on an as needed basis to the Woman Helping Battered Women agency.

B The following activities, services, or programs are provided by AHA to help child and adult victims of domestic violence, dating violence, sexual assault, or stalking maintain housing.

-Timely referrals on an as needed basis to Vermont Social and Rehabilitative Services.

C. The following activities, services, or programs are provided by AHA to prevent domestic violence, dating violence, sexual assault and stalking, or to enhance victim safety in assisted families.

-None

**WINOOSKI HOUSING AUTHORITY'S POLICY RELATING TO**  
**THE VIOLENCE AGAINST WOMEN ACT ("VAWA")**  
**&**  
**NOTIFICATION OF TENANT RIGHTS**

In response to the signing of the Violence Against Women Act by President George W. Bush in 2006, WHA hereby amends its policies and procedures to comply with this law. VAWA impacts the following WHA housing programs: Public Housing, Section 8 Project-Based housing and the Section 8 Housing Choice Voucher Program in the areas of admissions, transfers, terminations and evictions.

WHA will not reject the application of a person who WHA determines is or who is perceived to be or has been or has been perceived to be a victim of domestic violence as defined by VAWA. WHA will not tolerate domestic violence on its properties at its owned or managed properties or through WHA's Section 8 Housing Choice Voucher Program. WHA has the right to deny admission, terminate assistance or evict all perpetrators of domestic violence, dating violence, sexual assault or stalking from the household, while the victim and other household members not involved in such violence will

be allowed to remain in the unit/receive continued program assistance in accordance with eligibility and legal requirements.

**REPORTING REQUIREMENT:** Until such time as a formal HUD Certification form is developed and issued, WHA will require the following information of all alleged victims of domestic violence who face termination of assistance, termination of tenancy or eviction on these grounds:

- (1) A victim must certify to WHA in writing that s/he is a victim of domestic violence, dating violence, sexual assault or stalking;
- (2) that the incident(s) of violence were bona fide incidents of actual or threatened abuse;
- (3) Victim shall name the perpetrator; and
- (4) Victim shall provide the certification to WHA within fourteen (14) business days or a longer period at WHA's discretion.
- (5) In the alternative, the victim can have a third party provide certification of domestic violence by providing WHA with documentation signed by an employee, agent or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing the domestic violence, dating violence, sexual assault or stalking or the effects of the abuse in which the professional attests under penalty of perjury to the professional's belief that the incident or incidents in question are bona fide incidents of abuse and the victim of domestic violence, dating violence, sexual assault or stalking has signed or attested to the documentation; or the victim may produce a Federal, State or local police or court record as to the domestic violence. WHA will honor court orders that are issued to protect the victim of domestic violence.

If the victim fails to provide the required certification within the allotted time, the protections afforded by VAWA are voided.

WHA, based upon the facts presented by a victim shall determine who the victim is and whether or not the incident is deemed or not deemed domestic violence, dating violence, sexual assault or stalking. WHA retains the authority to terminate the tenancy, occupancy, or program assistance of a victim if the termination is for a lease violation based upon a reason other than domestic violence, dating violence, sexual assault or stalking. The victim shall be held to the same standard as other tenants are held.

Criminal activity directly relating to an incident or incidents of actual or threatened domestic violence, dating violence, sexual assault or stalking engaged in by a member of a Tenant's household or any guest or other person under the Tenant's control shall not be considered good cause for termination of assistance, occupancy rights or eviction for the Tenant or immediate family member of the Tenant's household who is a victim of domestic violence, dating violence, sexual assault or stalking and as a result Tenant victim could not control or prevent the criminal activity. This exception for victims of domestic violence does not apply to the eviction of a family member who is the perpetrator of the domestic violence or if there is an actual or imminent threat to other residents, the larger community, employees/agents of WHA or persons providing service to the property, if the Tenant/Victim is not evicted or terminated from assistance.

CONFIDENTIALITY: WHA shall keep all information received involving domestic violence, dating violence, sexual assault or stalking confidential, unless the victim requests or consents in writing to disclosure; the information is required in an eviction proceeding or disclosure is otherwise allowed by law.

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

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

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

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

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

#### PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

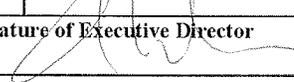
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

| Part I: Summary   |  |  |                      |   |            |
|---|--|--|----------------------|---|------------|
| PHA Name:<br>Winooski Housing Authority   |  | Grant Type and Number<br>Capital Fund Program Grant No: VT36S006501-09 Replacement Housing Factor Grant No:<br>Date of CFPP: _____ |                      | FFY of Grant:<br>2009<br>FFY of Grant Approval:<br>2009 |            |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |  |  |                      |   |            |
| Line  | Summary by Development Account   | Total Estimated Cost   |                      | Total Actual Cost <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   |  |                      |   |            |
| 4   | 1410 Administration (may not exceed 10% of line 21)                      |  |                      |   |            |
| 5   | 1411 Audit   |  |                      |   |            |
| 6   | 1415 Liquidated Damages  |  |                      |   |            |
| 7   | 1430 Fees and Costs  | 63,839   |                      | 38,916.79   | 38,916.79  |
| 8   | 1440 Site Acquisition  |  |                      |   |            |
| 9   | 1450 Site Improvement  | 242,179  |                      | 93,611.43   | 93,611.43  |
| 10  | 1460 Dwelling Structures   | 108,566  |                      |   |            |
| 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>                                 |  |                      |   |            |
| 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)                          |  |                      | 132,528.28  | 132,528.28 |
| 20  | Amount of Annual Grant: (sum of lines 2 – 19)                            | 414,584  |                      |   |            |
| 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                |  |                      |   |            |

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

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

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

| Part I: Summary   |                                |  |                                      |   |          |
|---|--------------------------------|--|--------------------------------------|---|----------|
| PHA Name:<br>Winooski Housing Authority   |                                | Grant Type and Number<br>Capital Fund Program Grant No: VT36S006501-09 Replacement Housing Factor Grant No:<br>Date of CFFP: _____ |                                      | FFY of Grant:<br>2009<br>FFY of Grant Approval:<br>2009 |          |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |                                |  |                                      |   |          |
| Line  | Summary by Development Account | Total Estimated Cost   |                                      | Total Actual Cost <sup>1</sup>                          |          |
|   |                                | Original   | Revised <sup>2</sup>                 | Obligated   | Expended |
| Signature of Executive Director   |                                | Date   | Signature of Public Housing Director |   | Date     |
|    |                                | 3/23/10  |                                      |   |          |



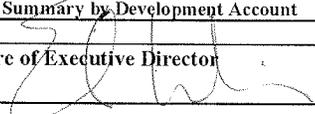


Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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

| Part I: Summary   |  |  |                      |   |          |
|---|--|--|----------------------|---|----------|
| PHA Name:<br>Winooski Housing Authority   |  | Grant Type and Number<br>Capital Fund Program Grant No: VT36P006501-09 Replacement Housing Factor Grant No:<br>Date of CFFP: _____ |                      | FFY of Grant:<br>2009<br>FFY of Grant Approval: _____ |          |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |  |  |                      |   |          |
| Line  | Summary by Development Account   | Total Estimated Cost   |                      | Total Actual Cost <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>             | 125,000  |                      | 0   | 0        |
| 3   | 1408 Management Improvements   | 10,000   |                      | 0   | 0        |
| 4   | 1410 Administration (may not exceed 10% of line 21)                      |  |                      |   |          |
| 5   | 1411 Audit   |  |                      |   |          |
| 6   | 1415 Liquidated Damages  |  |                      |   |          |
| 7   | 1430 Fees and Costs  | 20,000   |                      | 0   | 0        |
| 8   | 1440 Site Acquisition  |  |                      |   |          |
| 9   | 1450 Site Improvement  | 16,474   |                      | 0   | 0        |
| 10  | 1460 Dwelling Structures   | 105,000  |                      | 0   | 0        |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable                                  | 50,000   |                      | 0   | 0        |
| 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>                                 |  |                      |   |          |
| 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)                            | 326,474  |                      | 0   | 0        |
| 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                |  |                      |   |          |

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

|   |                                |  |                                      |                                |   |
|---|--------------------------------|--|--------------------------------------|--------------------------------|---|
| <b>Part I: Summary</b>  |                                |  |                                      |                                |   |
| PHA Name:<br>Winooski Housing Authority   |                                | Grant Type and Number<br>Capital Fund Program Grant No: VT36P006501-09 Replacement Housing Factor Grant No:<br>Date of CFFP: _____ |                                      |                                | FFY of Grant:<br>2009<br>FFY of Grant Approval: |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |                                |  |                                      |                                |   |
| Line  | Summary by Development Account | Total Estimated Cost   |                                      | Total Actual Cost <sup>1</sup> |   |
|   |                                | Original   | Revised <sup>2</sup>                 | Obligated                      | Expended  |
| Signature of Executive Director   |                                | Date   | Signature of Public Housing Director |                                | Date  |
|    |                                | 1/12/10  |                                      |                                |   |

| Part II: Supporting Pages                      |  |  |          |                      |                      |                               |                             |                |
|--|--|--|----------|----------------------|----------------------|-------------------------------|-----------------------------|----------------|
| PHA Name:<br>Winooski Housing Authority        |  | Grant Type and Number<br>Capital Fund Program Grant No: VT36P006501-09 CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |          |                      |                      | Federal FFY of Grant:<br>2009 |                             |                |
| Development Number<br>Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No.  | Quantity | Total Estimated Cost |                      | Total Actual Cost             |                             | Status of Work |
|  |  |  |          | Original             | Revised <sup>1</sup> | Funds Obligated <sup>2</sup>  | Funds Expended <sup>2</sup> |                |
| VT6-2  | a. unit remodeling                           | 1460   |          | 10,000               |                      | 0                             | 0                           | 0%             |
|  | b. elevator upgrades                         | 1460   |          | 10,000               |                      | 0                             | 0                           | 0%             |
| VT6-3  | a. unit remodeling                           | 1460   |          | 10,000               |                      | 0                             | 0                           | 0%             |
|  | b. appliance replacement                     | 1465   |          | 50,000               |                      | 0                             | 0                           | 0%             |
|  | c. pump station repairs                      | 1450   |          | 16,474               |                      | 0                             | 0                           | 0%             |
| VT6-4  | a. unit remodeling                           | 1460   |          | 10,000               |                      | 0                             | 0                           | 0%             |
|  | b. HVAC repairs.....                         | 1460   |          | 30,000               |                      | 0                             | 0                           | 0%             |
|  | c. fire alarm upgrades                       | 1460   |          | 5,000                |                      | 0                             | 0                           | 0%             |
| VT6-5  | a. unit remodeling                           | 1460   |          | 10,000               |                      | 0                             | 0                           | 0%             |
|  | b. exterior cleaning                         | 1460   |          | 10,000               |                      | 0                             | 0                           | 0%             |
|  | c. boiler replacement                        | 1460   |          | 10,000               |                      | 0                             | 0                           | 0%             |
|  |  |  |          |                      |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |

<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:<br>Winooski Housing Authority                              |   |                               |   |                                | Federal FFY of Grant:<br>2009                 |
| Development Number<br>Name/PHA-Wide<br>Activities                    | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                | Reasons for Revised Target Dates <sup>1</sup> |
|  | Original Obligation<br>End Date             | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure<br>End Date |   |
| VT-6-2   | 9/7/12                                      |                               | 9/7/13                                      |                                |   |
| VT6-3  | 9/7/12                                      |                               | 9/7/13                                      |                                |   |
| VT6-4  | 9/7/12                                      |                               | 9/7/13                                      |                                |   |
| VT6-5  | 9/7/12                                      |                               | 9/7/13                                      |                                |   |
| HA-Wide  | 9/7/12                                      |                               | 9/7/13                                      |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |

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

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

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

| <b>Part I: Summary</b>                     |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| PHA Name/Number Winooski Housing Authority |  | Locality (Winooski, Vermont)                 |  |  | <input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 4 |  |
| A.   | Development Number and Name                    | Work Statement for Year 1<br>FFY <u>2010</u> | Work Statement for Year 2<br>FFY <u>2011</u> | Work Statement for Year 3<br>FFY <u>2012</u> | Work Statement for Year 4<br>FFY <u>2013</u>   | Work Statement for Year 5<br>FFY <u>2014</u> |
| B.   | Physical Improvements Subtotal                 | Annual Statement                             | 255,000                                      | 265,000                                      | 340,000  | 180,000                                      |
| C.   | Management Improvements                        |  | 10,000                                       | 10,000                                       | 10,000   | 10,000                                       |
| D.   | PHA-Wide Non-dwelling Structures and Equipment |  |  |  | 40,000   | 50,000                                       |
| E.   | Administration                                 |  | 10,000                                       | 10,000                                       | 10,000   | 10,000                                       |
| F.   | Other  |  |  |  |  |  |
| G.   | Operations                                     |  | 100,000                                      | 100,000                                      | 100,000  | 100,000                                      |
| H.   | Demolition                                     |  |  |  |  |  |
| I.   | Development                                    |  |  |  |  |  |
| J.   | Capital Fund Financing – Debt Service          |  |  |  |  |  |
| K.   | Total CFP Funds                                |  |  |  |  |  |
| L.   | Total Non-CFP Funds                            |  |  |  |  |  |
| M.   | Grand Total                                    | 326,474                                      | 375,000                                      | 385,000                                      | 500,000  | 350,000                                      |











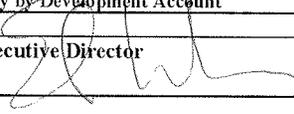


Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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

| <b>Part I: Summary</b>  |  |   |                      |   |          |
|---|--|---|----------------------|---|----------|
| PHA Name:<br>Winooski Housing Authority   |  | Grant Type and Number<br>Capital Fund Program Grant No: VT36P006501-10    Replacement Housing Factor Grant No:<br>Date of CFFP: _____ |                      | FFY of Grant:<br>2010<br>FFY of Grant Approval: _____ |          |
| Type of Grant<br><input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |  |   |                      |   |          |
| Line  | Summary by Development Account   | Total Estimated Cost  |                      | Total Actual Cost <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>             | 155,000   |                      |   |          |
| 3   | 1408 Management Improvements   | 20,000  |                      |   |          |
| 4   | 1410 Administration (may not exceed 10% of line 21)                      |   |                      |   |          |
| 5   | 1411 Audit   |   |                      |   |          |
| 6   | 1415 Liquidated Damages  |   |                      |   |          |
| 7   | 1430 Fees and Costs  | 10,000  |                      |   |          |
| 8   | 1440 Site Acquisition  |   |                      |   |          |
| 9   | 1450 Site Improvement  |   |                      |   |          |
| 10  | 1460 Dwelling Structures   | 91,474  |                      |   |          |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable                                  | 50,000  |                      |   |          |
| 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>                                 |   |                      |   |          |
| 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)                            | 326,474   |                      |   |          |
| 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                |   |                      |   |          |

<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: Summary   |                                |  |                      |                                      |   |  |
|---|--------------------------------|--|----------------------|--------------------------------------|---|--|
| PHA Name:<br>Winooski Housing Authority   |                                | Grant Type and Number<br>Capital Fund Program Grant No: VT36P006501-10 Replacement Housing Factor Grant No:<br>Date of CFFP: _____ |                      |                                      | FFY of Grant:<br>2010<br>FFY of Grant Approval: |  |
| Type of Grant<br><input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |                                |  |                      |                                      |   |  |
| Line  | Summary by Development Account | Total Estimated Cost   |                      | Total Actual Cost <sup>1</sup>       |   |  |
|   |                                | Original   | Revised <sup>2</sup> | Obligated                            | Expended  |  |
| Signature of Executive Director   |                                | Date   |                      | Signature of Public Housing Director |   |  |
|    |                                | 1/12/10  |                      |                                      |   |  |

| Part II: Supporting Pages                      |  |  |          |                      |                      |                               |                             |                |
|--|--|--|----------|----------------------|----------------------|-------------------------------|-----------------------------|----------------|
| PHA Name:<br>Winooski Housing Authority        |  | Grant Type and Number<br>Capital Fund Program Grant No: VT36P006501-10 CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |          |                      |                      | Federal FFY of Grant:<br>2010 |                             |                |
| Development Number<br>Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No.  | Quantity | Total Estimated Cost |                      | Total Actual Cost             |                             | Status of Work |
|  |  |  |          | Original             | Revised <sup>1</sup> | Funds Obligated <sup>2</sup>  | Funds Expended <sup>2</sup> |                |
| VT6-2  | a. unit remodeling                           | 1460   |          | 10,000               |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |
| VT6-3  | a. unit remodeling                           | 1460   |          | 10,000               |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |
| VT6-4  | a. unit remodeling                           | 1460   |          | 10,000               |                      |                               |                             |                |
|  | b. HVAC repairs.....                         | 1460   |          | 20,000               |                      |                               |                             |                |
|  | c. appliance replacement                     | 1465   |          | 50,000               |                      |                               |                             |                |
|  | d. recaulk building                          | 1460   |          | 31,474               |                      |                               |                             |                |
| VT6-5  |  |  |          |                      |                      |                               |                             |                |
| VT6-5  | a. unit remodeling                           | 1460   |          | 10,000               |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |

<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:<br>Winooski Housing Authority                              |   |                               |   |                                | Federal FFY of Grant:<br>2010                 |
| Development Number<br>Name/PHA-Wide<br>Activities                    | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                | Reasons for Revised Target Dates <sup>1</sup> |
|  | Original Obligation<br>End Date             | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure<br>End Date |   |
| VT-6-2   | 9/7/13                                      |                               | 9/7/14                                      |                                |   |
| VT6-3  | 9/7/13                                      |                               | 9/7/14                                      |                                |   |
| VT6-4  | 9/7/13                                      |                               | 9/7/14                                      |                                |   |
| VT6-5  | 9/7/13                                      |                               | 9/7/14                                      |                                |   |
| HA-Wide  | 9/7/13                                      |                               | 9/7/14                                      |                                |   |
|  |   |                               |   |                                |   |
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|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |

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

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

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

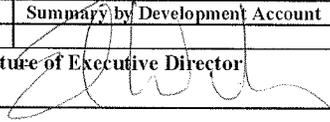
| Part I: Summary   |  |  |                      |   |            |
|---|--|--|----------------------|---|------------|
| PHA Name:<br>Winooski Housing Authority   |  | Grant Type and Number<br>Capital Fund Program Grant No: VT36P006501-08 Replacement Housing Factor Grant No:<br>Date of CFFP: _____ |                      | FFY of Grant:<br>2008<br>FFY of Grant Approval:<br>2008 |            |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |  |  |                      |   |            |
| Line  | Summary by Development Account   | Total Estimated Cost   |                      | Total Actual Cost <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>             | 150,000  |                      | 120,506.75  | 120,506.75 |
| 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  | 20,000   |                      | 5,022.57  | 5,022.57   |
| 8   | 1440 Site Acquisition  |  |                      |   |            |
| 9   | 1450 Site Improvement  |  |                      |   |            |
| 10  | 1460 Dwelling Structures   | 120,000  |                      | 120,000   | 120,000    |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable                                  |  |                      |   |            |
| 12  | 1470 Non-dwelling Structures   |  |                      |   |            |
| 13  | 1475 Non-dwelling Equipment  | 37,527   |                      | 7,826.04  | 7,826.04   |
| 14  | 1485 Demolition  |  |                      |   |            |
| 15  | 1492 Moving to Work Demonstration  |  |                      |   |            |
| 16  | 1495.1 Relocation Costs  |  |                      |   |            |
| 17  | 1499 Development Activities <sup>4</sup>                                 |  |                      |   |            |
| 18a   | 1501 Collateralization or Debt Service paid by the PHA                   |  |                      |   |            |
| 18ba  | 9000 Collateralization or Debt Service paid Via System of Direct Payment |  |                      |   |            |
| 19  | 1502 Contingency (may not exceed 8% of line 20)                          |  |                      |   |            |
| 20  | Amount of Annual Grant: (sum of lines 2 – 19)                            | 327,527  |                      | 253,355.36  | 253,355.36 |
| 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                |  |                      |   |            |

<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: Summary   |                                |  |                                      |                                |                       |                                |
|---|--------------------------------|--|--------------------------------------|--------------------------------|-----------------------|--------------------------------|
| PHA Name:<br>Winooski Housing Authority   |                                | Grant Type and Number<br>Capital Fund Program Grant No: VT36P006501-08 Replacement Housing Factor Grant No:<br>Date of CFFP: _____ |                                      |                                | FFY of Grant:<br>2008 | FFY of Grant Approval:<br>2008 |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |                                |  |                                      |                                |                       |                                |
| Line  | Summary by Development Account | Total Estimated Cost   |                                      | Total Actual Cost <sup>1</sup> |                       |                                |
|   |                                | Original   | Revised <sup>2</sup>                 | Obligated                      | Expended              |                                |
| Signature of Executive Director<br>  |                                | Date<br>1/12/10  | Signature of Public Housing Director |                                | Date                  |                                |

| Part II: Supporting Pages                      |  |  |          |                      |                      |                               |                             |                |
|--|--|--|----------|----------------------|----------------------|-------------------------------|-----------------------------|----------------|
| PHA Name:<br>Winbooski Housing Authority       |  | Grant Type and Number<br>Capital Fund Program Grant No: VT36P006501-08 CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |          |                      |                      | Federal FFY of Grant:<br>2008 |                             |                |
| Development Number<br>Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No.  | Quantity | Total Estimated Cost |                      | Total Actual Cost             |                             | Status of Work |
|  |  |  |          | Original             | Revised <sup>1</sup> | Funds Obligated <sup>2</sup>  | Funds Expended <sup>2</sup> |                |
| VT6-2  | a. unit remodeling                           | 1460   |          | 10,000               |                      | 10,000                        | 10,000                      | 100%           |
|  | b. security cameras                          | 1460   |          | 20,000               |                      | 20,000                        | 20,000                      | 100%           |
| VT6-3  | a. unit remodeling                           | 1460   |          | 10,000               |                      | 10,000                        | 10,000                      | 100%           |
| VT6-4  | a. unit remodeling                           | 1460   |          | 10,000               |                      | 10,000                        | 10,000                      | 100%           |
|  | b. HVAC repair....                           | 1460   |          | 20,000               |                      | 20,000                        | 20,000                      | 100%           |
| VT6-5  | a. unit remodeling                           | 1460   |          | 10,000               |                      | 10,000                        | 10,000                      | 100%           |
|  | b. exterior repairs                          | 1460   |          | 40,000               |                      | 40,000                        | 40,000                      | 100%           |
| HA-Wide  | a. fees/costs.....                           | 1430   |          | 20,000               |                      | 5,022.57                      | 5,022.57                    | 25%            |
|  | b. operations.....                           | 1406   |          | 150,000              |                      | 120,506.75                    | 120,506.75                  | 80%            |
|  | c. sander.....                               | 1475   |          | 6,500                |                      | 4,998.37                      | 4,998.37                    | 77%            |
|  | d. maint truck.....                          | 1475   |          | 31,027               |                      | 2,827.67                      | 2,827.67                    | 9%             |
|  |  |  |          |                      |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |
|  |  |  |          |                      |                      |                               |                             |                |

<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:<br>Winooski Housing Authority                              |   |                               |   |                                | Federal FFY of Grant:<br>2008                 |
| Development Number<br>Name/PHA-Wide<br>Activities                    | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                | Reasons for Revised Target Dates <sup>1</sup> |
|  | Original Obligation<br>End Date             | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure<br>End Date |   |
| VT6-2  | 9/7/11                                      |                               | 9/7/12                                      |                                |   |
| VT6-3  | 9/7/11                                      |                               | 9/7/12                                      |                                |   |
| VT6-4  | 9/7/11                                      |                               | 9/7/12                                      |                                |   |
| VT6-5  | 9/7/11                                      |                               | 9/7/12                                      |                                |   |
| HA-Wide  | 9/7/11                                      |                               | 9/7/12                                      |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
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|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |

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