

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Middletown Housing Authority</u> PHA Code: <u>CT009</u> 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): <u>04/01/2011</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>247</u> Number of HCV units: <u>750</u>																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:10%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:20%;">Programs Not in the Consortia</th> <th colspan="2" style="width:15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:5%;">PH</th> <th style="width:10%;">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:					
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PHA 3:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>Housing Authority Office, 40 Broad Street, Middletown, CT 06457</b>																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <b>See Attachment</b>																										
<b>8.0</b>	<b>Capital Improvements.</b> <b>See Attachment</b>																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										
<b>8.2</b>	<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.																										
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										
<b>9.0</b>	<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.																										

<b>9.1</b>	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>
<b>10.0</b>	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (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. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”
<b>11.0</b>	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.  (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

**6A: PHA Plan Elements**

1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait Lit Procedures.  
**No Revision**
2. Financial Resources  
**Revised**
3. Rent Determination  
**No Revision**
4. Operation and Management  
**No Revision**
5. Grievance Procedures  
**No Revision**
6. Designated Housing for Elderly and Disabled Families  
**No Revision**
7. Community Service and Self-Sufficiency  
**No Revision**
8. Safety and Crime Prevention  
**No Revision**
9. Pets  
**No Revision**
10. Civil Rights Certification  
**No Revision**
11. Fiscal Year Audit  
**Revised**
12. Asset Management  
**No Revisions**
13. Violence Against Women Act (VAWA)  
**No Revisions**

## 6.B POSTING OF PHA PLAN

Sbona Towers  
40 Broad Street  
Middletown, CT 06457

Maple Wood Terrace  
1 Maplewood Terrace  
Middletown, CT 06457

Traverse Square  
1 Traverse Square  
Middletown, CT 06457

Monarca Place  
1352 Randolph Road  
Middletown, CT 06457

## 7.0 Demolition and Disposition

<b>Demolition/Disposition Activity Description</b>
1a. Development name and address: Sbona Towers, 40 Broad Street, Middletown, CT 06457 1b. Development (project) number:CT09-002
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/> ( The Authority has less than 2 acres of “ surplus” land that fronts on Main Street. This land would be used for development of a mixed use, mixed income housing development under either a ground lease or through a full disposition)
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(01/10/12)</u>
5. Number of units affected: NONE
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: March 1,2012 b. Projected end date of activity: December 31, 2013

### Project Based Voucher

The Middletown Housing Authority plans to add six additional project based units to its current ten units in place for a total of sixteen. The six additional Project based Units have been advertised. Proposals have been received and the Housing Authority will evaluate the proposals shortly. All proposals were developed based on HUD criteria.

## 9. Statement of Housing Needs

### A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	2411	5	2	2	2	3	1
Income >30% but <=50% of AMI	1971	5	2	2	2	3	1
Income >50% but <80% of AMI	2052	4	2	1	2	3	1
Elderly	1271	5	2	2	3	3	1
Families with Disabilities	1158	5	3	2	3	3	1
Black Non-Hispanic	791	NFA	NFA	NFA	NFA	NFA	NFA
Hispanic	341	NFA	NFA	NFA	NFA	NFA	NFA
White Non-Hispanic	5147	NFA	NFA	NFA	NFA	NFA	NFA
Race/Ethnicity							

Code 1-5: One being no impact, five being severe impact.

\* No Information Available – NFA

## **9. STRATEGY FOR ADDRESSING HOUSING NEEDS**

### **Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

### **Strategy 2: Target available assistance to Families with Disabilities:**

- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities

### **Strategy 3: Conduct activities to affirmatively further fair housing**

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations

## 10 A. Progress in Meeting PHA Goals and Objectives

*Goal One: Continuing to manage the Middletown Housing Authority's existing public housing program in an efficient and effective manner.*

*Objectives:*

- 1. The Middletown Housing Authority shall continue to make our public housing units more marketable to the community as evidenced by an increase in our waiting list to one that requires a six-month wait.*
- 2. The Middletown Housing Authority shall continue to promote a motivating work environment with a capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing industry.*

*Goal Two: Assist our community and increasing the availability of affordable, suitable, housing for families in the very low-income range.*

*Objectives:*

- 1. The Middletown Housing Authority has partnered with a local non profit firm. This partner will work with us on the acquisition, improvement and/or development of additional housing opportunities for this target group.*
- 2. The Middletown Housing Authority will provide six Project Based Vouchers for the Homeless Population.*

*Goal Three: Expand the range and quality of housing choices available to participants in the Middletown Housing Authority's tenant-based assistance program.*

*Objectives:*

- 1. The Middletown Housing Authority has achieved a utilization rate of 98% in its tenant-based program. The Authority will work to maintain this rate of 98%, however the achievable rate will depend on HUD Funding.*
- 2. Conduct outreach efforts to potential voucher landlords.*

*Goal Four: Enhance the image of public housing in our community.*

*Objective:*

- 1. The Middletown Housing Authority has implemented an outreach program to inform the community of what good managers they are and will continue to do this for the next five years.*



## **10 A. Progress in Meeting Goals and Objectives**

*Goal 5: Improve the quality of assisted housing*

*Objectives:*

*Improve public housing management: (PHAS score) Standard Performer working toward being a high performer*

*Voucher management: Remain a High Performer*

*Renovate or modernize public housing units: On an ongoing basis*

*Provide replacement public housing:*

*Goal 6: Increase assisted housing choices*

*Objectives:*

*Conduct outreach efforts to potential voucher landlords. This is being done on an ongoing basis.*

*Goal 7: Ensure equal opportunity and affirmatively further fair housing*

*Objectives:*

*Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:*

*Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:*

*This is being accomplished by the Housing Authority on an ongoing basis.*

**10 b. Significant Amendment and Substantial Deviation/Modification.**

*Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.*

**11 a.b.c. & d.**

See Attached

**11F. Resident Advisory Board Comments**

Resident Advisory Board (RAB) Comments:

There were no comments from the Resident Advisory Board.

**11 g:**

No Challenged Elements

**11 h:**

Capital Fund Annual Statements and Performance and Evaluation Reports Attached

**11 i:**

Capital Fund Program 5-Year Action Plan Attached

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.

## MIDDLETOWN HOUSING AUTHORITY

### Violence Against Women Act

The Middletown Housing Authority provides or offers the following activities, services, or programs that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

The Violence against Women Act protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them. Generally, the law provides that criminal activity directly relating to domestic violence, dating violence, 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 cause for termination of assistance, tenancy, or occupancy right if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse. The law also provides that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim or that violence and will not be "good cause" for termination of the assistance, tenancy, or occupancy rights of a victim of such violence.

It is the Housing Authority's plan that future/current residents of the public housing program and participants of the Housing Choice Voucher Program will be given a copy of PIH Notice 2006-42. Residents of the Public Housing complexes will be provided this notice when the lease is executed, or upon recertification while participants of the HCV Program will be apprised during their briefing session or upon recertification. The contents therein will be explained to the family members that attend these appointments.

The requirement contained in the law that precludes eviction based on domestic violence, dating violence, or stalking will be explained to new landlords and those currently involved in the program at time of recertification. During the lease period, the landlords will be advised of the VAWA requirements should tenant-eviction because of actions become a reality.

Landlords of/and new participants to the Housing Choice Voucher Program or families relocating to a different unit will be required to complete the reissued Housing Assistance Payments Contract and Tenancy Addendum that incorporated the restrictions of the Act.

Families currently residing in the Public Housing developments, as well as the HCV participants who have not submitted a Request for Tenancy Approval, will be notified of the safe-guards against eviction/termination, as well as the requirement for certification and verification.

Any family who requests relief from eviction or termination because of domestic violence, dating violence, or stalking will be required to submit the Certification Form and provide restraining orders, police reports, letters from shelters, or other such documentation as necessary to verify the request. Additionally, the Housing Authority will obtain information from the local police department as to the nature and type of police calls made to the respective address as further verification.



## HOUSING AUTHORITY OF THE CITY OF MIDDLETOWN

### VIOLENCE AGAINST WOMEN ACT POLICY

- 1.0 **GOALS & ACTIVITIES:** The purpose of this policy is to reduce domestic violence, dating violence, and stalking and to prevent homelessness by:
- a. protecting the safety of victims;
  - b. creating long-term housing solutions for victims;
  - c. building collaborations among victim service providers; and
  - d. assisting HACM to respond appropriately to the violence while maintaining a safe environment for HACM, employees, tenants, applicants, Section participants, public housing program participants and others.

The policy will assist the HACM in providing rights under the Violence Against Women Act to its applicants, public housing residents, Section 8 participants and other program participants.

- 2.0 **MISSION STATEMENT:** HACM's policy is to comply with the 2005 VAWA pub. L 109-162; Stat.2960 signed into law on January 5, 2006 and codified at 42 U.S.C. § 1437d (1) and 1437 (d), (o) & 1 and (u). HACM shall not discriminate against an applicant, public housing resident, Section 8 program participant or other program participant on the basis of the rights or privileges provided under the VAWA.

### 3.0 **CERTIFICATION AND CONFIDENTIALITY:**

- 3.1 **Failure to provide certification Under 3.2 and 3.3:** The person shall provide complete and accurate certifications to HACM, owner or property manager within 14 business days after the party requests in writing that the person completes the certifications. If the person does not provide a complete and accurate certification within the 14 business days, HACW, the owner or property manager may take action to deny or terminate participation or tenancy under; 42 U.S.C. § 1437 1 (5) & (6); 42 U.S.C. § 1437 (d) (c) (3); 42 U.S.C. 7 1437f (c) (9); 42 U.S.C. § 1437f (d)(1)(B) (ii) & (iii); 42 U.S.C. § 1437f (o)(7)(C) & (D); or 42 U.S.C. § 1437f (o)(20) or for other good cause.

- 3.2 **HUD Approved Certification:** For each incident that a person is claiming is abuse, the person shall certify to HACM, owner or property manager their victim status by completing a HUD approved certification form. The person shall certify the date, time and description of the incidents, that the incidents are bona fide incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator including, but not limited to the name and, if known, all alias names, date of birth, address, contact information such as postal, e-mail or internet address, telephone or facsimile number or other information.
- 3.3 **Other Certification:** A person who is claiming victim status shall provide to HACM, an owner or manager: (a) documentation signed by the victim and an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the person has sought assistance in addressing domestic violence, dating violence or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. § 1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse; or (b) a federal, state, tribal, territorial, local police or court record.
- 3.4 **Confidentiality:** HACM, the owner and/or property manager shall keep all information provided to HACM under this Section confidential. HACM, owner and/or property manager shall not enter the information into a shared database or provide to any related entity except to the extent that:
- (a) The victim requests or consents to the disclosure in writing:
  - (b) The disclosure is required for:
    - (i) Eviction from public housing under 42 U.S.C. § 1437 I (5) & (6)  
(See Section 5 in this Policy)
    - (ii) Termination of Section 8 assistance under 42 U.S.C. § 1437f (c)(9); 42 U.S.C. § 1437f (d)(I)(B)(ii) & (iii); 42

U.S.C. & 1437f (O)(7)(C)&(D); or 42 U.S.C. & 1437f(o)(20)(See Section 4 in this Policy; or

(c) The disclosure is required by applicable law.

3.5 **Compliance Not Sufficient to Constitute Evidence of Unreasonable Act:**

The HACM, owner or manager compliance with Section 3.1,3.2 and 3.3 shall alone not be sufficient to show evidence of an unreasonable act or omission by them.

4.0 **APPROPRIATE BASIS FOR DENIAL OF ADMISSION, ASSISTANCE OR TENANCY:**

4.1 HACM shall not deny participation or admission to a program on the basis of a person's victim status, if the person otherwise qualifies for admission of assistance.

4.2 In incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be a serious or repeated violation of the lease by the victim and shall not be good cause for denying to a victim admission to a program, terminating Section 8 assistance or occupancy rights, or eviction of a tenant.

4.3 Criminal activity directly related to domestic violence. Dating violence, or Stalking engaged in by a member of tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim of that domestic violence, dating violence or stalking.

4.4 Notwithstanding Section 4.1. 4.2 and 4.3 HACM, an owner or manager may bifurcate a lease to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing,

terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. 42 U.S.C. § 1437d (1)(6)(B).

- 4.5 Nothing in Section 4.1 and 4.3 shall limit the authority of HACM, an owner or manager, when notified, to honor a court order addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- 4.6 Nothing in Section 4.1, 4.2 and 4.3 limits HACM, an owner or manager's authority to evict or terminate assistance to any tenant for any violation of lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However, HACM, owner or manager may not hold a victim to a more demanding standard.
- 4.7 Nothing in Section 4.1, 4.2 and 4.3 limits HACM, an owner or manager's authority to evict or terminate assistance, or deny admission to a program if the HACM, owner or manager can show an actual and imminent threat to other tenants, neighbors, guests, their employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.
- 4.8 Nothing in Section 4.1, 4.2 or 4.3 limits HACM, an owner or manager's authority to deny admission, terminate assistance or evict a person who engages in criminal acts including, but not limited to, acts of physical violence or stalking against family members or others.
- 4.9 A Section 8 recipient who moves out of a assisted dwelling unit to protect their health or safety and who: (a) is a victim under this policy; (b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and (c) has complied with all others obligations of the Section 8 program may receive a voucher and move to another Section 8 jurisdiction.

- 4.10 A public housing tenant who wants a transfer to protect their health or safety and who: (a) is victim under this policy; (b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the units; and (3) has complied with all other obligations of the public housing income program may transfer to another HACM unit, receive a Section 8 Voucher and stay in Connecticut or move to another Section 8 jurisdiction.
- 5.0 **ACTIONS AGAINST A PERPETRATOR**: HACM may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this policy. The victim shall take action to control, or prevent the domestic violence, dating violence, or stalking. The action may include, but is not limited to: (a) obtaining and enforcing a restraining or no contact order or order for protecting against the perpetrator; (b) obtaining and enforcing a trespass against the perpetrator; (c) enforcing HACM or law enforcement's trespass of the perpetrator (d) preventing the delivery of the perpetrator's mail to the victim's unit; (e) providing identifying information listed in 3.2 and (f); and other reasonable measures.
- 6.0 **NOTICE TO APPLICANTS, PARTICIPANTS, TENANTS AND SECTION 8 MANAGERS AND OWNERS**: HACM shall provide notice to applicants, participants, tenants, managers and owners of their rights and obligations under Section 3.4 Confidentiality and Section 4.0 Appropriate Basis for Denial or Admission, Assistance or Tenancy.
- 7.0 **REPORTING REQUIREMENTS**: HACM shall develop goals, objectives, policies or programs that will serve the needs of victims: HACM shall also include a description of activities, services or programs provided or offered either directly or in partnership with service providers to victims, to help victims obtain or maintain housing or to prevent the abuse or to enhance the safety of victims.
- 8.0 **CONFLICT AND SCOPE**: This Policy does not enlarge HACM's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law regulation or ordinance shall control. If this Policy conflicts with another HACM policy such as its Statement of Policies or Section 8 Administration Plan, this Policy will control.

9.0 **AMENDMENT:** The Executive Director may amend this policy when it is reasonable necessary to effectuate the Policy's intent, purpose or interpretation. The proposed amendment along with the rationale for the amendment shall be submitted to the Executive Director for consideration. Where reasonably necessary, the Executive Director may approve the amendment. The amendment shall be effective and incorporated on the date the Executive Director signs the amendment.

**HOUSING AUTHORITY OF THE CITY OF MIDDLETOWN**

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING**

Certification must be made as provided in Section A and either B, or Section C below:

1. Date delivered to resident: \_\_\_\_\_.
2. Must complete and return form by \_\_\_\_\_ (14 business days after resident's receipt).
3. If cannot complete form by this date, contact \_\_\_\_\_ at \_\_\_\_\_.

**A. RESIDENT/APPLICANT MUST COMPLETE:**

Attach complete and sign HUD Form 50066-copy attached

**B. CERTIFICATION IS MADE BY PROVIDING POLICE REPORT OR COURT RECORD:**

1. Name of the victim of domestic violence, dating violence or stalking:  
\_\_\_\_\_
2. Victim address: \_\_\_\_\_
3. Head of Household on lease ,if not the victim:  
\_\_\_\_\_
4. Perpetrator's name, if known:  
\_\_\_\_\_
5. If perpetrator's name is not known, explain why:  
\_\_\_\_\_
6. Perpetrator's relation to victim: \_\_\_\_\_

7. Date and description of the qualifying incidents:

\_\_\_\_\_

8. Certification of the violence:

Attached is a copy of a police report, temporary, or permanent restraining order, or other police or court record relating to the violence.

I hereby certify that the description of an incident or incidents of domestic violence, dating violence or stalking set forth in the attached police report, or court record is true and correct.

Signature of resident: \_\_\_\_\_ Dated: \_\_\_\_\_



C. **IF CERTIFICATION IS BY AN EMPLOYEE, AGENT OR VOLUNTER OF A VICTIM SERVICE PROVIDER, ATTORNEY, OR MEDICAL PROFESSIONAL FROM WHOM THE VICTIM HAS SOUGHT HELP IN ADDRESSING DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING OR ITS EFFECTS:**

The SERVICE PROVIDER OR PROFESSIONAL must complete this section:

1. Name of the victim of domestic violence, dating violence or stalking:  
\_\_\_\_\_
2. Victim's address: \_\_\_\_\_
3. Head of Household on lease, if not the victim:  
\_\_\_\_\_
4. Perpetrator's name. If known: \_\_\_\_\_
5. If perpetrator's name is not known, explain why:  
\_\_\_\_\_  
\_\_\_\_\_
6. Perpetrator's relation to victim: \_\_\_\_\_
7. Dates and description of the qualifying incidents:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheet if necessary)

8. Certification of the violence.

A professional who helped the victim address the violence must complete the following section:

1. Name of person Completing this section: \_\_\_\_\_
2. What category best describes you? \_\_\_Attorney \_\_\_Medical  
Professional \_\_\_Victim Service Provider
3. Title \_\_\_\_\_ Phone# \_\_\_\_\_
4. Agency / Business Name: \_\_\_\_\_
5. Address: \_\_\_\_\_

I hereby certify under penalty of perjury that the foregoing is true and correct and believe that the incident(s) described above are bona fide incidents of abuse.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Attested to as true and correct:

Signature of the victim: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

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

**Part I: Summary**

PHA Name/Number : Middletown Housing Auth.		Locality (City/County & State) Middletown CT 06457			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015	
B. Physical Improvements Subtotal	382,235.00	382,235.00	362,235.00	382,235.00	362,235.00	
C. Management Improvements	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	
D. PHA-Wide Non-dwelling Structures and Equipment	45,248	45,248	45,248	45,248	45,248	
E. Administration						
F. Other						
G. Operations						
H. Demolition						
I. Development						
J. Capital Fund Financing – Debt Service						
K. Total CFP Funds						
L. Total Non-CFP Funds						
M. Grand Total	\$452,483.00	\$452,483.00	\$452,483.00	\$452,483.00	\$452,483.00	

Capital Fund Program—Five-Year Action Plan

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

**Part I: Summary (Continuation)**

PHA Name/Number :Middletown Housing Auth.		Locality (City/county & State) Middletown CT 06457		<input checked="" type="checkbox"/> Original 5-Year Plan Work Statement for Year 4		<input type="checkbox"/> Revision No: Work Statement for Year 5	
A.	Development Number and Name	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015	
	SBONA TOWER 9-2	Annual Statement	\$95,000.00	\$270,000.00	\$110,000.00	\$110,000.00	
	MAPLEWOOD TERRACE 9-3		\$130,000.00	\$92,235.00	\$135,000.00	\$110,000.00	
	TRAVERSE SQUARE 9-4		\$150,000.00	\$0.00	\$127,235.00	\$137,235.00	
	MONARCA PLACE 9-5		\$7,235.00	\$0.00	\$10,000.00	\$5,000.00	
	PHA WIDE		\$70,248.00	\$90,248.00	\$70,248.00	\$90,248.00	

Capital Fund Program—Five-Year Action Plan

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

Work Statement for Year: 2011	Work Statement for Year: 2			Work Statement for Year: 3		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	SBONA TOWER CT 9-2		\$90,000.00	SBONA TOWER CT 9-2		\$250,000.00
	Security Cameras/Card Access		\$5,000.00	Main Roof		\$20,000.00
	A/E Fees			A/E Fees		
	MAPLEWOOD TERRACE CT 9-3		\$120,000.00	MAPLEWOOD TERRACE CT 9-3		\$85,000.00
	Security Cameras		\$10,000.00	Roofs		\$7,235.00
	A/E Fees			A/E Fees		
	TRAVERSE SQUARE CT 9-4		\$140,000.00			
	Security Cameras/Card Access		\$10,000.00			
	A/E Fees					
	MONARCA PLACE CT 9-5		\$7,235.00			
	Site Improvements					
	PHA WIDE Management Improvements		\$25,000.00	PHA WIDE Management Improvements		\$25,000.00
	Administration		\$45,248.00	Maintenance Vehicle Administration		\$20,000.00
						\$45,248
	Subtotal of Estimated Cost		\$452,483.00	Subtotal of Estimated Cost		\$452,483.00

Capital Fund Program—Five-Year Action Plan

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

Work Statement for Year 1 FFY 2011	Part II: Supporting Pages – Physical Needs Work Statement(s)				Work Statement for Year:5 FFY 2015		
	Work Statement for Year 4 FFY 2014		Estimated Cost	Quantity	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Sec	SBONA TOWER CT 9-2				SBONA TOWER CT 9-2		
Annual Statement	Masonry Repair		\$80,000.00		Lower Roof		100,000.00
	A/E Fees		\$10,000.00		A/E Fees		10,000.00
	Site Improvements		\$20,000.00				
	MAPLEWOOD TERRACE CT 9-3				MAPLEWOOD TERRACE CT 9-3		
	Exterior Repairs/Painting		\$50,000.00		Domestic Water		100,000.00
	Storm Doors/Windows		\$75,000.00		Pipe/Valve Replacement		
	A/E Fees		\$10,000.00		A/E Fees		10,000.00
	TRAVERSE SQUARE CT 9-4				TRAVERSE SQUARE CT 9-4		
	Exterior Repairs/Painting		\$52,235.00		Domestic Water		100,000.00
	Entry Doors		\$70,000.00		Pipe/Valve Replacement		\$25,235.00
	A/E Fees		\$5,000.00		Zone Valve Replacement		\$12,000.00
	A/E Fees				A/E Fees		
	MONARCA PLACE CT 9-5				MONARCA PLACE CT 9-5		
	Exterior Painting		\$10,000.00		Site Improvements		\$5,000.00
	PHA WIDE Management Improvements		\$25,000.00		PHA WIDE Management Improvements		\$25,000.00
	Administration		\$45,248.00		Maintenance Vehicle Administration		\$20,000.00
	Administration						\$45,248
	Subtotal of Estimated Cost		\$452,483.00		Subtotal of Estimated Cost		\$452,483.00







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: 2011	
PHA Name: Middletown Housing Authority		Capital Fund Program Grant No: CT26P009501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2011	
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFF 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)	\$45,248.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$20,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$117,235.00			
10	1460 Dwelling Structures	\$250,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$20,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2011	
PHA Name: Middletown Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P009501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2011	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Summary by Development Account		Total Actual Cost <sup>1</sup>	
Line		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)	\$452,483.00	
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		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

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

Part II: Supporting Pages		Federal FFY of Grant: 2011															
PHA Name: Middletown Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26P009501-11 CFPP (Yes/No): Replacement Housing Factor Grant No:							Total Estimated Cost				Total Actual Cost				Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original		Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	Status of Work	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	Status of Work			
				Original	Revised <sup>1</sup>												
PHA Wide	Facilities Manager Salary	1410	1	\$45,248.00													
Traverse Square CT 9-4	Fees & costs	1430	60 units	\$20,000.00													
Traverse Square CT 9-4	Exterior Windows/Interior Trim	1460	60 units	\$250,000.00													
Sbona Tower CT 9-2	Security/Fire Door Hardware	1450	124 units	\$117,235.00													
PHA Wide	Maintenance Vehicle	1475	1	\$20,000.00													

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

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

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

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

Part II: Supporting Pages							
PHA Name:		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant 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 <sup>1</sup>		

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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2011
PHA Name: Middletown Housing Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
CT 9-2					
CT 9-4					
PHA WIDE					

<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 III: Implementation Schedule for Capital Fund Financing Program**

PHA Name:

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

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

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

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2010	
PHA Name: Middletown Housing Authority		Capital Fund Program Grant No: CT26P009501-10		FFY of Grant Approval: 2010	
Date of CFFP:		Replacement Housing Factor Grant No:			
Type of Grant		Reserve for Disasters/Emergencies			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/10		<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/10			
Line	Summary by Development Account	Original	Total Estimated Cost	Revised Annual Statement (revision no: )	Total Actual Cost <sup>1</sup>
			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	\$25,000.00	\$15,000.00		
4	1410 Administration (may not exceed 10% of line 21)	\$39,300.00	\$45,248.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$33,506.00	\$34,537.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$126,000.00	\$163,678.00		
10	1460 Dwelling Structures	\$170,000.00	\$194,020.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$			

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: Middletown Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P009501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2010	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/10		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost:
		Original	Obligated
18a	1501 Collateralization or Debt Service paid by the PHA		Expended
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)	\$393,806.00	
21	Amount of line 20 Related to LBP Activities	\$452,483.00	
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

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



Part II: Supporting Pages		Federal FFY of Grant: 2010						
PEIA Name: Middletown Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26P009501-10 CFPP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA WIDE	Management Improvements	1408		\$25,000.00	\$15,000.00			
PHA WIDE	Facilities Manager Salary	1410		\$39,300.00	\$45,248.00			
Sbona Tower CT 9-2	Fees and Costs	1430		\$33,506.00	\$34,537.00			
	Site Improvements	1450		\$126,000.00	\$163,678.00			
	Interior Improvements	1460		\$100,000.00	\$25,000.00			
	Masonry Repairs	1460		\$70,000.00	\$48,000.00			
Maplewood Terrace CT 9-3	Boiler/Water Heater Replacement	1460		0.00	\$121,020.00			

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

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

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

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

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

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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program						Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
PHA WIDE	07/14/2012		07/14/2014			
Sbona Tower CT 9-2	07/14/2012		07/14/2014			
Maplewood Terrace CT 9-3	07/14/2012		07/14/2014			

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

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

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

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

<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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Middletown Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26P009501-09 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010	<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 <sup>2</sup>	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		
3	1408 Management Improvements	\$8,000.00	\$3,750.00
4	1410 Administration (may not exceed 10% of line 21)	\$39,000.00	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	\$11,806.00	\$2,250.00
8	1440 Site Acquisition		
9	1450 Site Improvement	\$255,000.00	\$169,598.61
10	1460 Dwelling Structures	\$60,000.00	\$168,231.13
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	\$20,000.00	\$18,000.00
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>	\$	

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

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

U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		FFY of Grant: 2009	
PHA Name: Middletown Housing Authority	Grant Type and Number Capital Fund Program Grant No. CT26P009501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2009	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010		<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	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
		Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$393,806.00	\$361,829.74
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

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

Annual Statement/Performance and Evaluation Report  
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U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages		Federal FFY of Grant: 2009					
PHA Name: Middletown Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26P009501-09 CFPP (Yes/No): Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
PHA WIDE	Technology Upgrades	1408		\$8,000.00	\$3,750.00	\$3,750.00	\$3,750.00
PHA WIDE	Project Management salary, benefits	1410		\$39,000.00	\$0.00		
Sbona Tower CT 9-2	Fees and Costs	1430		\$11,806.00	\$0.00		
	Roof Replacement	1460		\$25,000.00	\$0.00		
	Masonry Restoration	1460		\$35,000.00	\$0.00		
	Repair Sidewalks	1450		\$100,000.00	\$0.00		
	Emergency Fire Alarm System	1460		\$0.00	\$86,690.00	\$86,690.00	\$86,690.00
	Fees and Costs Elevator/Emerg. Generator Replacement	1430		\$0.00	\$2,380.00	\$0.00	\$0.00
	Elevator/Emerg. Generator Replacement	1460		\$0.00	\$33,741.69	\$17,766.26	\$17,766.26
	Fire Alarm Testing	1460		\$0.00	\$110.00	\$110.00	\$110.00
	Paving	1450		\$0.00	\$38,445.40	\$38,445.40	\$38,445.40
Maplewood Terrace CT 9-3	Fees and Costs (cont'd from 2008 CFP)	1430		\$0.00	\$2,250.00	\$2,250.00	\$2,250.00
	Rebuild Wall (cont'd from 2008 CFP)	1450		\$155,000.00	\$131,153.21	\$131,153.21	\$131,153.21
	Fees MT Heating Upgrade	1430		\$0.00	\$1,620.00	\$0.00	\$0.00
	Boiler/Water Heater Replacement	1460		\$0.00	\$75,665.70	\$63,664.87	\$63,664.87
PHA WIDE	Maintenance Vehicle	1475		\$20,000.00	\$18,000.00	\$18,000.00	\$18,000.00

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

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

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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<b>Part II: Supporting Pages</b>		<b>Federal FTY of Grant:</b>											
PHA Name:		Grant Type and Number Capital Fund Program Grant No: CFEP (Yes/ No):				Replacement Housing Factor Grant No:			Total Estimated Cost		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>						

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



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

Part III: Implementation Schedule for Capital Fund Financing Program						Federal FFY of Grant: 2009	
PHA Name: Middletown Housing Authority							
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date			
PHA WIDE	09/14/2011	09/14/2011	09/14/2013	09/14/2013			
Sbona Tower CT 9-2	09/14/2011	09/14/2011	09/14/2013	09/14/2013			
Maplewood Terrace CT 9-3	09/14/2011	09/14/2011	09/14/2013	09/14/2013			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 91 of the U.S. Housing Act of 1937, as amended.

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

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

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PHA Name: Middletown Housing Authority		Capital Fund Program Grant No: CT26S009501-09		FFY of Grant Approval: 2009	
Date of CFFP:		Replacement Housing Factor Grant No:			
Line	Type of Grant	Original	Revised <sup>1</sup>	Total Actual Cost <sup>1</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)	\$65,000.00	\$4,102.14		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$38,000.00	\$45,256.11		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$756,777.00	\$810,418.75		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$			

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

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

U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		FFY of Grant: 2009	
PHA Name: Middletown Housing Authority	Grant Type and Number Capital Fund Program Grant No: CT26S009501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/10 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no: 3 )	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised
		Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$859,777.00	\$859,777.00
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		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

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

Part II: Supporting Pages		Federal FFY of Grant: 2009						
PHA Name: Middletown Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26S009501-09 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA WIDE	Project Management, advertising, admin support	1410		\$65,000.00	\$4,102.14	\$4,102.14	\$4,102.14	
Sbona Tower CT 9-2	Fees and Costs Elevator Repair/Generator Upgrade	1430 1460		\$18,000.00 \$306,777.00	\$23,011.29 \$395,314.20	\$23,011.29 \$395,314.20	\$23,011.29 \$395,314.20	
Maplewood Terrace CT 9-3	Fees and Costs Boiler/Water Heater Replacement	1430 1460		\$20,000.00 \$450,000.00	\$22,244.82 \$415,104.55	\$22,244.82 \$415,104.55	\$22,244.82 \$415,104.55	

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

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

Part II: Supporting Pages PHA Name:		Grant Type and Number Capital Fund Program Grant No: CFPP (Yes/ No): Replacement Housing Factor Grant 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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

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

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

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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							Federal FFY of Grant: 2009	
PHA Name: Middletown Housing Authority								
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates			
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date				
PHA WIDE	03/31/2010	03/17/2010	03/31/2012	03/17/2012				
Shona Tower CT 9-2	03/31/2010	03/17/2010	03/31/2012	03/17/2012				
Maplewood Terrace CT 9-3	03/31/2010	03/17/2010	03/31/2012	03/17/2012				

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

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U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
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Part III: Implementation Schedule for Capital Fund Financing Program				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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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



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 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: Middletown Housing Authority		Capital Fund Program Grant No: CT26R009502-09		FFY of Grant Approval: 2009	
Date of CFPP:		Replacement Housing Factor Grant No: CT26R009502-09			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
<input type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending: 01/30/10		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$228,500.00			

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

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

<b>Part I: Summary</b>		FFY of Grant: 2009		FFY of Grant Approval: 2009	
PHA Name: Middletown Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R009502-09 Date of CFFP:	<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
Type of Grant Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	Total Actual Cost <sup>1</sup>			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/10	<input type="checkbox"/> Reserve for Disasters/Emergencies	Total Estimated Cost			
Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the FHA				
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)	\$228,500.00			
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				
Signature of Executive Director		Date		Signature of Public Housing Director	
		11/15/10			

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



Part II: Supporting Pages PHA Name:			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 <sup>1</sup>		

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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name: Middletown Housing Authority						
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2009	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Reasons for Revised Target Dates <sup>1</sup>	
New Development	09/14/2011		09/14/2013			

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



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 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		FFY of Grant: 2008	
PHA Name: Middletown Housing Authority		Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R009502-08		FFY of Grant Approval: 2008	
Date of CFFP:		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
Type of Grant		Performance and Evaluation Report for Period Ending: 3/30/08		Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Revised <sup>1</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>2</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	319,433.00			

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Middletown Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R009502-08 Date of CFFP:		
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )	
<b>Summary by Development Account</b>	<b>Performance and Evaluation Report</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
Line	Revised?	Original	Obligated Expended
18a			
18ba			
19			
20		\$319,433.00	
21			
22			
23			
24			
25			
Signature of Executive Director		Signature of Public Housing Director	
Date 11/15/10		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFFP Grants for operations.  
<sup>4</sup> RHP 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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<b>Part II: Supporting Pages</b>								
PHA Name: Middletown Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFPP (Yes/No): Replacement Housing Factor Grant No: CT26R009502-08		Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
New Development	Development Activities	1499	\$319,433.00					

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

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

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

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

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

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

U.S. Department of Housing and Urban Development  
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Part III: Implementation Schedule for Capital Fund Financing Program						Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
New Development	10/29/2011		10/29/2013			

<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  
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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)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

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

Part I: Summary		Capital Fund Program Grant No: CT26R009502-07		FFY of Grant: 2007	
PHA Name: Middletown Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R009502-07		FFY of Grant Approval: 2007	
Date of CFFP:					
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/10				<input type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Original		Total Actual Cost <sup>1</sup>	
Line				Obligated	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>		311,502.00		

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

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

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<b>Part I: Summary</b>		FFY of Grant: 2007 FFY of Grant Approval: 2007	
PHA Name: Middletown Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R009502-07 Date of CFFP:		
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )		
Summary by Development Account		Total Estimated Cost	Total Actual Cost <sup>1</sup>
Line	Description	Original	Revised <sup>2</sup> Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$311,502.00	
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		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

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

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

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<b>Part II: Supporting Pages</b>		<b>Federal FFY of Grant: 2007</b>						
PHA Name: Middletown Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFPP (Yes/No): Replacement Housing Factor Grant No: CT26R009502-07						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
New Development	Development Activities	1499	\$311,502.00					

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

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

<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					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
New Development	10/29/2011		10/29/2013		

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					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 <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		

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

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2006	
PHA Name: Middletown Housing Authority		Capital Fund Program Grant No: CT26R009502-06		FFY of Grant Approval: 2006	
Replacement Housing Factor Grant No: CT26R009502-06		Date of CFFP:			
Line	Type of Grant	Original Annual Statement Performance and Evaluation Report for Period Ending: 9/30/10	Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: 9/30/10	Revised Annual Statement (revision no: )	
				Total Estimated Cost Revised	Total Actual Cost <sup>1</sup> Expended
		Original	Obligated		
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>			\$345,675.00	

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

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

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<b>Part I: Summary</b>		FFY of Grant: 2006		FFY of Grant Approval: 2006	
PHA Name: Middletown Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R009502-06 Date of CFFP:	<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Summary by Development Account		<input type="checkbox"/> Reserve for Disasters/Emergencies		Total Actual Cost <sup>1</sup> Expended	
Line		Original	Revised <sup>2</sup>	Obligated	
18a	1301 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1302 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$345,675.00			
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				
Signature of Executive Director		Date		Signature of Public Housing Director	
		11/13/07			

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

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

Part II: Supporting Pages		Federal FFY of Grant: 2006						
PHA Name: Middletown Housing Authority		Grant Type and Number Capital Fund Program Grant No: CFPP (Yes/ No): Replacement Housing Factor Grant No: CT26R009502-06						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
New Development	Development Activities	1499	\$345,675.00					

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

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

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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2006
PHA Name: Middletown Housing Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
New Development	10/29/2011		10/29/2013		

<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 1957, as amended.

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

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



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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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Part I: Summary		Grant Type and Number		FFY of Grant: 2005	
PHA Name: Middletown Housing Authority		Capital Fund Program Grant No: CT26R009502-05		FFY of Grant Approval: 2005	
Type of Grant		Replacement Housing Factor Grant No: CT26R009502-05			
Original Annual Statement and Evaluation Report for Period Ending: 9/30/10		Date of CFFP:			
Summary by Development Account		Reserve for Disasters/Emergencies			
Original		Revised <sup>2</sup>		Total Actual Cost <sup>1</sup>	
Line	Performance and Evaluation Report for Period Ending: 9/30/10	Obligated	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	\$375,414.00			

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

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

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<b>Part I: Summary</b>		FFY of Grant: 2005	
PHA Name: Middletown Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT26R009502-05 Date of CFFP:	FFY of Grant Approval: 2005	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )	
Summary by Development Account		Total Estimated Cost	Total Actual Cost <sup>1</sup>
Line		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)	\$375,414.00	
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		
Signature of Executive Director		Signature of Public Housing Director	
Date 11/15/10		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFF Grants for operations.  
<sup>4</sup> 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 II: Supporting Pages		Grant Type and Number Capital Fund Program Grant No: CFPP (Yes/No): Replacement Housing Factor Grant No: CT26R009502-05			Federal FFY of Grant: 2005			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
New Development	Development Activities	1499	\$375,414.00					

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



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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Middletown Housing Authority					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2005  Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
New Development	10/29/2011		10/29/2013		

<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 III: Implementation Schedule for Capital Fund Financing Program					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 <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Middletown Housing Authority

Program/Activity Receiving Federal Grant Funding

PHA Agency Plan-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sbona Towers - 40 Broad Street, Middletown, CT  
Maplewood Terrace - Walnut Street, Middletown, CT  
Traverse Square - Church Street, Middletown, CT

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

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

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

Name of Authorized Official

William Vasiliou

Title

Executive Director

Signature

X

Date

11/14

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Middletown Housing Authority

Program/Activity Receiving Federal Grant Funding

PHA Agency Plan

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

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

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

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

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

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

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

William Vasilou

Title

Executive Director

Signature

Date (mm/dd/yyyy)

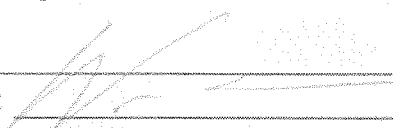


## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB  
0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Middletown Housing Authority 40 Broad Street Middletown, CT 06457  Congressional District, if known: _____	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known: _____	
<b>6. Federal Department/Agency:</b>  U.S. Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b> _____	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  NAHRO 630 Eye Street NW Washington, DC 20001	<b>b. Individuals Performing Services (including address if different from No. 10a)</b> (last name, first name, MI):  Akinola Popoola	
<small>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$1 0,000 and not more than \$100,000 for each such failure.</small>	Signature:  Print Name: <u>William Vasiliou</u> Title: <u>Executive Director</u> Telephone No.: <u>(860) 346-8671</u> Date: <u>4/1/11</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

RESOLUTION 2011-3

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the      5-Year and/or   X   Annual PHA Plan for the PHA fiscal year beginning 4/1/2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

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


Middletown Housing Authority  
PHA Name

CT009  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20\_\_ - 20\_\_

X Annual PHA Plan for Fiscal Years 2011 - 2011

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

Name of Authorized Official	Title
Mark Masselli	Chairman
Signature	Date
	January 10, 2011

**Civil Rights Certification**

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

**Civil Rights Certification**

**Annual Certification and Board Resolution**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Middletown Housing Authority

CT009

\_\_\_\_\_  
PHA Name

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

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

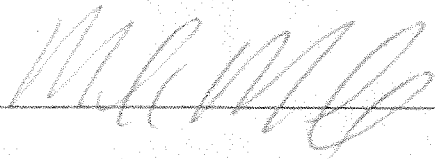
Name of Authorized Official

Mark Masselli

Title

Chairman

Signature



January 10, 2011

Date