

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Lakeland Housing Authority</u> PHA Code: <u>FL011</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>01/2010</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>306</u> Number of HCV units: <u>1515</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:30%;">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:20%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:10%;">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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<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>To provide quality, affordable housing and self-sufficiency opportunities in an effective and professional manner.</b>																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  <p style="text-align: center;"><b>Goals and Objectives</b></p> <p><b>Goal #1: Regain high performing status in Public Housing and sustain it in Section 8.</b></p> <p>Maintain a public housing vacancy rate of 2% or less.</p> <p>Maintain an average work order response time of less than three days.</p> <p>Collect at least 97% of the rent and other charges excluding fraud recovery and major tenant abuse due to LHA.</p> <p>Reduce utility usage (including water) by 25% by December 31, 2014.</p> <p>Maintain a Section 8 lease-up rate of at least 98% while not exceeding HUD limitations.</p> <p>Continue and improve task tracking / management by objectives.</p> <p>Enhance internal operations to reduce costs, improve efficiencies, and become even more effective and professional.</p> <p><b>Goal #2: Maintain and improve our public image through enhanced communication, coordination, and accountability with outside entities, among the staff and with residents.</b></p> <p>Continue to meet monthly with the Resident Advisory Board and other residents in a variety of forums to provide the opportunity for input and feedback about agency operations.</p> <p>Ensure that there are at least 8 positive media stories a year.</p> <p>Deliver at least 12 talks to groups a year about the activities of LHA, including, but not limited to, governmental, private sector, public sector, civic, religious, women, and minority organizations.</p> <p>Utilize technology to continue improving our public image. For example, double the annual number of hits on the LHA website by December 31, 2012.</p> <p>The Executive Director shall take a Lakeland decision maker to lunch at least 12 times a year.</p> <p><b>Goal #3: Be the premier innovative and effective affordable housing provider in Florida.</b></p>																										

Close out the HOPE VI grant by June 30, 2011.

Apply for additional housing choice vouchers as they become available.

Seek out new funding opportunities as they become available.

Partner with the Lakeland Polk Housing Corporation and other housing providers to increase the availability of affordable housing in its jurisdiction by 500 units by December 31, 2014.

Assist at least 50 families into homeownership through the Section 8 Homeownership Program, the HOPE VI Program, or other programs by December 31, 2014.

Incorporate non-traditional entrepreneurial methods and practices that positively impact affordable housing in LHA's jurisdiction.

Incorporate financially feasible Green and Sustainability Best Practices in all future developments.

Obtain at least \$100 million in grants and/or leveraging from all sources by December 31, 2014.

***Goal #4: Increase and encourage the self-sufficiency efforts of all residents.***

Assist 65 % of LHA children who participate in the 21<sup>st</sup> Century After School Program in attaining academic success as measured by the students FCAT scores so that the percentage passing the FCAT equals or exceeds the Polk County average.

Assist 90% of LHA children who participate in the 21<sup>st</sup> Century After School Program to achieve a higher grade point average than the proceeding year.

Increase the usage of LHA educational and computer literacy programs by 75% by December 31, 2014. **(Subject to receiving the grant we have already applied for)**

As of July 1, 2009 the median LHA non-elderly non-disabled public housing resident household earned income is \$10,952.50. Increase the median household earned income of this target population to \$13,143.00 by December 31, 2014.

Substantially increase the number of LHA seniors and people with disabilities using LHA sponsored programs by December 31, 2014.

***Goal #5: Maintain a high level of employee relations and morale.***

Enhance lines of communications through staff meetings and other necessary internal communications to provide updates and progress reports about agency activities.

Continue to reward performance through the timely implementation of a performance management system.

Encourage and support staff partaking in training and continuing education opportunities to the greatest degree possible within funding constraints.

Conduct an annual employee satisfaction survey.

**Violence Against Women Act Report**

**A goal of the Lakeland Housing Authority is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.**

**The Lakeland Housing Authority provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.**

We refer people to the Peace River Center and/or the Gulf Coast Community Care.

**The Lakeland 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.**

We offer a point preference for admission to public housing.  
We refer people to the Peace River Center and/or the Gulf Coast Community Care.

**The Lakeland Housing Authority provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.**

We have as good a security system as possible including security cameras at most family sites.

**The Lakeland Housing Authority has the following procedures in place to assure applicants and residents are aware of their rights under the Violence Against Women Act.**

We brief all new participants of their rights prior to entering the program and are always available for private consultations on their rights and responsibilities under VAWA.

**PHA Plan Update**

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

**Our ACOP and Administrative Plan have been amended to comply with HUD required changes. In addition:**

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures:** No Changes
2. **Financial Resources:** Changes are reflected in our Supporting Documentation
3. **Rent Determination:** No Changes
4. **Operation and Management:** No Changes
5. **Grievance Procedures:** No Changes
6. **Designated Housing for Elderly and Disabled Families:** No Changes. The following properties have been designated:

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	Cecil Gober
1b. Development (project) number:	FL-011-006
2. Designation type:	Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	(04/01/2011)
5. If approved, will this designation constitute a (select one)	<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	33 Elderly / 4 Disabled
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	The Manor at Washington Oaks
1b. Development (project) number:	FL-011-015
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	(04/01/2011)
5. If approved, will this designation constitute a (select one)	<input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
7. Number of units affected:	30
7. Coverage of action (select one)	<input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

7. **Community Service:** No Changes
8. **Safety and Crime Prevention:** No Changes
9. **Pets:** No Changes
10. **Civil Rights Certification:** No Changes
11. **Fiscal Year Audit:** The latest audits are available for review
12. **Asset Management:** No Changes
13. **Violence Against Women Act:** No Changes

(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.

**From the Central Office at 430 Hartsell Ave, at each of the AMP Offices and on the Web Site.**

6.0

7.0

**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.*

See Attachments

8.0

**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.

8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	<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.
8.3	<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.

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

**Housing Needs**

Housing Needs of Families in the Jurisdiction							
By Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ability	Size	Location
Income <= 30% of AMI	1997	5	5	5	5	5	5
Income >30% but <=50% of AMI	1520	4	4	4	4	4	4
Income >50% but <80% of AMI	2403	3	3	3	3	3	3
Elderly	1662	4	4	4	4	4	4
Families with Disabilities	Un-known						
Black	1952	3	3	3	3	3	3
Hispanic	259	3	3	3	3	3	3
Race/Ethnicity							
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s      Indicate year: 2005
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data      Indicate year:
- Other housing market study      Indicate year:
- Other sources: (list and indicate year of information)

9.0

**B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists**

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	<b>Public Housing</b>		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	167		16
Extremely low income <=30% AMI	110	65.9	
Very low income (>30% but <=50% AMI)	47	28.1	
Low income (>50% but <80% AMI)	10	6	
Families with children	102	61	
Elderly families	30	18	
Families with Disabilities	16	9.6	
Race/ethnicity – Black	115	68.9	
Race/ethnicity – White	51	30.5	
Race/ethnicity – Indian	1	.6	
Race/ethnicity – Asian	0		

Characteristics by Bed- room Size (PH Only)			
1BR	58	34.7	3
2 BR	51	30.5	11

3 BR	42	25.1	2
4 BR	16	9.6	0
5 BR	0	0	0
5+ BR	0	0	0

Is the waiting list closed (select one)? No  Yes If yes: How long has it been closed (# of months)? 2 years  
Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes  
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes

**Housing Needs of Families on the Waiting List**

Waiting list type: (select one)

- Section 8 tenant-based assistance**
- Public Housing
- Combined Section 8 and Public Housing
- Public Housing Site-Based or sub-jurisdictional waiting list (optional)  
If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	260		101
Extremely low income <=30% AMI	172	62.2	
Very low income (>30% but <=50% AMI)	81	31.1	
Low income (>50% but <80% AMI)	7	2.7	
Families with children	186	71.5	
Elderly families	11	4.2	
Families with Disabilities	43	16.5	
White	55	21.2	
Black	205	78.8	
Native American	0	0	
Asian	0	0	

Is the waiting list closed (select one)?  No  Yes  
If yes: How long has it been closed (# of months)? **Eleven (11) months.**  
Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes  
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes except for Public Housing Relocateses

**Strategy for Addressing Housing Needs.** Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

**Strategy for Addressing Housing Needs**

**C. Strategy for Addressing Needs**

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

**(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- 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
- Other (list below)

9.1

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed – finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- 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
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- 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
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA

- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

**Additional Information.** 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.

The following table reflects the progress we have made in achieving our goals and objectives:

<b>Goal #1: Regain high performing status in Public Housing and sustain it in Section 8.</b>	
Objective	Progress
Maintain a public housing vacancy rate of 2% or less.	Our current vacancy is at 3% due to the relocation of 167 families
Maintain an average work order response time of less than three days.	Average work order response time achieved was 2 days.
Collect at least 97% of the rent and other charges excluding fraud recovery and major tenant abuse due to LHA.	Rent collection is currently at 96%
Reduce utility usage (including water) by 25% by December 31, 2014.	This is ongoing and progress is being made. LHA is in the process of updating its conservation plans. All renovation plans include green and conservation initiatives.
Maintain a Section 8 lease-up rate of at least 98% while not exceeding HUD limitations.	LHA has maintained the fund utilization rate of 98% without exceeding HUD limitations.
Continue and improve task tracking / management by objectives.	There are systems in place to facilitate this goal.
Enhance internal operations to reduce costs, improve efficiencies, and become even more effective and professional.	The implementation of new finance and operating software has greatly increased efficiency and cost monitoring.

<b>Goal #2: Maintain and improve our public image through enhanced communication, coordination, and accountability with outside entities, among the staff and with residents.</b>	
Objective	Progress
Continue to meet monthly with the Resident Advisory Board and other residents in a variety of forums to provide the opportunity for input and feedback about agency operations.	Staff continues to meet, at a minimum, each month with residents at various forums including with the RAB. The LHA Board Committee (Residents Interests' Committee) has agreed to meet monthly with residents.
Ensure that there are at least 8 positive media stories a year.	LHA was featured in local stories about the new Senior Facility in West Bartow and its project at John Wright Homes. National trade journals have published articles about our properties and services. The Bartow property was featured on a "News 9" piece broadcast on cable regionally. This goal has been met and exceeded.
Deliver at least 12 talks to groups a year about the activities of LHA, including, but not limited to, governmental, private sector, public sector, civic, religious, women, and minority organizations.	LHA staff continues to meet with a variety of groups throughout the community, region and nationally. Community input is always a main objective of the activities. This goal has been met and exceeded.
Utilize technology to continue improving our public image. For example, double the annual number of hits on the LHA website by December 31, 2012.	Use of the LHA website has been expanded to include additional information for the general public and our business partners as well. Meeting agendas, minutes, reports and other valuable information is posted on the web site. Procurement opportunities are made available as well.
The Executive Director shall take a Lakeland decision maker to lunch at least 12 times a year.	More than 12 meetings with decision makers have been held, although only some have been over lunch.

<b>Goal #3: Be the premier innovative and effective affordable housing provider in Florida.</b>	
Objective	Progress
Close out the HOPE VI grant by June 30, 2011.	LHA has applied for and been granted an amendment to the Hope VI plan. Due to the significant change in the construction and real estate markets, LHA will be purchasing single family homes with the balance of the Hope VI funds. This is planned to be completed in 2011.
Apply for additional housing choice vouchers as they become available.	LHA has applied and received twenty-five (25) additional Housing Choice Vouchers for the VASH program. LHA also has applied for HCV Non-Elderly Disabled vouchers.
Seek out new funding opportunities as they become available.	LHA has received ARRA, TCAP, TCEP, LIHTC, HOME, DOE, DOL grants as well as the more traditional HUD funding sources. In addition to this LHA will be marketing depreciation losses to private investors in connection with the TCEP funding on one of its projects. Due to our aggressive pursuit of FHFC housing credits, LHA is the only PHA in the state of Florida eligible to be lead developer on future such applications.
Partner with the Lakeland Polk Housing Corporation and other housing providers to increase the availability of affordable housing in its jurisdiction by 500 units by December 31, 2014.	PPHC and LHA have opened a new LIHTC property with 100 new units this year and has undertaken 2 additional LIHTC projects to preserve an additional 147 units of affordable housing. 133 relocation Section 8 housing choice vouchers have been added to our HCV stock..

10.0



Assist at least 50 families into homeownership through the Section 8 Homeownership Program, the HOPE VI Program, or other programs by December 31, 2014.	LHA is partnering with Habitat for Humanity for an additional 11 homes and is in the process of purchasing 30 additional homes for its home ownership programs.
Incorporate non-traditional entrepreneurial methods and practices that positively impact affordable housing in LHA's jurisdiction.	LHA created its own management and real estate entities to take better control of its affordable housing operations. It also acts as its own lead developer when undertaking new projects. We have taken over the Avon Park Housing Choice Voucher program which added 38 units to our stock.
Incorporate financially feasible Green and Sustainability Best Practices in all future developments.	The 2 new LIHTC projects underway are on track to receive Green certification.
Obtain at least \$100 million in grants and/or leveraging from all sources by December 31, 2014.	LHA is making progress towards this goal and will continue to pursue funding from all available sources.

<b>Goal #4: Increase and encourage the self-sufficiency efforts of all residents.</b>	
Objective	Progress
Assist 65 % of LHA children who participate in the 21 <sup>st</sup> Century After School Program in attaining academic success as measured by the students FCAT scores so that the percentage passing the FCAT equals or exceeds the Polk County average.	LHA's External Evaluation shows that 74.3% of the regularly participating students increased their FCAT scores in math and 81.7% increased their scores in reading.
Assist 90% of LHA children who participate in the 21 <sup>st</sup> Century After School Program to achieve a higher grade point average than the proceeding year.	Assisted 90% of LHA children who participate in the 21 <sup>st</sup> Century program, however; our external evaluation shows that 47% achieved a higher grade point average.
Increase the usage of LHA educational and computer literacy programs by 75% by December 31, 2014. <b>(Subject to receiving the grant we have already applied for)</b>	This objective has not been meet, but additional classes will be offered in order to meet the objective by date stated. Additional grant funding was not received.
As of July 1, 2009 the median LHA non-elderly non-disabled public housing resident household earned income is \$10,952.50. Increase the median household earned income of this target population to \$13,143.00 by December 31, 2014.	Progress is being made toward this goal. Currently 24% of our residents earn more than \$15,000 per year.
Substantially increase the number of LHA seniors and people with disabilities using LHA sponsored programs by December 31, 2014.	We have noticed an increase in LHA residents with disabilities participation. Participation will intensify with the recent purchase of a handi-bus with wheel chair lift.

<b>Goal #5: Maintain a high level of employee relations and morale.</b>	
Objective	Progress
Enhance lines of communications through staff meetings and other necessary internal communications to provide updates and progress reports about agency activities.	LHA conducts regular Staff meetings, supervisor and director meetings throughout the month. Each department conducts its own internal meetings and information is widely circulated using the enterprise-wide email system.
Continue to reward performance through the timely implementation of a performance management system.	Each moth the Authority awards and "Employee of the Month" and periodically recognizes "Star Performers". This is in addition to regular formal staff performance evaluations that are tied to economic rewards. In 2010 we were 6 months late in completing performance reviews.
Encourage and support staff partaking in training and continuing education opportunities to the greatest degree possible within funding constraints.	LHA insures that required training and certifications are maintained through formal training and encourages participation in a variety of other training opportunities.
Conduct an annual employee satisfaction survey.	LHA conducted an Operational Assessment Survey with its staff this past year. That effort is ongoing and will continue to be updated.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "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 requires formal approval of the Board of Commissioners.**

(c) Other information:

**The Lakeland Housing Authority has decided to elect to utilize Section 226 of the 2008 Appropriations Act as allowed for in PIH Notice 2008-16.**

<b>11.0</b>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(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)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>
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## Hope VI and Mixed Finance

### HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- Yes  No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name: Washington Ridge
2. Development (project) number: FL011-013, 014, 015
3. Status of grant: (select the statement that best describes the current status)
  - Revitalization Plan under development
  - Revitalization Plan submitted, pending approval
  - Revitalization Plan approved
  - Activities pursuant to an approved Revitalization Plan underway

- Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below: **West Lake**

- Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:

**Washington Oaks and Lake Ridge H/O Section 32 conversion**  
**West Lake – possible**  
**Scattered Site Rental and/or Homeownership with Section 32**

- Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:

## Demolition and/or Disposition

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name: Bonnet Shores / Paul Colton Villas
1b. Development (project) number: FL011-007
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(5/8/2008)</u>
5. Number of units affected: 147
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: 6/5/09 b. Projected end date of activity: 6/30/10

<b>Demolition/Disposition Activity Description</b>
1a. Development name: Washington Park
1b. Development (project) number: FL011-003
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(8/23/01)</u>
5. Number of units affected: 0 (4 acres of vacant land)
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: 6/5/09 b. Projected end date of activity: 6/30/10

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Westlake/Westlake Addition	
1b. Development (project) number: FL011-002/004	
2. Activity type: Demolition <input checked="" type="checkbox"/>	
Disposition <input checked="" type="checkbox"/>	
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: (09/2011)	
5. Number of units affected: 120	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity: 6/5/12	
b. Projected end date of activity: 6/30/13	

<b>Demolition/Disposition Activity Description</b>	
1a. Development name: Lake Ridge Homes	
1b. Development (project) number: FL011-001	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input checked="" type="checkbox"/>	
3. Application status (select one)	
Approved <input checked="" type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (08/06/2002)	
5. Number of units affected: 0 (11 building lots)	
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: 2/1/11	
b. Projected end date of activity: 2/11/2011	

# Conversion of Public Housing to Tenant-Based Assistance

## Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1.  Yes  No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)
  
2. Activity Description  
 Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

## Homeownership Programs

### A. Public Housing

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)
2. Activity Description  
 Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table?

### B. Section 8 Tenant Based Assistance

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ?
2. Program Description:
- a. Size of Program  
 Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?
- If the answer to the question above was yes, which statement best describes the number of participants? (select one)
- 25 or fewer participants  
 26 - 50 participants  
 51 to 100 participants  
 more than 100 participants
- b. PHA-established eligibility criteria  
 Yes  No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?  
If yes, list criteria below:  
See Admission Preferences for Section 8.

### Capacity

The Lakeland Housing Authority's Section 8 Homeownership Program has the required capacity because a purchasing family must invest at least three percent of the purchase price of the home they are buying in the property. This can take the form of either a down payment, closing costs, or a combination of the two. Of this sum, at least one percent of the purchase price must come from the family's personal resources.

In addition, the family must qualify for the mortgage loan under a lender's normal lending criteria taking into account the fact that this is by definition a low-income family.



## Project-Based Vouchers

The Lakeland Housing Authority may project-base up to 20% of their Section 8 Housing Choice Vouchers. Currently Lakeland Housing Authority currently administers 1,514 Housing Choice Vouchers, and may project-base 301. The properties will be located somewhere within the jurisdiction of the Lakeland Housing Authority. If any of the locations about to be selected by the Lakeland Housing Authority are found to be in a census tract with poverty rates of more than 20 percent, the Housing Authority will seek an exception from HUD.

This action is consistent with the Agency Plan in the following ways:

- It is consistent with the Mission Statement of the Lakeland Housing Authority.
- It expands the supply of assisted housing
- It increases assisted housing choices
- It conducts outreach efforts to potential voucher landlord participants
- It helps ensure Equal Opportunity in Housing for all Americans
- Project-basing will help the Lakeland Housing Authority meet the statutory goals of deconcentrating poverty and expanding housing and economic opportunities.

The Lakeland Housing Authority is utilizing project-based vouchers for a portion of its housing choice vouchers because of the same reasons that the decision is consistent with the Agency Plan, it expands the supply, increase choice, assists with fair housing goals, and will assist in deconcentrating Section 8 participants.

LHA has exercised this discretion in project-basing 2 units to Habitat for Humanities of Lakeland, 99 to the Manor at West Bartow, and 18 to Bonnet Shores.

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.

**Attachment A**

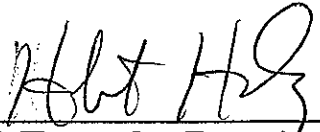
**Lakeland Housing Authority**

**Annual Plan  
Fiscal Year 2011**

**Comments of the Resident Advisory Board**

The Lakeland Housing Authority conducted meetings with its Resident Advisory Board (RAB) on August 19<sup>th</sup>, August 25<sup>th</sup> and October 04<sup>th</sup>, 2010.

Please see attached Memorandum with comments, responses and recommendations.



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**Herb Hernandez, Executive Director  
Lakeland Housing Authority**

**October 9, 2010**

# Memorandum

To: Board of Commissioners, Lakeland Housing Authority

From: Herbert Hernandez, Executive Director

Date: October 13, 2010

Subject: Resident Advisory Board Member Comments

LHA staff met with RAB members at various times as indicated on Attachment A.

Following are the comments received as the result of our presentation of the Agency Plan and our response and recommendation to those comments.

**Comment 1** as relates to the public housing admissions and continued occupancy policy (ACOP.)

14.0 Community Service

14.1 General

LHARAA believes that residents should be allowed to "bank" community service hours in excess of the required eight hours per month and should be able to utilize those hours in months when they are unable to complete the entire eight hours. This is important for several reasons. Some residents may be engaged in community service projects that would require that they work beyond the required hours to complete it or to get to a point of leaving without affecting the outcome. Not being able to carry-over the hours does not help residents to feel a sense of accomplishment or to become involved in a project or program to help impact its process and results. Additionally, the cost of transportation to and from a location to do community service work can be very burdensome on a family, especially when there are more than one person in a household that is required to do so. Allowing accumulated time beyond the eight hours per month, even if credited at half of the total remaining hours after the initial eight, will go a long way to assist residents to fulfill those obligations.

**Response:** Note that this change is a statutory requirement resulting from congressional action. However, there is leeway in the policy for consideration of "special circumstances" and LHA staff will apply this policy latitude judiciously.

**Comment 2** relates to the public housing admissions and continued occupancy policy (ACOP.)

15.0 Re-certifications

LHARAA is comfortable with the requirement for having background checks. However, the board would like to see the required age for background checks for minors be adjusted to: from 'seven to eighteen' or from 'seven to twenty-one'. Since minors are usually identified up to

eighteen or twenty-one, the LHA's current requirement of going up to twenty-seven, does not seem to be reasonable. If there is a family that has three or four family members who are over the stated ages, there is an additional cost of \$7.00 each associated with paying for the background checks. For residents who are not minors, and are over the age of twenty-one, LHA is able to pull the background checks without charging residents for those reports. Reducing the end age for minors by eight or six years will be in-line with normal practices and will relieve the cost of the requirement to residents.

**Response:** This policy has been changed in both the ACOP and the Housing Choice Voucher Administrative Plan so that only adults go through the criminal history check process. Our reasoning is similar to yours, and also includes the fact that rarely does the information on juveniles lead to a problem which precludes the household from being housed.

**Comment 3** relates to the discussion of plans to redevelop West Lake and West Lake Addition public housing properties with low income housing tax credit (LIHTC) financing.

Concern was expressed that the rent at West Lake would increase for existing tenants and that a lot of tenants would be displaced.

**Response:** Should West Lake be redeveloped, existing tenants would be displaced for a period of approximately 12 – 18 months. Such tenants could return and their rents would be almost identical to the current rent structure.

Should redevelopment of these properties occur with LIHTC or other financing sources, existing tenants would have to be relocated due to the extensive work on site. In the past, in similar circumstances at Washington Park, Lake Ridge, Paul Colton Villas and Bonnet Shores Apartments, residents have been relocated into other public housing sites or given Housing Choice Vouchers. The cost of such relocation in terms of moving expenses, utility deposits, and other out of pocket expenses are covered by LHA.

The net impact to the rent paid by the tenant has been negligible and generally relates to the utility allowance authorized based upon the type of residence that the tenant has selected (for instance, heating with gas has a different allowance than heating with electricity.) LHA always encourages residents who have been relocated from a site to return to that site once redevelopment has occurred. For example, a relocated tenant could return to the newly redeveloped West Lake property with a Housing Choice Voucher. Even though it is possible that there would no longer be public housing on the redeveloped site, the rent paid by a returning tenant who held a Housing Choice Voucher would be almost exactly the same as the rent paid by a public housing tenant. (One advantage of having a Housing Choice Voucher is that this program gives an allowance for air conditioning whereas public housing does not.)

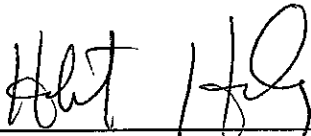
**Attachment B**

**Lakeland Housing Authority**

**Annual Plan  
Fiscal Year 2011**

**Challenged Elements**

There were no challenged elements to the Housing Authority's Five-Year Agency Plan

Handwritten signature of Herb Hernandez in black ink, consisting of stylized initials 'HH' followed by a surname.

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**Herb Hernandez, Executive Director  
Lakeland Housing Authority**

**October 9, 2010**



## **Citizen Participation Plan**

**PARTICIPATION:** The LHA will provide for, and encourage, citizen participation emphasizing the involvement of low, very low, and poverty income residents in areas where housing authority funds may be spent. The LHA will encourage the participation of public and assisted housing residents of the Authority. The LHA will provide Agency Plan development information at our public hearings which is required in our Public Housing Agency Plan.

**ACCESS TO MEETINGS:** The LHA will afford adequate, timely notification of meetings so all citizens can attend our monthly Board of Commissioners meetings. This will include, as appropriate, public notices, legal notices, advertisements, press releases, public service announcements, letters or other means of notifying interested parties. The LHA will provide reasonable accommodations for persons with disabilities to all public hearings, and local meetings. Reasonable accommodations include but are not limited to holding meetings in handicapped accessible buildings when requested.

**ACCESS TO INFORMATION:** The LHA will provide citizens, public agencies, and other interested parties with reasonable and timely access to information and records relating to their Agency Plan development and all of its components. The public will have the opportunity to receive information, review and submit comments on any proposed submission including the Agency Plan and any Plan amendments to be adopted by the LHA's Board of Commissioners. Information will also be available on the range of programs, the amount of assistance the LHA expects to receive, the amount of funds available and the estimated amount proposed to benefit low, and very low income residents. Special arrangements are available to accommodate access to information for persons with disabilities.

**PUBLIC HEARINGS:** To obtain citizens views the LHA allows public comment at each Board of Commissioners monthly meeting. These public comment periods address and respond to proposals and comments on:

1. Housing and community development needs
2. Development of proposed activities
3. Review of proposed uses for funds
4. Review of program performance
5. Any other activity or program

**TIMELY RESPONSE:** The LHA will consider any comments or views of citizens, agencies, units of general local government, or other interested parties concerning their Agency Plan, any amendments to the Plan and all performance reports. The LHA's Resident Services Department will address any written complaints with written responses within 15 working days, where practical. Depending on the nature of the complaint, staff may refer the issue to the Executive Director if the response from staff is unsatisfactory to the complainant. As appropriate, an attachment summarizing comments and responses to comments to the final submission of the Agency Plan will take place.

**NON-ENGLISH SPEAKING RESIDENTS:** In the event that a significant number of non-English speaking residents can reasonably be expected to participate, the LHA will provide accommodations for non-English speaking residents in the case of public hearings, if such accommodations are available.

**SUBSTANTIAL AMENDMENTS:** Substantial changes to the Agency Plan will require an amendment to the Plan.

<b>Part I: Summary</b>						
PHA Name/Number Housing Authority of the City of Lakeland FL-011			Locality (City/County & State) Lakeland / Polk County, Florida		X Original 5-Year Plan <input type="checkbox"/> Revision No:	
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
B.	Physical Improvements Subtotal	Annual Statement	277,186	277,186	277,186	277,186
C.	Management Improvements		6,000	6,000	6,000	6,000
D.	PHA-Wide Non-dwelling Structures and Equipment (1470)		20,000	20,000	20,000	20,000
E.	Administration		43,169	43,169	43,169	43,169
F.	Other					
G.	Operations		85,338	85,338	85,338	85,338
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		431,693	431,693	431,693	431,693
L.	Total Non-CFP Funds					
M.	Grand Total		431,693	431,693	431,693	431,693

**Part I: Summary (Continuation)**

PHA Name/Number Housing Authority of the City of Lakeland FL-011		Locality (City/county & State) Lakeland / Polk County, Florida			X Original 5-Year Plan <input type="checkbox"/> Revision No:	
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
	FL- 14-011002 West Lake	Annual Statement	231,186			
	FL-011004 West Lake Addition			227,186	231,186	277,186
	FL-011006 Cecil Gober/John Wright		46,000	50,000	46,000	
	HA-Wide – 1470 Light duty vehicles for maintenance & operations		10,000	10,000	10,000	10,000
	HA-Wide – 1470 Computer Hardware upgrades		10,000	10,000	10,000	10,000



**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014			Work Statement for Year: 5 FFY 2015		
	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	<b>FL-011004 West Lake Addition</b>			<b>FL-011004 West Lake Addition</b>		
Annual Statement	1450 - Site improvements including, demolition of existing walkways and the installation of new sidewalks, landscaping and site drainage	4 Units	27,186	1450 - Site improvements including, demolition of existing walkways and the installation of new sidewalks, landscaping and site drainage	10 Units	66,186
	1460 -Demolition & Reconstruction of dwelling units to meet current housing standards	4 Units	200,000	1460 -Demolition & Reconstruction of dwelling units to meet current housing standards	4 Units	200,000
	1465 – Appliance Replacement	LS	4,000	1465 – Appliance Replacement	LS	11,000
	<b>FL-011006 Cecil Gober/John Wright</b>					
	1460 – Exterior renovations including, roofing, masonry repair,	2 Buildings	11,000			
	1460 - Interior renovations including new kitchen cabinets, bath fixtures, domestic water distribution system, floor covering, doors & trim	4 Units	35,000			
	Subtotal of Estimated Cost		277,186	Subtotal of Estimated Cost		277,186

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012		Work Statement for Year 3 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement				
	<b>FL-011002 West Lake</b>		<b>FL-011002 West Lake</b>	
	1408 – Management, maintenance and financial training & certification	\$1,000	1408 – Management, maintenance and financial training & certification	\$1,000
	1408 – Computer software upgrades	\$500	1408 – Computer software upgrades	\$500
	1408 – Agency Plan development	\$500	1408 – Agency Plan development	\$500
	<b>FL-011004 West Lake Addition</b>		<b>FL-011004 West Lake Addition</b>	
	1408 – Management, maintenance and financial training & certification	\$1,000	1408 – Management, maintenance and financial training & certification	\$1,000
	1408 – Computer software upgrades	\$500	1408 – Computer software upgrades	\$500
	1408 – Agency Plan development	\$500	1408 – Agency Plan development	\$500
	<b>FL-011006 Cecil Gober/John Wright</b>		<b>FL-011006 Cecil Gober/John Wright</b>	
	1408 – Management, maintenance and financial training & certification	\$1,000	1408 – Management, maintenance and financial training & certification	\$1,000
	1408 – Computer software upgrades	\$500	1408 – Computer software upgrades	\$500
	1408 – Agency Plan development	\$500	1408 – Agency Plan development	\$500
	Subtotal of Estimated Cost	\$6,000	Subtotal of Estimated Cost	\$6,000





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

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

<b>Part I: Summary</b>				FFY of Grant: 2011	
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2011	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds		0		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		86,338		
3	1408 Management Improvements		15,000		
4	1410 Administration (may not exceed 10% of line 21)		43,169		
5	1411 Audit		0		
6	1415 Liquidated Damages		0		
7	1430 Fees and Costs		35,000		
8	1440 Site Acquisition		0		
9	1450 Site Improvement		20,000		
10	1460 Dwelling Structures		114,000		
11	1465.1 Dwelling Equipment—Nonexpendable		18,000		
12	1470 Non-dwelling Structures		55,000		
13	1475 Non-dwelling Equipment		22,000		
14	1485 Demolition		0		
15	1492 Moving to Work Demonstration		0		
16	1495.1 Relocation Costs		10,000		
17	1499 Development Activities <sup>4</sup>		0		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

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

<b>Part I: Summary</b>					
PHA Name: Lakeland Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL14P011501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2011 FFY of Grant Approval: 2011			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
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)	13,186			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	431,693			
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 Herbert Hernandez		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								
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Operations	1406	Lump Sum	86,338				
PHA -Wide	Management Improvement – Record retention systems including scanners, plan scanning and digitizing	1408	Lump Sum	5,000				
PHA -Wide	Hand held maintenance devices, software & training	1408	Lump Sum	5,000				
PHA -Wide	Training for Certification of maintenance staff	1408	Lump Sum	5,000				
	<b>TOTAL Management Improvements</b>	1408		<b>15,000</b>				
PHA-Wide	Administration	1410	Lump Sum	43,169				
PHA-Wide	A&E Fess associated with capital programs	1430	Lump Sum	35,000				
AMP- 1 FL-11011004 West Lake Addition	Dwelling Structures – Replacement of HVAC units	1460	10 Units	45,000				
AMP- 1 FL-11011002 West Lake	Dwelling Structures – Replacement of floor finishes	1460	10 Units	4,000				
AMP -1- FL-011006 Cecil Gober	Dwelling Structures – Roof Replacement	1460	11 Bldgs.	40,000				
AMP -1- FL-011006 Cecil Gober	Dwelling Structures – Exterior Repairs including siding, fascia and other trim	1460	11 Bldgs.	25,000				
	<b>TOTAL DWELLING STRUCTURES</b>	1460		<b>114,000</b>				
AMP- 1 FL-11011002 West Lake	Site Improvements including landscaping, sidewalk repair/replacement, signage, tree pruning for hurricane protection, parking area repair & surfacing	1450	Lump Sum	10,000				

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

Part II: Supporting Pages								
PHA Name: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P011501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
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>	
AMP- 1 FL-11011004 West Lake Addition	Site Improvements including landscaping, sidewalk repair/replacement, signage, tree pruning for hurricane protection, parking area repair & surfacing	1450	Lump Sum	10,000				
	<b>TOTAL Site Improvements</b>	1450		<b>20,000</b>				
AMP- 1 FL-11011002 West Lake	Dwelling Equipment—Kitchen Appliance	1465.1	10 Units	9,000				
AMP- 1 FL-11011004 West Lake Addition	Dwelling Equipment—Kitchen Appliance	1465.1	10 Units	9,000				
	<b>TOTAL Dwelling Equipment</b>	1465.1		<b>18,000</b>				
AMP- 1 FL-11011004 West Lake Addition	Non-Dwelling Structures – Leasing office modifications to improve accessibility	1470	Lump Sum	15,000				
COCC	Non-Dwelling Structures – Modifications to Central Office for improved accessibility & offices	1470	Lump Sum	40,000				
	<b>TOTAL Dwelling Structures</b>	1470		<b>55,000</b>				
AMP- 1 FL-11011002 West Lake	Non-Dwelling Equipment - Security Cameras	1475	Lump Sum	2,000				
PHA-Wide	Non-Dwelling Equipment - Maintenance Vehicles	1475	Lump Sum	15,000				
PHA-Wide	Non-Dwelling Equipment -HVAC Repair Tools & Equipment	1475	Lump Sum	5,000				
	<b>TOTAL Non-Dwelling Equipment</b>	1475		<b>22,000</b>				
AMP -1- FL-011006 Cecil Gober/John Wright	Relocation Costs During renovation	1495.1	Lump Sum	10,000				

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

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

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

<b>Part I: Summary</b>					
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-11 Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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>	441,385			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Lakeland Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-11 Date of CFFP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>			
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
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)	441,385			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director Herbert Hernandez</b>			<b>Signature of Public Housing Director</b>		<b>Date</b>
Date 9/9/10 <i>Herbert Hernandez</i>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: FL14R011501-10			Federal FFY of Grant: 2010		
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	Develop additional affordable housing in our service area in accordance with the approved plan	1499	Lump Sum	441,385				

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

<b>Part I: Summary</b>					
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/06/10 (Budget Approval Date) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		127,815		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)		63,907		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		70,000		
8	1440 Site Acquisition		0		
9	1450 Site Improvement				
10	1460 Dwelling Structures		306,351		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		70,000		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs		1,000		
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 FFY of Grant Approval: 2010
PHA Name: Lakeland Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL14P011501-10 Replacement Housing Factor Grant No: Date of CFFP:	

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: 7/20/10       Revised Annual Statement (revision no: )  
 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)	639,073			
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 Herbert Hernandez	Signature of Public Housing Director	Date
Date <i>Herbert Hernandez</i> 8/9/10		

<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 CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P011501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Operations	1406	Lump Sum	127,815				In Progress
PHA-Wide	Administration	1410	Lump Sum	63,907				In Progress
PHA-Wide	Fees & Costs associated with an analysis of all PHA real estate to maximize potential uses and sources for improvements	1430	Lump Sum	25,000				In Planning
PHA-Wide	A&E Fess associated with capital programs	1430	Lump Sum	45,000				In Progress
	<b>TOTAL</b>	1430		<b>70,000</b>				
AMP- 1 FL-11011002 West Lake	Dwelling Structures - Replacement of heating units using force labor	1460	35	25,627				In Planning
AMP- 1 FL-11011002 West Lake	Roof Repair & Replacement	1460	60	78,362				
AMP- 1 FL-11011004 West Lake Addition	Roof Repair & Replacement	1460	60	78,362				In Planning
Amp 1 FL-011006 Cecil Gober/John Wright	Replace Water Lines, Kitchen & Bath renovations, fixtures & floor coverings	1460	15	124,000				In Planning
	<b>TOTAL</b>	1460		<b>306,351</b>				

<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: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P011501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
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	Non-dwelling equipment - Purchase of computer hardware necessary to fully implement new property management programs	1475	Lump Sum	70,000				In Progress
Amp 1 FL-011006 Cecil Gober/John Wright	Relocation of residents during renovations	1495.1	Lump Sum	1,000				In Planning

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

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

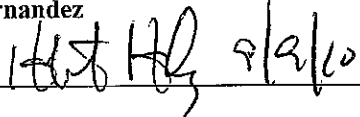
<b>Part I: Summary</b>					
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-10 Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval: 2010	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 7/20/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
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>	441,385			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Lakeland Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-10 Date of CFFP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 7/20/10		<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)	441,385			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director Herbert Hernandez</b> Date		<b>Signature of Public Housing Director</b>		<b>Date</b>	
					

<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								
PHA Name: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: FL14R011501-10			Federal FFY of Grant: 2010		
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	Develop additional affordable housing in our service area in accordance with the approved plan	1499	Lump Sum	441,385				

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

<b>Part I: Summary</b>		
PHA Name: <b>Lakeland Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: 6/30/10       Final Performance and Evaluation Report

Revised Annual Statement (revision no: )

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	128,175		128,175	128,175
3	1408 Management Improvements	50,000		50,000	50,000
4	1410 Administration (may not exceed 10% of line 21)	64,087		48,701	48,701
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	55,000		20,862	20,862
8	1440 Site Acquisition	500		0	0
9	1450 Site Improvement	49,117		0	0
10	1460 Dwelling Structures	182,000		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	20,000		0	0
12	1470 Non-dwelling Structures	25,000		0	0
13	1475 Non-dwelling Equipment	17,000		0	0
14	1485 Demolition	500		0	0
15	1492 Moving to Work Demonstration	0		0	0
16	1495.1 Relocation Costs	49,000		49,000	49,000
17	1499 Development Activities <sup>4</sup>	500			

<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>					
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <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)	640,879		296,738	296,738
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 Herbert Hernandez Date: <i>Herbert Hernandez</i> 9/9/10				Signature of Public Housing Director Date	

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



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>					
<b>PHA Name:</b> Lakeland Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10				<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)	640,879		296,738	296,738
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director Herbert Hernandez</b>			<b>Signature of Public Housing Director</b>		<b>Date</b>
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.

<b>Part II: Supporting Pages</b>								
PHA Name: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P011501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Operations	1406	LS	128,175		128,175	128,175	Complete
PHA-Wide	Management Improvements - New financial and property management software.	1408	LS	50,000		50,000	50,000	Complete
PHA-Wide	Administration	1410	LS	64,087		48,701	48,701	In Progress
PHA-Wide	Fees & Costs - Architectural Services associated with modernization plans for PHA properties	1430	LS	35,000		20,862	20,862	In Progress
	Fees for construction supervision services	1430	LS	20,000			0	In Planning
PH-Wide	Site Aquisition	1440	LS	500			0	
							0	
FL-011006 Cecil Gober/John Wright	Site Improvements - Repair/replace Sidewalks, plant new bushes, lawn replacement, curb repairs, Tree removal & replacement and other landscape & site improvements	1450	LS	49,117			0	In Planning

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Lakeland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL-011006 Cecil Gober/John Wright	Replacement of water lines, cabinet replacement in kitchens, new bath & kitchen fixtures, floor coverings	1460	22 Units	192,000			0	In Planning
FL-011006 Cecil Gober/John Wright	Dwelling Equipment - New appliances	1465	22 Units	20,000			0	In Planning
FL-011006 Cecil Gober/John Wright	Non-Dwelling Structures - new floor covering in community room	1470	LS	2,000			0	In Planning
FL- 14-011002 West Lake	Non-Dwelling Structures- Covert storage area to records retention area including area dividing walls, security systems & heating & ventalating	1470	LS	23,000			0	In Planning
FL- 14-011002 West Lake	Non-Dwelling Equipment - Security Cameras	1475	LS	5,000			0	In Procurement
FL-011006 Cecil Gober/John Wright	Non-Dwelling Equipment - Security Cameras	1475	LS	12,000			0	In Procurement
FL-011006 Cecil Gober/John Wright	Selective demolition	1492	LS	500			0	
FL-011006 Cecil Gober/John Wright	Relocation Costs - during renovations	1495.1		49,000		49,000	49,000	Complete
PH-Wide	Development Activities	1499	LS	500			0	In Planning

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

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

<b>Part I: Summary</b>						
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-09 Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
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>	176408				

<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>						
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-09 Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <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)	176408				
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 <u>Herbert Hernandez</u> Date <i>16 Oct 11 2/7/10</i>				Signature of Public Housing Director _____ Date _____		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

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

Part II: Supporting Pages								
PHA Name: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: FL14R011501-09			Federal FFY of Grant: 2009		
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	Develop additional affordable housing in our service area in accordance with the approved plan	1499	Lump Sum	176408				

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

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

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

<b>Part I: Summary</b>		
<b>PHA Name: LAKELAND HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14S01150109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6/30/2010 (per Revision 1)       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0		0	0
3	1408 Management Improvements	0		0	0
4	1410 Administration (may not exceed 10% of line 21)	145,733		145,733	14,166
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	102,000		102,000	102,000
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	113,605		113,605	0
10	1460 Dwelling Structures	1,029,829		1,029,829	291,460
11	1465.1 Dwelling Equipment—Nonexpendable	30,000		30,000	0
12	1470 Non-dwelling Structures	0		0	0
13	1475 Non-dwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1492 Moving to Work Demonstration	0		0	0
16	1495.1 Relocation Costs	36,167		36,167	0
17	1499 Development Activities <sup>4</sup>	0		0	0

<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>					
<b>PHA Name:</b> LAKELAND HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14S01150109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b> Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2010 (per Revision 1) <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)	1,457,334		1,457,334	443,793
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> <i>Hdt. Hg</i>		<b>Signature of Public Housing Director</b>		<b>Date</b>	
				<i>9/9/10</i>	

<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								
PHA Name: LAKELAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL14S01150109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
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>	
HA WIDE								
	ADMINISTRATION	1410		145,732		145,733	14,166	In Progress
	A&E and Project Inspections	1430		102,000		102,000	102,000	Complete
	RELOCATION	1495		36,167		36,167	36,167	Complete
FL-011006 Cecil Gober/John Wright	Site improvements including, curbing, paving, grading, landscaping and site utilities.	1450		113,605		113,605	0	In Progress
FL-011006 Cecil Gober/John Wright	Dwelling Structures – Interior & exterior renovations including new roofing, trim, flashings, drywall, cabinets fixtures & flooring finishes.	1460		1,029,829		1,029,829	291,460	In Progress
FL-011006 Cecil Gober/John Wright	Dwelling Equipment - Appliances	1465	20	30,000		30,000	0	In Progress

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

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

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

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

<b>Part I: Summary</b>	
PHA Name: Lakeland Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2008 FFY of Grant Approval: 2008	

Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: 6/30/10       Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		137,472	137,472	137,472
3	1408 Management Improvements		68,736	68,736	68,736
4	1410 Administration (may not exceed 10% of line 21)		68,736	68,736	68,736
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		50,805	50,805	38,500
8	1440 Site Acquisition		197,145	197,145	0
9	1450 Site Improvement		0		
10	1460 Dwelling Structures		48,180	48,180	48,180
11	1465.1 Dwelling Equipment—Nonexpendable		12,000	1,975	1,975
12	1470 Non-dwelling Structures		10,000	0	0
13	1475 Non-dwelling Equipment		70,000	21,293	14,995
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs		24,288	24,288	24,288
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>					
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <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)	687,362		618,630	402,882
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 Herbert Hernandez Date 06/30/10				Signature of Public Housing Director Date	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			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>	
HA-Wide	Operations	1406	LS	137,472		137,472	137,472	Complete
HA-Wide	Management Improvements - Computer Software & Training for Financial and Property Management	1408	LS	68,736		68,736	68,736	Complete
HA-Wide	Administration	1410	LS	68,736		68,736	68,736	Complete
HA-Wide	Fees & Costs - Associated with design services for property improvements	1430	LS	50,805		50,805	50,805	Complete
	Fees & Costs associated with project monitoring	1430	LS					
HA-Wide	Site Aquisition- balance of replacement of RHF Funds	1440	LS	197,145		197,145		In Progress
HA-Wide	Non-Dwelling Equipment – Computer & security equipment to refurbish central security systems	1475	LS	25,000		0	0	In Progress
HA-Wide	Non-Dwelling equipment – computers for financial; & property management	1475	LS	45,000		21,293	14,995	In Progress

<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: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			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>	
FL-11011004 West Lake Addition	Exterior Painting	1460	LS	48,180		48,180	48,180	Complete
FL-011006 Cecil Gober/John Wright	Appliances	1465.1	15	12,000		1,975	1,975	In Progress
FL-011006 Cecil Gober/John Wright	Non-Dwelling Structures – Community room bath fixtures, lighting improvements & HVAC	1470	1	10,000		0	0	In Progress
FL-011006 Cecil Gober/John Wright	Relocation costs associated with renovations	1495	LS	24,288		24,288	24,288	Complete

<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 I: Summary						
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 7/14/10 (Revision approval date) <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		137,472	137,472	137,472	
3	1408 Management Improvements		68,736	68,736	68,736	
4	1410 Administration (may not exceed 10% of line 21)		68,736	68,736	68,736	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		50,805	38,500	38,500	
8	1440 Site Acquisition		197,145	197,145	197,145	
9	1450 Site Improvement		0			
10	1460 Dwelling Structures		48,180	14,252	14,252	
11	1465.1 Dwelling Equipment—Nonexpendable		12,000	1,975	1,975	
12	1470 Non-dwelling Structures		10,000			
13	1475 Non-dwelling Equipment		70,000	14,995	14,995	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs		24,288	500	500	
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>						
<b>PHA Name:</b> Lakeland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: FL14P011501-08 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 7/14/10 (Revision approval date) <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)	687,362		542,311	542,311	
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 <b>Herbert Hernandez</b> Date 06/30/10				Signature of Public Housing Director _____ Date _____		

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

Part II: Supporting Pages								
PHA Name: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: FL14P011501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			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>	
HA-Wide	Operations	1406	LS	137,472		137,472	137,472	Complete
HA-Wide	Management Improvements - Computer Software & Training for Financial and Property Management	1408	LS	68,736		68,736	68,736	Complete
HA-Wide	Administration	1410	LS	68,736		68,736	68,736	Complete
HA-Wide	Fees & Costs - Associated with design services for property improvements	1430	LS	50,805		38,500	38,500	In Progress
HA-Wide	Site Aquisition- balance of replacement of RHF Funds	1440	LS	197,145		197,145	197,145	Complete
HA-Wide	Non-Dwelling Equipment – Computer & security equipment to refurbish central security systems	1475	LS	25,000		0	0	In Planning
HA-Wide	Non-Dwelling equipment – computers for financial; & property management	1475	LS	45,000		14,995	14,995	In Progress

<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: Lakeland Housing Authority

**Grant Type and Number**

 Capital Fund Program Grant No: FL14P011501-08  
 CFFP (Yes/ No):  
 Replacement Housing Factor Grant No:

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>	
FL-11011004 West Lake Addition	Dwelling Structures - Exterior Painting	1460	LS	48,180		14,252	14,252	In Progress
FL-011006 Cecil Gober/John Wright	Dwelling Equipment - Appliances	1465.1	15	12,000		1,975	1,975	In Progress
FL-011006 Cecil Gober/John Wright	Non-Dwelling Structures – Community room bath fixtures, lighting improvements & HVAC	1470	1	10,000		0	0	In Planning
FL-011006 Cecil Gober/John Wright	Relocation costs associated with renovations	1495	LS	24,288		500	500	In Progress

<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 I: Summary					
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-07 Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval: 2007
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
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>	176408			

<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>					
PHA Name: Lakeland Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-07 Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval: 2007			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:        ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <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)	176408			
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 - SoR 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 Herbert Hernandez			Signature of Public Housing Director		Date
Date 2/16/11 <i>Herbert Hernandez</i>					

<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								
PHA Name: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: FL14R011501-07			Federal FFY of Grant: 2007		
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	Develop additional affordable housing in our service area in our service area in accordance with the approved plan	1499	Lump Sum	176408				

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

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

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

<b>Part I: Summary</b>				FFY of Grant: 2006 FFY of Grant Approval: 2006	
PHA Name: Lakeland Housing Authority		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-06 Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
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>	192988			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

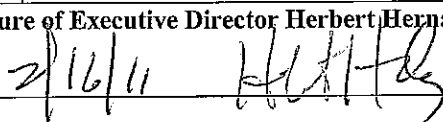
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<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>					
PHA Name: Lakeland Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-06 Date of CFFP:	FFY of Grant:2006 FFY of Grant Approval: 2006			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09 <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)	192988		192988	
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 Herbert Hernandez			Signature of Public Housing Director		Date
Date 2/16/11 					

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

<b>Part II: Supporting Pages</b>								
PHA Name: Lakeland Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: FL14R011501-06			Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Develop additional affordable housing in our service area in our service area in accordance with the approved plan	1499	Lump Sum	192988				In Planning

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

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

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

<b>Part I: Summary</b>				<b>FFY of Grant: 2005</b>	
<b>PHA Name:</b> Lakeland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-05 Date of CFFP:		<b>FFY of Grant Approval: 2005</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
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>	303949			

<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.

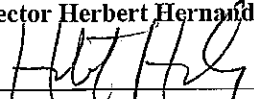
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<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>					
PHA Name: Lakeland Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-05 Date of CFFP:	FFY of Grant:2005 FFY of Grant Approval: 2005			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10 <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)	303949			
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 Herbert Hernandez			Signature of Public Housing Director		Date
Date 2/16/11 					

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Lakeland Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: FL14R011501-05			<b>Federal FFY of Grant: 2005</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Develop additional affordable housing in our service area in our service area in accordance with the approved plan	1499	Lump Sum	303949				In Planning

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

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

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

<b>Part I: Summary</b>	
PHA Name: Lakeland Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-04 Date of CFFP:
FFY of Grant: 2004 FFY of Grant Approval: 2004	

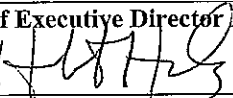
Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6/30/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
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>	601,210			

<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>					
<b>PHA Name:</b> Lakeland Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL14R011501-04 Date of CFFP:	<b>FFY of Grant:2004</b> <b>FFY of Grant Approval: 2004</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/10		<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)	601,210			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director Herbert Hernandez</b>		<b>Signature of Public Housing Director</b>			<b>Date</b>
Date: 2/16/11 					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Lakeland Housing Authority			Grant Type and Number Capital Fund Program Grant No: CFPP (Yes/ No): Replacement Housing Factor Grant No: FL14R011501-04			Federal FFY of Grant: 2004		
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>	
	Develop additional affordable housing in our service area in accordance with the approved plan	1499	Lump Sum	601210				In Planning

<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.