

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of the City of Muncie, Indiana</u> PHA Code: <u>IN36P005</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>April 1, 2011</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>361</u> Number of HCV units: _____				
<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.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <b>"The mission of the Muncie Housing Authority is to provide quality choices of affordable housing and to foster self-sufficiency and homeownership"</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><b>It shall be the continued goal of the Board of Commissioners and Staff to improve our public housing management (PHAS) score.</b></p> <p><b>It is the Authority's goal to acquire or develop additional affordable housing units/developments. The Muncie Housing Authority has invested more than one (1) million dollars in the modernization of our older and much used housing and units. Implemented thru our Capital Funding.</b></p> <p><b>The Authority will conduct the admissions process in a manner in which all persons interested in admission to public housing are treated fairly and consistently.</b></p> <p><b>Further, the authority will not discriminate at any stage of the admissions process because of race, color, national origin, religion, creed, sex, age, or handicap.</b></p> <p><b>The Authority will follow the nondiscrimination requirements of Federal, State and Local Law.</b></p> <p><b>The Authority has submitted a demolition/disposition application to SAC to develop Parkview Apartments.</b></p> <p><b>The Authority will implement its relocation plan, upon approval by HUD.</b></p> <p><b>The Housing Authority's Board of Commissioners have approved the Resolution for Changes in MHA's Housing Choice Voucher Administrative Plan for relocation.</b></p> <p><b>The Authority will continue to seek additional sources of funding i.e. HOPE VI grant, low income housing tax credits or enter into some other type of mixed-finance agreements to further develop MHA affordable housing units.</b></p> <p><b>The Authority has used its new entity named Affordable Housing and Development Corp. to act as co-developer for redevelop of Parkview Apartments and will further meet the needs of affordable housing within the jurisdiction.</b></p> <p><b>The Authority will continue efforts to comply with the Asset Management business model for our developments by 2011. This will include further training of staff so we can achieve goals and compliances and effectively meet the needs of our community.</b></p> <p><b>The Authority will continue to upgrade and improve our information systems to meet with the demands of our industry.</b></p> <p><b>The Authority will research the feasibility of having project based housing choice vouchers.</b></p> <p><b>The Authority, which oversees the Unity Center Inc., will monitor board development and the capital campaign for the construction of a new community center and new child care center in Heekin Park.</b></p> <p><b>The Authority will submit RHF development plan for redevelopment of 64 new tax credit units. The new development will be named Millennium Place West.</b></p> <p><b>The Authority will acquire various properties surrounding the existing MHA administration building for development of a village center which would include housing and neighborhood retail facilities to support the new Millennium Place community.</b></p> <p><b>The Authority has acquired a vacated school from Muncie Community Schools to accommodate new administrative offices, child care center and to implement Phase I of the HOPE VI Community Center.</b></p>				

**PHA Plan Update**

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

The Travel and Personnel Policies have been updated, Public Housing Hearing Procedures and Hearing Officers have been updated, Applicant Background Screening procedures have also been revised since last Annual Plan submission.

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

The Annual Plan and the 5-Year Plan may be obtained at the main administrative office of the PHA, PHA development management offices, or PHA website (when updated).

**PHA Plan Elements**

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

• **Public Housing**

- 1. **Eligibility** – Screenings are conducted through the initial application process and person is interviewed according to income limits. Criminal or Drug-related activity background checks are performed thru Screening Reports, Inc. Rental history of the applicant is reviewed. A search is conducted to ensure no outstanding balances with other PHAs.
- 2. **Waiting List Organization** - Waiting lists are maintained at each public housing site. Applications for housing can be turned in at PHA main administrative office or PHA development site management office. Families may be on more than one waiting list simultaneously. Interested persons may obtain more information about and sign up to be on the site-based waiting lists at the PHA main administrative office and all PHA development management offices.
- 3. **Admission Preferences** - Preferences have been established by the PHA for admission into public housing (other than date and time of application). Those preferences are; working families and those unable to work because of age or disability and MFP (Money Follows Person) Rebalancing Initiative. Transfers will take precedence over new admissions only in the cases of emergencies, over housed, under housed, medical justification, or administrative reasons determined by the PHA (to permit modernization work).
- 4. **Deconcentration and Income Mixing** - PHA performs an analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty and income mixing. Based on the results of the analysis, the PHA made special efforts to attract or retain higher-income families in the following developments: Millennium Place, Parkview Apartments, Southern Pines, and Earthstone Terrace

• **Housing Choice Voucher Program**

- 1. **Eligibility – Screenings** - The extent of the screenings conducted by the PHA is for criminal or drug-related activity only to the extent required by law or regulation. The screenings also identify :
  - If any member of the family has been evicted from public housing during the last three years.
  - If any member of the family commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.
  - If any member of the family has committed drug-related criminal activity, or violent criminal activity within the past three years.
  - The family currently owes rent or other amounts to the HA or to another HA in connection with Section or public housing assistance under the 1937 Act.
  - The family has not reimbursed any HA for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under lease.
  - The family breaches an agreement with an HA to pay amounts owed to an HA or amounts paid to an owner of an HA.
  - The family has engaged in or threatened abusive or violent behavior toward HA personnel.
  - Violations of family obligations in the past three years.
- 2. **Waiting List Process** - Interested persons may apply for admission to the Housing Choice Voucher Program for tenant-based assistance program by:
  - Obtain Applications at MHA’s Main Office when Waiting List is Open.
  - The Housing Choice Voucher Program Placement is based on a lottery system for its waiting list.
- 3. **Admission Preferences** - Elderly disabled singles have preference over non-elderly disabled singles.
  - Person’s displaced by MHA have preference.

**2. Financial Resources – The PHA has or expects to receive the following sources of federal and other funding:**

• Public Housing Operating Funds	\$ 1,291,073.00
• Public Housing Capital Funds	\$ 1,077,193.00
• ARRA Capital Fund Recovery Grant	\$ 716,781.00
• Capital Fund RHF Funds	\$ 356,217.00
• Annual Contributions for Section 8 Tenant Based Assistance	\$ 4,495,260.00
• Resident Opportunity and Self-Sufficiency Grants	\$ 101,053.00
• Community Development Block Grant	\$ 109,347.00
• Neighborhood Stabilization Program	\$ 1,889,907.00
• HOME Funds	\$ 370,000.00
• Economic Development Initiative Grant	\$ 343,000.00
• Department of Health and Human Services OCS Grant	\$ 511,000.00
• Non-Federal Resources – Parkview Apartment Tax Credit	\$ 6,345,961.00
• Developer Fees	\$ 111,634.00
• Public Housing Dwelling Rental Income	\$ 421,889.00
• Other Income	<u>\$ 27,000.00</u>
<b>Total of all resources</b>	<b>\$ 18,167,315.00</b>

6.0

6.0	<p>3. <b>Rent Determination Policies</b></p> <ul style="list-style-type: none"> <li>• <b>Public Housing</b> <ol style="list-style-type: none"> <li>1. The PHA employs discretionary policies for determining income based rents. The minimum rent is set at \$50. The PHA has adopted a discretionary minimum rent hardship exemption policy. Between income reexaminations, tenants must report changes in income or family composition to the PHA which may result in an adjustment to tenants rent. In setting the market-based flat rents, the PHA uses the Section 8 rent reasonableness study of comparable housing and survey of rents listed in local newspapers.</li> </ol> </li> <li>• <b>Housing Choice Voucher Program</b> <ol style="list-style-type: none"> <li>1. The PHA's payment standard for HCVP is at or above 90% but below 100% of FMR. FRMs are adequate to ensure success among assisted families in the PHA's segment of the FMR area. The payment standards are reevaluated for adequacy on an annual basis. PHA considers success rates of assisted families in the assessment of the adequacy of the payment standard. The PHA also considers the availability of suitable units below payment standard, rent reasonableness Data Base/Average Rent to Owners Financial Feasibility. The minimum rent for Section 8 is set at \$50. The PHA has adopted a discretionary minimum rent hardship exemption policy. The hardship is determined if the family has lost eligibility for or is awaiting an eligibility determination for a federal, state, or local assistance program. The family would be evicted because it is unable to pay the minimum rent. Family income has decreased because of changed family circumstances, including the loss of employment. A death has occurred in the family. The family has experienced other circumstances determined by the PHA.</li> </ol> </li> </ul> <p>4. <b>Operations and Management</b> - The rules, standards and policies of the PHA that govern maintenance and management are covered in the agency's maintenance plan. They are extensive and comprehensive and cannot be included within the limits of this space. A copy of the policies and procedures can be made available upon request.</p> <p>5. <b>Grievance Procedures</b></p> <ul style="list-style-type: none"> <li>• <b>Public Housing</b> <ol style="list-style-type: none"> <li>1. The grievance procedures are outlined and followed according to the agency's ACOP.</li> </ol> </li> <li>• <b>Housing Choice Voucher Program</b> <ol style="list-style-type: none"> <li>1. The grievance procedure is outlined in the administrative plan.</li> </ol> </li> </ul> <p>6. <b>Designated Housing for Elderly and Disabled Families – Gillespie Tower</b></p> <p>7. <b>Community Service and Self –Sufficiency</b> – The PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services. The PHA employs the following discretionary policy to enhance the economic and social self-sufficiency of assisted families: Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA. The PHA is complying with the statutory requirements of the welfare program by:</p> <ul style="list-style-type: none"> <li>• Adopting the appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies.</li> <li>• Informing the residents of new policy on admissions and reexamination.</li> <li>• Actively notify residents of new policies at times in addition to admission and reexamination.</li> <li>• Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services.</li> </ul> <p>8. <b>Safety and Crime Prevention</b> – The PHA has gathered information from public and community meetings, and the Weed and Seed initiative, resident reports, and PHA employee reports to determine the need for PHA actions to improve safety of residents. The PHA has contracted with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities, crime prevention through environmental design, activities targeting at-risk youth, adults or seniors, and a volunteer resident patrol/block watchers program. The PHA and the Muncie Police Department have coordinated efforts to prevent crime with the following activities:</p> <ul style="list-style-type: none"> <li>• PHA holds neighborhood crime watch meetings.</li> <li>• PHA does employ a police officer to patrol housing authority properties.</li> <li>• PHA in partnership with the Muncie Police Department participated in National Night Out.</li> </ul> <p>9. <b>Pet Policy</b> – The PHA does not discriminate against elderly or disabled tenants, which live in senior or family communities, regarding admission or continued occupancy because of ownership of pets and has established reasonable rules governing the keeping of common household pets in accordance with 24 CFR Part 5 Subpart C and with regard to assistance animals Section 504; Fair Housing Act (42 U.S. C.); 24 CFR 5.303.</p> <p>10. <b>Civil Rights Certification</b> – The Civil Rights Certification is in compliance with 24 CFR Part 903.7 9(o) as evidenced attachment HUD form 50077.</p> <p>11. <b>Fiscal Year Audit</b> – Velma Butler &amp; Company Ltd. Audited the PHAs compliance with the public housing assessment system program and did not observe any material instances of noncompliance. Velma Butler &amp; Company Ltd. also audited the PHAs compliance with the Section 8 Housing Management Assessment program and did not observe any material instances of noncompliance. In regards to financial statements, there were no reportable findings for the fiscal year ended March 31, 2011. Also, there were no reportable federal award findings or questioned costs for the fiscal year ending March 31, 2011.</p> <p>12. <b>Asset Management</b> – The PHA has already decentralized its warehouse and made provisions for maintenance materials and supplies on a project basis. The finance department has made the transition to development based accounting. Development site managers have been given authority to supervise maintenance personnel at each site. The PHA is in the process of giving authority to development site managers regarding the expenditure of capital funds at each development site.</p> <p>13. <b>Violence Against Women Act (VAWA)</b> – The PHA has a resident services director which handles matters which pertain to violence against women. The director and property managers have developed relationships with local agencies and service providers through a referral system.</p>
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7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p>A. <b>HOPE VI or Mixed Finance Modernization or Development</b> – N/A</p> <p>B. <b>Demolition and/or Disposition</b> – The PHA intends to demolish in its entirety the property known as Parkview Apartments. The subject property was built in 1953. It consists of 64 dwelling units, broken down as follows: (16) 1 bedroom units, (23) 2 bedroom units, (19) 3 bedroom units, and (6) 4 bedroom units. It has been determined in the PHAs recent physical needs assessment that the project is obsolete as to physical condition, making it unsuitable for housing purposes and there is no reasonable program of modification that is cost effective to return the public housing project to useful life. It is intention of the PHA to dispose of the subject property for redevelopment by a private developer in a tax credit redevelopment project. The PHA has determined that the disposition is in the best interest of the residents and is consistent with the goals of the PHA and funding necessary to redevelop the project has been obtained. The unit numbers and addresses are attached. Application was submitted and approved; certification was received by HUD on November 30, 2010.</p> <p>C. <b>Conversion of Public Housing</b> – N/A</p> <p>D. <b>Homeownership</b> – The PHA received a \$12,300,000 revitalization grant in 2002. The PHA will continue to implement its HOPE VI Homeownership phase. The PHA program is a Section 24 new construction, direct-sales program to low and moderate income buyers. The plan includes 44 homeownership units, 22 are subsidized by HOPE VI and 22 are market rate. The market rate units are privately funded. The project number is IN36URD005I102. Infrastructure for this project is 100% complete, the first phase of construction consists of eight (8) single family homes is 90% complete. Two (2) of the eight (8) homes have been sold.</p> <p>E. <b>Project-based Vouchers</b> – N/A</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p><b>There are no plans to apply for a CFFP loan.</b></p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>The PHA is working in collaboration with other housing service providers to provide information about the agency’s available housing stock on a quarterly basis. The PHA has established a director of resident services to act as a liaison in the community to disseminate information about resources and self-sufficiency programs. Case management and other resident development services are provided for all public housing residents and HCVP tenants. The PHA is also working with the Department of Community Development to identify and remove the negative effect of public policies that serve as barriers to affordable housing. The PHA publishes a quarterly newsletter and has recently updated the agency website.</b></p>

<p>9.1</p>	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>Strategy 1: Maximize the number of affordable units available to the PHA within its current resources by:</b></p> <ul style="list-style-type: none"> <li>• Employ effective maintenance and management policies to minimize the number of public housing units off-line.</li> <li>• Reduce turnover time for vacated public housing units by outsourcing vacant unit maintenance to private contractors.</li> <li>• Reduce time to renovate public housing units.</li> <li>• Maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction.</li> <li>• Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required.</li> </ul> <p><b>Strategy 2: Increase the number of affordable housing units by:</b></p> <ul style="list-style-type: none"> <li>• Apply for additional Housing Choice Vouchers Section 8 units should they become available.</li> <li>• Leverage affordable housing resources in the community through the creation of mixed-finance housing.</li> <li>• Pursue housing resources other than public housing or Section 8 tenant-based assistance.</li> </ul> <p><b>Need: Specific Family Types: Families at or below 30% of median</b>  <b>Strategy 1: Target available assistance to families at or below 30% AMI by:</b></p> <ul style="list-style-type: none"> <li>• Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based Section 8 assistance.</li> </ul> <p><b>Need: Specific Family Types: Families at or below 50% of median</b>  <b>Strategy 1: Target available assistance to families at or below 50% of AMI by:</b></p> <ul style="list-style-type: none"> <li>• Employ admissions preferences aimed at families who are working.</li> <li>• Utilize agency instrumentality to develop 12 new tax credit units of housing for families at or below 30% AMI, 15 new tax credit units of housing for families at or below 40% AMI, 18 new tax credit units of housing for families at or below 50% AMI, 19 new tax credit units of housing for families at or below 60% AMI.</li> </ul> <p><b>Need: Specific Family Types: Families with Disabilities</b>  <b>Strategy 1: Target available assistance to Families with Disabilities by:</b></p> <ul style="list-style-type: none"> <li>• Affirmatively market to local non-profit agencies that assist families with disabilities.</li> </ul> <p><b>Need: Specific Family Types: Races or ethnicities with disproportionate housing needs</b>  <b>Strategy 2: Conduct activities to affirmatively further fair housing by:</b></p> <ul style="list-style-type: none"> <li>• Inform HCVP tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units.</li> </ul>
<p>10.0</p>	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
<p>11.0</p>	<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> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

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).

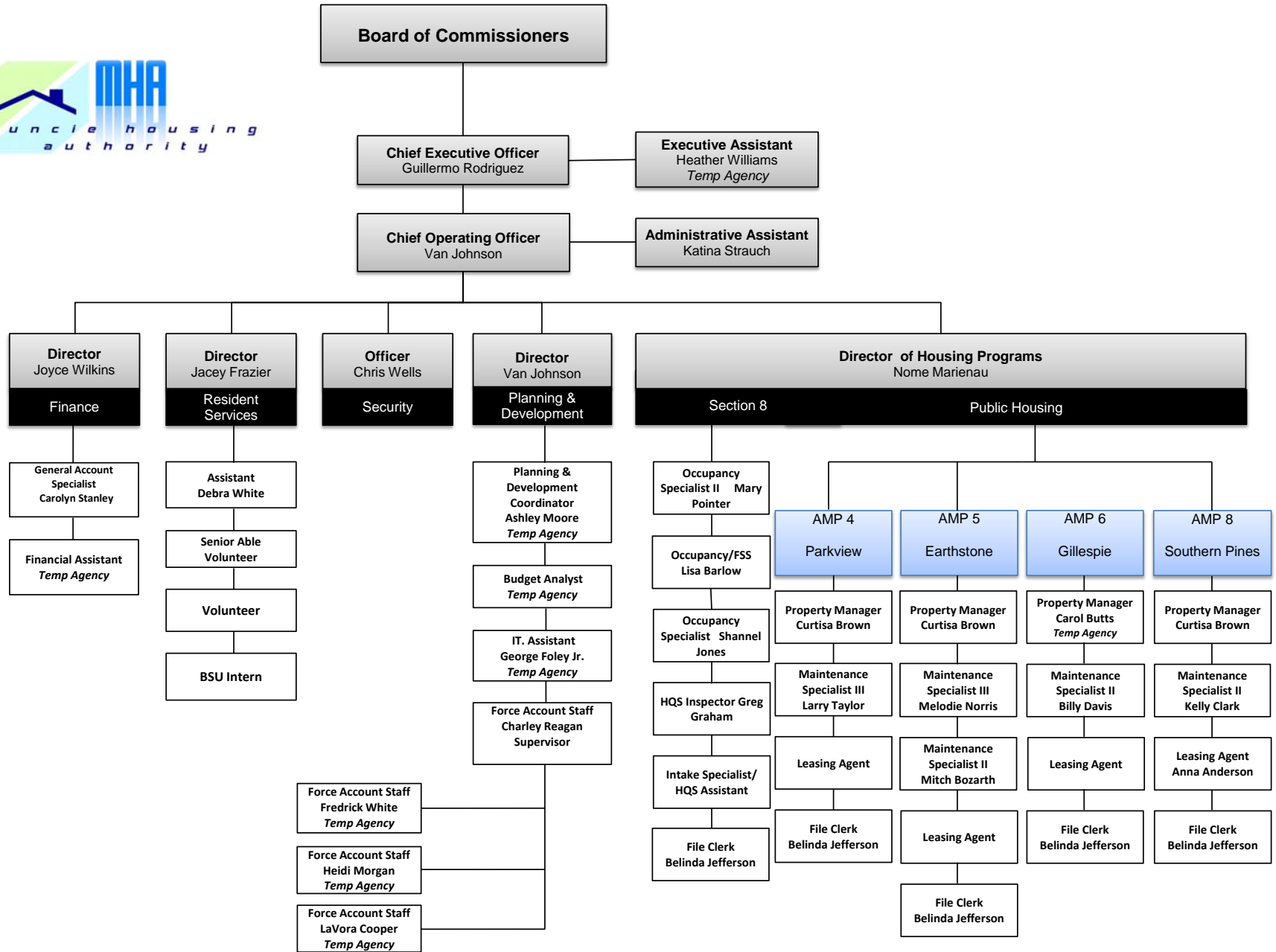
**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (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.



# ORGANIZATIONAL CHART



## **PART VII. HOMEOWNERSHIP**

[24 CFR 982.625 through 982.643]

### **15-VII.A. OVERVIEW [24 CFR 982.625]**

The homeownership option is used to assist a family residing in a home purchased and owned by one or more members of the family. A family assisted under this option may be newly admitted or an existing participant in the HCV program. The PHA must have the capacity to operate a successful HCV homeownership program as defined by the regulations.

There are two forms of homeownership assistance a PHA may offer under this option: monthly homeownership assistance payments, or a single down payment assistance grant. PHAs may choose to offer either or both forms of homeownership assistance, or choose not to offer either. If a PHA offers both forms of assistance, a family must choose which form of assistance to receive.

The PHA must offer either form of homeownership assistance if needed as a reasonable accommodation so that the program is readily accessible to and usable by persons with disabilities. It is the sole responsibility of the PHA to determine whether it is reasonable to implement a homeownership program as a reasonable accommodation. The PHA must determine what is reasonable based on the specific circumstances and individual needs of the person with a disability. The PHA may determine that it is not reasonable to offer homeownership assistance as a reasonable accommodation in cases where the PHA has otherwise opted not to implement a homeownership program.

The PHA must approve a live-in aide if needed as a reasonable accommodation so that the program is readily accessible to and usable by persons with disabilities.

### **15-VII.B. FAMILY ELIGIBILITY [24 CFR 982.627]**

The family must meet all of the requirements listed below before the commencement of homeownership assistance. The PHA may also establish additional initial requirements as long as they are described in the PHA administrative plan.

- The family must have been admitted to the Housing Choice Voucher program.
- The family must qualify as a first-time homeowner, or may be a cooperative member.
- The family must meet the Federal minimum income requirement. The family must have a gross annual income equal to the Federal minimum wage multiplied by 2000, based on the income of adult family members who will own the home. The PHA may establish a higher income standard for families. However, a family that meets the federal minimum income requirement (but not the PHA's requirement) will be considered to meet the minimum income requirement if it can demonstrate that it has been pre-qualified or pre-approved for financing that is sufficient to purchase an eligible unit.
- For disabled families, the minimum income requirement is equal to the current SSI monthly payment for an individual living alone, multiplied by 12.

- For elderly or disabled families, welfare assistance payments for adult family members who will own the home will be included in determining whether the family meets the minimum income requirement. It will not be included for other families.
- The family must satisfy the employment requirements by demonstrating that one or more adult members of the family who will own the home at commencement of homeownership assistance is currently employed on a full-time basis (the term 'full-time employment' means not less than an average of 30 hours per week); and has been continuously so employed during the year before commencement of homeownership assistance for the family.
- The employment requirement does not apply to elderly and disabled families. In addition, if a family, other than an elderly or disabled family includes a person with disabilities, the PHA must grant an exemption from the employment requirement if the PHA determines that it is needed as a reasonable accommodation.
- The family has not defaulted on a mortgage securing debt to purchase a home under the homeownership option
- Except for cooperative members who have acquired cooperative membership shares prior to commencement of homeownership assistance, no family member has a present ownership interest in a residence at the commencement of homeownership assistance for the purchase of any home.
- Except for cooperative members who have acquired cooperative membership shares prior to the commencement of homeownership assistance, the family has entered a contract of sale in accordance with 24 CFR 982.631(c).

**PHA POLICY:**

The PHA will not establish a higher minimum income standard for disabled and/or non disabled families.

Families will be considered “continuously employed” if the break in employment does not exceed one month.

The PHA will count Self-employment in a business when determining whether the family meets the employment requirement.

The PHA will impose additional eligibility requirements. To be eligible to participate in the homeownership option, families must meet the following criteria:

1. The family has had no family-caused violations of HUD’s Housing Quality Standards within the past year.
2. The family is not within the initial one-year period of a HAP Contract or for HH residents one year lease.
3. The family does not owe money to the PHA

4. The family has not committed any serious or repeated violations of a PHA lease or assisted lease within the past year.
5. The family must be a participant of the Family Self Sufficiency Program and in compliance with the Contract of Participation or a graduate of the Family Self Sufficiency program. (Families that have a disabled head of household is exempt from this requirement)

#### **15-VII.C. SELECTION OF FAMILIES [24 CFR 982.626]**

Unless otherwise provided (under the homeownership option), the PHA may limit homeownership assistance to families or purposes defined by the PHA, and may prescribe additional requirements for commencement of homeownership assistance for a family. Any such limits or additional requirements must be described in the PHA administrative plan.

If the PHA limits the number of families that may participate in the homeownership option, the PHA must establish a system by which to select families to participate.

#### **PHA POLICY:**

The PHA will administer up to 10 new homeownership units per year. The PHA may exceed the number of units planned per year if it is necessary as a reasonable accommodation for a person with a disability. If this occurs, the PHA may reduce the number of homeownership units offered in subsequent years.

Families who have been participating in an economic self-sufficiency program for at least one year, or have graduated from such a program, will be given preference over other families. Elderly and disabled families will automatically be given this preference.

Within preference and non-preference categories, families will be selected according to the date and time their application for participation in the homeownership option is submitted to the PHA.

All families must meet eligibility requirements as defined in Section 15-VII.B. of this plan.

#### **15-VII.D. ELIGIBLE UNITS [24 CFR 982.628]**

In order for a unit to be eligible, the PHA must determine that the unit satisfies all of the following requirements:

- The unit must meet HUD's "eligible housing" requirements. The unit may not be any of the following:
  - A public housing or Indian housing unit;
  - A unit receiving Section 8 project-based assistance;
  - A nursing home, board and care home, or facility providing continual psychiatric, medical or nursing services;
  - A college or other school dormitory;

- On the grounds of penal, reformatory, medical, mental, or similar public or private institutions.
- The unit must be under construction or already exist at the time the family enters into the contract of sale.
- The unit must be a one-unit property or a single dwelling unit in a cooperative or condominium.
- The unit must have been inspected by the PHA and by an independent inspector designated by the family.
- The unit must meet Housing Quality Standards (see Chapter 8).
- For a unit where the family will not own fee title to the real property (such as a manufactured home), the home must have a permanent foundation and the family must have the right to occupy the site for at least 40 years.
- For PHA-owned units all of the following conditions must be satisfied:
  - The PHA informs the family, both orally and in writing, that the family has the right to purchase any eligible unit and a PHA-owned unit is freely selected by the family without PHA pressure or steering;
  - The unit is not ineligible housing;
  - The PHA obtains the services of an independent agency to inspect the unit for compliance with HQS, review the independent inspection report, review the contract of sale, determine the reasonableness of the sales price and any PHA provided financing. All of these actions must be completed in accordance with program requirements.

The PHA must not approve the unit if the PHA has been informed that the seller is debarred, suspended, or subject to a limited denial of participation.

#### **15-VII.E. ADDITIONAL PHA REQUIREMENTS FOR SEARCH AND PURCHASE [24 CFR 982.629]**

It is the family's responsibility to find a home that meets the criteria for voucher homeownership assistance. The PHA may establish the maximum time that will be allowed for a family to locate and purchase a home, and may require the family to report on their progress in finding and purchasing a home. If the family is unable to purchase a home within the maximum time established by the PHA, the PHA may issue the family a voucher to lease a unit or place the family's name on the waiting list for a voucher.

#### **PHA POLICY**

The family will be allowed 60 days to identify a unit and submit a sales contract to the PHA for review. The family will be allowed an additional 60 days to close on the home. The PHA may grant extensions to either of these periods for good cause. The length of the extensions(s) will be determined on a case-by case basic, but in no case will an extension exceed a total of 120 days. The maximum amount of time a family will be given to locate and complete the purchase of a home under the homeownership option is 365 days.

During these periods, the family will continue to receive HCV rental assistance or remain in public housing until the family vacates the unit for their purchased home.

All request for extensions must be submitted in writing to the PHA prior to the expiration of the period for which the extension is being requested. The PHA will approve or disapprove the extension request within 10 business days. The family will be notified of the PHA's decision in writing.

The family will be required to report their progress on locating and purchasing a home to the PHA every 30 days until the home is purchased.

If the family cannot complete the purchase of a unit within the maximum required time frame, and is not receiving rental assistance under a HAP contract at the time the search and purchase time period expires, the family will be placed on the HCV waiting list.

#### **15-VII.F. HOMEOWNERSHIP COUNSELING [24 CFR 982.630]**

Before commencement of homeownership assistance for a family, the family must attend and satisfactorily complete the pre-assistance homeownership and housing counseling program required by the PHA. HUD suggests the following topics for the PHA-required pre-assistance counseling:

- Home maintenance (including care of the grounds);
- Budgeting and money management;
- Credit counseling;
- How to negotiate the purchase price of a home;
- How to obtain homeownership financing and loan pre-approvals, including a description of types of financing that may be available, and the pros and cons of different types of financing;
- How to find a home, including information about homeownership opportunities, schools, and transportation in the PHA jurisdiction;
- Advantages of purchasing a home in an area that does not have a high concentration of low-income families and how to locate homes in such areas;
- Information on fair housing, including fair housing lending and local fair housing enforcement agencies; and
- Information about the Real Estate Settlement Procedures Act (12 U.S.C. 2601 et seq.) (RESPA), state and Federal truth-in-lending laws, and how to identify and avoid loans with oppressive terms and conditions.

The PHA may adapt the subjects covered in pre-assistance counseling (as listed) to local circumstances and the needs of individual families.

The PHA may also offer additional counseling after commencement of homeownership assistance (ongoing counseling). If the PHA offers a program of ongoing counseling for

participants in the homeownership option, the PHA shall have discretion to determine whether the family is required to participate in the ongoing counseling.

If the PHA does not use a HUD-approved housing counseling agency to provide the counseling, the PHA should ensure that its counseling program is consistent with the counseling provided under HUD's Housing Counseling program.

### **PHA POLICY**

Families will be required to participate in a two year after care to monitor household budgeting skills.

### **15-VII.G. HOME INSPECTIONS, CONTRACT OF SALE, AND PHA DISAPPROVAL OF SELLER [24 CFR 982.631]**

#### **Home Inspections**

The PHA may not commence monthly homeownership assistance payments or provide down payment assistance grants for a family until the PHA has inspected the unit and has determined that the unit passes HQS.

An independent professional inspector selected by and paid for by the family must also inspect the unit. The independent inspection must cover major building systems and components, including foundation and structure, housing interior and exterior, and the roofing, plumbing, electrical, and heating systems. The independent inspector must be qualified to report on property conditions, including major building systems and components.

The PHA may not require the family to use an independent inspector selected by the PHA. The independent inspector may not be a PHA employee or contractor, or other person under control of the PHA. However, the PHA may establish standards for qualification of inspectors selected by families under the homeownership option.

The PHA may disapprove a unit for assistance based on information in the independent inspector's report, even if the unit was found to comply with HQS.

#### **PHA POLICY:**

When the family locates a home they wish to purchase and submits a copy of their purchase offer/contract, the PHA will conduct a housing quality standards (HQS) inspection within 10 business days. Any items found not to meet HQS must be repaired before the unit can be determined eligible for the homeownership program.

The family must hire an independent professional inspector, whose report must be submitted to the PHA for review. This inspector must be a member of the American Society of Home Inspectors (ASHI) or other recognized professional society, or a licensed engineer. The inspector may not be a PHA employee.

The PHA will review the professional report in a timely fashion and, based on the presence of major physical problems, may disapprove the purchase of the home.

If the PHA disapproves the purchase of a home, the family will be notified in writing of the reasons for the disapproval .

While the family is receiving homeownership assistance, the PHA will conduct an HQS inspection every year for the first three years.

### **Contract of Sale**

Before commencement of monthly homeownership assistance payments or receipt of a down payment assistance grant, a member or members of the family must enter into a contract of sale with the seller of the unit to be acquired by the family. The family must give the PHA a copy of the contract of sale. The contract of sale must:

- Specify the price and other terms of sale by the seller to the purchaser;
- Provide that the purchaser will arrange for a pre-purchase inspection of the dwelling unit by an independent inspector selected by the purchaser;
- Provide that the purchaser is not obligated to purchase the unit unless the inspection is satisfactory to the purchaser;
- Provide that the purchaser is not obligated to pay for any necessary repairs; and
- Contain a certification from the seller that the seller has not been debarred, suspended, or subject to a limited denial of participation under CFR part 24.

### **Disapproval of a Seller**

In its administrative discretion, the PHA may deny approval of a seller for the same reasons a PHA may disapprove an owner under the regular HCV program [see 24 CFR 982.306(c)].

### **MHA POLICY:**

**As a check against predatory lending, the PHA and/or Muncie Homeownership will review the financing of each purchase transaction, including estimated closing costs. The PHA and/or Muncie Home ownership will review the loans for features, such a balloon payments, adjustable rate mortgages, and unusually high interest rates, all of which are prohibited. The PHA also will not approve “seller financing” or “owner-held” mortgages. Beyond these basic criteria, the PHA will rely on the lenders to determine that the loan will be affordable to program participants.**

### **15-VII.H. FINANCING [24 CFR 982.632]**

The PHA may establish requirements for financing purchase of a home under the homeownership option. This may include requirements concerning qualification of lenders, terms of financing, restrictions concerning debt secured by the home, lender qualifications, loan terms, and affordability of the debt. The PHA must establish policies describing these requirements in the administrative plan.

A PHA may not require that families acquire financing from one or more specified lenders, thereby restricting the family’s ability to secure favorable financing terms.

### **MHA POLICY**

The mortgage the family applies for must require a minimum down payment of at least 3% of the sale price with 1% of the down payment coming from the purchaser’s personal



funds. The PHA will not require that the family have any more than the minimum of 1% of their own money in the transaction. However, in cases where a lender is requiring a larger amount, the family may be held to the underwriting guidelines set by their lending institution.

The PHA will approve a family's request to utilize its Family Self-Sufficiency escrow account for down payment and/or closing costs when purchasing a unit under the HCV homeownership option.

### **15-VII.I. CONTINUED ASSISTANCE REQUIREMENTS; FAMILY OBLIGATIONS [24 CFR 982.633]**

Homeownership assistance may only be paid while the family is residing in the home. If the family moves out of the home, the PHA may not continue homeownership assistance after the month when the family moves out. The family or lender is not required to refund to the PHA the homeownership assistance for the month when the family moves out.

Before commencement of homeownership assistance, the family must execute a statement in which the family agrees to comply with all family obligations under the homeownership option.

The family must comply with the following obligations:

- The family must comply with the terms of the mortgage securing debt incurred to purchase the home, or any refinancing of such debt.
- The family may not convey or transfer ownership of the home, except for purposes of financing, refinancing, or pending settlement of the estate of a deceased family member. Use and occupancy of the home are subject to 24 CFR 982.551 (h) and (i).
- The family must supply information to the PHA or HUD as specified in 24 CFR 982.551(b). The family must further supply any information required by the PHA or HUD concerning mortgage financing or refinancing, sale or transfer of any interest in the home, or homeownership expenses.
- The family must notify the PHA before moving out of the home.
- The family must notify the PHA if the family defaults on the mortgage used to purchase the home.
- No family member may have any ownership interest in any other residential property.
- The family must comply with the obligations of a participant family described in 24 CFR 982.551, except for the following provisions which do not apply to assistance under the homeownership option: 24 CFR 982.551(c), (d), (e), (f), (g) and (j).

### **PHA POLICY:**

Any inspection the PHA conducts after the initial inspection will be done on an advisory basis. The family will be encouraged to make the repairs, but will not be required to do so as a condition of ongoing assistance.

#### **15-VII.J. MAXIMUM TERM OF HOMEOWNER ASSISTANCE [24 CFR 982.634]**

Except in the case of a family that qualifies as an elderly or disabled family, other family members (described below) shall not receive homeownership assistance for more than:

- Fifteen years, if the initial mortgage incurred to finance purchase of the home has a term of 20 years or longer; or
- Ten years, in all other cases.

The maximum term described above applies to any member of the family who:

- Has an ownership interest in the unit during the time that homeownership payments are made; or
- Is the spouse of any member of the household who has an ownership interest in the unit during the time homeownership payments are made.

In the case of an elderly family, the exception only applies if the family qualifies as an elderly family at the start of homeownership assistance. In the case of a disabled family, the exception applies if at any time during receipt of homeownership assistance the family qualifies as a disabled family.

If, during the course of homeownership assistance, the family ceases to qualify as a disabled or elderly family, the maximum term becomes applicable from the date homeownership assistance commenced. However, such a family must be provided at least 6 months of homeownership assistance after the maximum term becomes applicable (provided the family is otherwise eligible to receive homeownership assistance).

If the family has received such assistance for different homes, or from different PHAs, the total of such assistance terms is subject to the maximum term described in this part.

#### **15-VII.K. HOMEOWNERSHIP ASSISTANCE PAYMENTS AND HOMEOWNERSHIP EXPENSES [24 CFR 982.635]**

The monthly homeownership assistance payment is the lower of: the voucher payment standard minus the total tenant payment, or the monthly homeownership expenses minus the total tenant payment.

In determining the amount of the homeownership assistance payment, the PHA will use the same payment standard schedule, payment standard amounts, and subsidy standards as those described in elsewhere in this plan for the Housing Choice Voucher program.

The PHA may pay the homeownership assistance payments directly to the family, or at the PHA's discretion, to a lender on behalf of the family. If the assistance payment exceeds the amount due to the lender, the PHA must pay the excess directly to the family.

Homeownership assistance for a family terminates automatically 180 calendar days after the last homeownership assistance payment on behalf of the family.

The PHA must adopt policies for determining the amount of homeownership expenses to be allowed by the PHA in accordance with HUD requirements.

Homeownership expenses (not including cooperatives) only include amounts allowed by the PHA to cover:

- Principal and interest on initial mortgage debt, any refinancing of such debt, and any mortgage insurance premium incurred to finance purchase of the home;
- Real estate taxes and public assessments on the home;
- Home insurance;
- The PHA allowance for maintenance expenses;
- The PHA allowance for costs of major repairs and replacements;
- The PHA utility allowance for the home;
- Principal and interest on mortgage debt incurred to finance costs for major repairs, replacements or improvements for the home. If a member of the family is a person with disabilities, such debt may include debt incurred by the family to finance costs needed to make the home accessible for such person, if the PHA determines that allowance of such costs as homeownership expenses is needed as a reasonable accommodation so that the homeownership option is readily accessible to and usable by such person;
- Land lease payments where a family does not own fee title to the real property on which the home is located; [see 24 CFR 982.628(b)].
- For a condominium unit, condominium operating charges or maintenance fees assessed by the condominium homeowner association.

Homeownership expenses for a cooperative member may only include amounts allowed by the PHA to cover:

- The cooperative charge under the cooperative occupancy agreement including payment for real estate taxes and public assessments on the home;
- Principal and interest on initial debt incurred to finance purchase of cooperative membership shares and any refinancing of such debt;
- Home insurance;
- The PHA allowance for maintenance expenses;
- The PHA allowance for costs of major repairs and replacements;
- The PHA utility allowance for the home; and
- Principal and interest on debt incurred to finance major repairs, replacements or improvements for the home. If a member of the family is a person with disabilities, such debt may include debt incurred by the family to finance costs needed to make the home accessible for such person, if the PHA determines that allowance of such costs as homeownership expenses is needed as a reasonable accommodation so that the homeownership option is readily accessible to and usable by such person.
- Cooperative operating charges or maintenance fees assessed by the cooperative homeowner association.

## **PHA POLICY**

The PHA's housing assistance payment will be paid directly to the lender unless the mortgage company refuses to accept payments from more than one source. In such case, the PHA's housing assistance payment will be paid directly to the family. If the assistance payment exceeds the amount due to the lender, the PHA must pay the excess directly to the family.

The PHA will allow the following homeownership expenses:

Monthly homeownership payment. This includes principal and interest on initial mortgage debt, taxes and insurance, and any mortgage insurance premium, if applicable.

Utility allowance: The PHAs utility allowance for the unit, based on the current HCV utility allowance schedule.

Monthly maintenance allowance. The monthly maintenance allowance will be the annual maintenance allowance, divided by twelve. The annual maintenance allowance will be set at .5 percent of purchase price of the home.

Monthly major repair/replacement allowance. The monthly major repair/replacement allowance will be the annual major repair/replacement allowance divided by 12. The annual major repair/replacement allowance will be set as a percentage of the purchase price of the home, based on the age of the home at the time of purchase and/or reexamination.

<b>Age of Home</b>	<b>% of purchase price allowed</b>
New to 20 years	.5
21 to 30 years	1.0
31 to 40 years	1.5
41 to 50 years	2.0
51 years plus	2.5

Monthly co-op/condominium assessments: If applicable, the monthly amount of co-op or condominium association operation and maintenance assessments.

Monthly principal and interest on debt for improvements; Principal and interest for major home repair, replacements, or improvements, if applicable.

### **15-VII.L. PORTABILITY [24 CFR 982.636, 982.637, 982.353(b) and (c), 982.552, 982.553]**

Subject to the restrictions on portability included in HUD regulations and PHA policies, a family may exercise portability if the receiving PHA is administering a voucher homeownership program and accepting new homeownership families. The receiving PHA may absorb the family into its voucher program, or bill the initial PHA.

The family must attend the briefing and counseling sessions required by the receiving PHA. The receiving PHA will determine whether the financing for, and the physical

condition of the unit, are acceptable. The receiving PHA must promptly notify the initial PHA if the family has purchased an eligible unit under the program, or if the family is unable to purchase a home within the maximum time established by the PHA.

#### **15-VII.M. MOVING WITH CONTINUED ASSISTANCE [24 CFR 982.637]**

A family receiving homeownership assistance may move with continued tenant-based assistance. The family may move with voucher rental assistance or with voucher homeownership assistance. Continued tenant-based assistance for a new unit cannot begin so long as any family member holds title to the prior home.

The PHA may deny permission to move to a new unit with continued voucher assistance as follows:

- Lack of funding to provide continued assistance.
- At any time, the PHA may deny permission to move with continued rental or homeownership assistance in accordance with 24 CFR 982.638, regarding denial or termination of assistance.
- In accordance with the PHA's policy regarding number of moves within a 12-month period.

The PHA must deny the family permission to move to a new unit with continued voucher rental assistance if:

- The family defaulted on an FHA-insured mortgage; and
- The family fails to demonstrate that the family has conveyed, or will convey, title to the home, as required by HUD, to HUD or HUD's designee; and the family has moved, or will move, from the home within the period established or approved by HUD.

#### **PHA POLICY:**

For families participating in the homeownership option, requests to move will be approved and/or denied in accordance with PHA policies in Chapter 10.

The PHA will require additional counseling for any families who move with continued assistance.

#### **15-VII.N. DENIAL OR TERMINATION OF ASSISTANCE [24 CFR 982.638]**

At any time, the PHA may deny or terminate homeownership assistance in accordance with HCV program requirements in 24 CFR 982.552 (Grounds for denial or termination of assistance) or 24 CFR 982.553 (Crime by family members).

The PHA may also deny or terminate assistance for violation of participant obligations described in 24 CFR Parts 982.551 or 982.633.

The PHA must terminate voucher homeownership assistance for any member of family receiving homeownership assistance that is dispossessed from the home pursuant to a judgment or order of foreclosure on any mortgage (whether FHA insured or non-FHA) securing debt incurred to purchase the home, or any refinancing of such debt.

**PHA POLICY:**

The PHA will terminate a family's homeownership assistance if the family violates any of the homeowner obligations listed in Section 1, as well as for any of the reasons listed in Section 2 of form HUD-52649, Statement of Homeowner Obligations Housing Choice Homeownership Voucher Program.

In making its decision to terminate homeownership assistance, the PHA will consider alternatives as described in Section 12-II.C and other factors described in Section 12-II D. Upon consideration of such alternatives and factors, the PHA may, on a case-by-case basis, choose not to terminate assistance.

Termination notices will be sent in accordance with the requirements and policies set forth in Section 12-11E.

## RESIDENT ADVISORY BOARD

Ross Greenawalt

John Stankiewicz

Benita Smith

Karen White

Mary Elrod

Loretta Flowers

Zadie Robbins

Josh Wilson

Deric Sutton

Luahna Winningham

Joanne Jones

Jane Jinks



DATE:

October 21, 2010

PURPOSE OF MEETING:

RAB Meeting

PLEASE SIGN IN

NAME

ORGANIZATION

10/21/10

Shannon Jones

Beinda Jefferson

Ross J. Sheppard

John Stankiewicz

Bentley Smith

Karen White

Mary Elrod

Loretta Flowers

Jadine B. Pablin

John S. B. J. 3400 S. Juniper 744-4827





DATE:

November 9, 2010

PURPOSE OF MEETING:

Annual Plan

PLEASE SIGN IN

NAME

ORGANIZATION

Benita Smith	
Doris J. Little	
Ludwick Wimmergham	
John Ham Krewing	
Freddie B. Roberts	
Mary Elrod	
Jane Jones	
Beenda Giffen	
Travis Wells	
Jane Jenks	

MEETING START TIME: \_\_\_\_\_

MEETING END TIME: \_\_\_\_\_

## Annual Plan Advisory Board Comments

### Gillespie Towers:

1. Upgrade elevators.
2. Evaluate the cost effectiveness of installing satellite dish VS local Comcast.
3. Implement procedures to stop non-resident parking. Suggested installation of no parking signs.
4. Clean trash shoot more regularly due to odor.
5. Review move in procedures, maybe implementing procedures to insure all new residents are thoroughly informed of lease requirements and enforcement.
6. Implement the ability for residents to pay rent on line.

### Earthstone Terrace:

1. Increase number of resident parking spaces near the 3400 building.
2. Implement procedures to stop non-resident parking. Suggested installation of no parking signs –If ignored have cars towed at owners' expense.
3. Install a privacy fence between MHA property and mobile home park.

## Annual Plan Advisory Board Comments Addressed:

### **Gillespie Towers**

1. Upgrade Elevators- Mr. Johnson held a meeting with the elevator service providers to discuss upgrades to the elevators in August of 2010. Elevator service provider has prepared a proposal for upgrading the elevators. MHA is planning to complete this work by summer of 2011, pending approval of funding by HUD.
2. Evaluate Cost Effectiveness for Satellite VS Cable- This analysis was completed in October of 2010. The cost to provide satellite is still not economical. We will continue to use our current service provider Comcast Cable.
3. Parking at Gillespie Towers
  - a. Parking signs have been purchased and will be installed at each site.
  - b. Parking stickers have been purchased for each site so staff can determine the residents from non-residents
4. Clean Trash Shoot- MHA is looking into having this service provided by a independent contractor.
5. Move-In Procedures- This matter has been assigned to the Director of Housing Programs, the new procedure will be discussed at a future RAB meeting.
6. Pay Rent Online- The new MHA website will be launched in December 2010, The Executive Administration will review this request to see if it compatible with our website. We will present our findings in a future RAB meeting.

### **Earthstone Terrace**

1. Parking at Earthstone Terrace
  - a. Parking signs have been purchased and will be installed at each site.
  - b. Parking stickers have been purchased for each site so staff can determine the residents from non-residents
2. Install Privacy Fence- The privacy fence will be installed at the beginning of fiscal year about September 1, 2011.

## **COMMUNITY SERVICE PROGRAM**

The Muncie Housing Authority (MHA) Community Service Program was re-activated in October of 2003. We had a successful program working when regulations changed pertaining to community service.

The MHA determined that the phrase "Community Service" sounded punitive and we set up a program we call F.A.M.E. (Families Achieving Motivational Enrichment). This program allows residents to comply with the regulation by providing a program that is two (2) fold. We set up each month motivational and/or enrichment workshops, as well as giving resident's credit for attending Resident Council Meetings, MHA board meetings or any other informational meeting held for the benefit of the residents. Also, we have partnered with approximately twenty-four (24) agencies which signed MOA's agreeing to use our residents to perform service, while being trained in many areas. All of the agencies are providing services to the community.

The Housing Authority monitors time through agencies and workshops or meetings are verified by staff which set them up. We have had great success with our program and have not found it difficult to keep track of who and who is not in compliance.

Each resident manager has files on site of residents who have and are doing community service. Procedures are in place to check on and monitor compliance throughout the year so that at recertification time residents will not face problems.



## **Violence Against Women Act (VAWA)**

### **Purpose and Applicability**

The violence against Women Reauthorization Act of 2005 (VAWA), provides that “criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant’s family is the victim or threatened victim of that abuse.” VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the PHA’s authority to terminate the tenancy of any tenant if the PHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

### **Victim Documentation**

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest or other person under the tenant’s control and a tenant or immediate family member of the tenant’s family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the PHA will require the individual to submit documentation affirming that claim.

The documentation must include two (2) elements:

1. A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual, or threatened domestic violence, dating violence, or stalking.
2. One (1) of the following:
  - A police or court record, such as a protective order documenting the actual or threatened abuse



- A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable profession from whom the victim is sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the PHA within fourteen (14) business days after the individual claiming victim status receives a request for such certification. The PHA, owner or manager will be aware that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk, e.g. the abuser may monitor the mail. The PHA may require that the tenant come into the office to pick up the certification form and will work with the tenants to make delivery arrangements that do not place the tenant at risk. This fourteen (14) day deadline may be extended at the PHA's discretion. If the individual does not provide the required certification and supporting documentation within fourteen (14) business days, or the approved extension period, the PHA may proceed with assistance termination.

The PHA also reserves the right to waive these victim verification requirements and accept only a self-certification from the victim if the PHA deems the victim's life to be in imminent danger.

Once a victim has completed certification requirements, the PHA will continue to assist the victim and may use bifurcation as a tool to remove a perpetrator from assistance. Owners will be notified of their legal obligation to continue housing the victim, while using lease bifurcation to remove the perpetrator from a unit. The PHA will make all best efforts to work with victims of domestic violence before terminating the victim's assistance.

In extreme circumstances when the PHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's (including the victim) tenancy is not terminated, the PHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

### **Terminating or Evicting A Perpetrator of Domestic Violence**

VAWA provides protection from termination for victims of domestic violence; it does not provide protection for perpetrators. In fact, VAWA gives the PHA the explicit "authority to bifurcate a lease or to remove a household member from a lease" "in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant." If the PHA chooses to exercise this authority, it must follow any procedures prescribed by HUD or applicable local, state, or federal law for eviction, lease termination, or termination of assistance.

When the actions of a tenant or other family member results in a determination by the PHA to terminate the family's lease and another family member claims that the actions involve criminal acts of physical violence against family members or others, the PHA will request that the victim submit the above required certification and supporting documentation are submitted within the required time frame. If the certification and supporting documentation are submitted within the required time frame or any approved extension period, the PHA will bifurcate (split lease) the



lease and evict or terminate the occupancy rights of the perpetrator. If the victim does not provide the certification and supporting documentation, as required the PHA will proceed with termination of the family's lease.

If the PHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant's tenancy is not terminated, the PHA will bypass the standard process and proceed with the immediate termination of the family.

## **Confidentiality**

All information provided to the PHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure:

- (a) Is requested or consented to by the individual in writing,
- (b) Is required for use in an eviction proceeding, or
- (c) Is otherwise required by applicable law.

**If release of the information would put your safety at risk, you should inform the housing authority.**

## **Definitions**

As used in this policy:

- A. **Domestic Violence-** The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of jurisdiction."
- B. **Dating Violence-** means violence committed by a person
  - (a) Who is or has been in a social relationship of a relationship of a romantic or intimate nature with the victim; and
  - (b) Where the existence of such a relationship shall be determined based on a consideration of the following factors:
    - (i.) The length of the relationship.
    - (ii.) The type of relationship.
    - (iii.) The frequency of interaction between the persons involved in the relationship



C. **Stalking-** means

- (a) (i) To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and
- (b) In the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of death of, or serious bodily injury to, or to cause substantial emotional harm to
  - (i) That person
  - (ii) The type of relationship
  - (iii) The frequency of interaction between the persons involved in the relationship

D. **Immediate Family Member-** means, with respect to a person

- (a) A spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or
- (b) Any other person living in the household of that person and related to that person by blood or marriage.

E. **Perpetrator-** means person who commits an act of domestic violence, dating violence or stalking against a victim.

F. **Bifurcate-** means to divide lease as a matter of law so that certain tenants can be evicted or removed while the remaining family members' lease and occupancy rights are allowed to remain intact.

### **VAWA and Other Laws**

VAWA does not limit the housing authority or landlord's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence or stalking.

### **For Additional Information**

If you have any questions regarding VAWA, please contact Domestic Abuse Services (DASI), Inc. at their 24 hour hotline at (973) 875-1211. For help and advice on escaping an abusive relationship, call the National Domestic Abuse Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).





Annual Statement / Performance and Evaluation Report  
 Capital Fund Program (CFP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2010)

HA Name	Comprehensive Grant Number	FFY of Grant Approval
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements				
4	1410 Administration				
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—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	Date	Signature of Public Housing Director	Date
---------------------------------	------	--------------------------------------	------

<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 Funds Program (CFP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<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 (CFP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<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 I: Summary		FFY of Grant: 2006 FFY of Grant Approval:	
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-06 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		
	<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost Revised <sup>2</sup>	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	81,957.99	81,957.99
3	1408 Management Improvements	50,003.80	51,115.18
4	1410 Administration (may not exceed 10% of line 21)	19,750.28	19,750.28
5	1411 Audit	1,510.00	1,510.00
6	1415 Liquidated Damages	0.00	0.00
7	1430 Fees and Costs	24,907.34	25,957.34
8	1440 Site Acquisition	0.00	0.00
9	1450 Site Improvement	226,844.50	226,844.50
10	1460 Dwelling Structures	302,192.04	314,414.80
11	1465.1 Dwelling Equipment—Nonexpendable	39,374.66	58,653.62
12	1470 Non-dwelling Structures	26,439.27	26,439.27
13	1475 Non-dwelling Equipment	37,982.00	38,779.99
14	1485 Demolition	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00

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

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

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	
PHA Name: Municipal Housing Authority IN36P005	Grant Type and Number Capital Fund Program Grant No: IN36P005501-06 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant		Total Actual Cost <sup>1</sup>	
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		Total Estimated Cost	
Line	Summary by Development Account	Original	Revised <sup>2</sup> Obligated
18a	1501 Collateralization or Debt Service paid by the PHA		Expended
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	34,461.12	0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	845,423.00	845,423.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<b>Date</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		Grant Type and Number		Federal FFY of Grant: 2006				
PHA Name: Muncie Housing Authority IN36P005		Capital Fund Program Grant No: IN36P005501-06 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
ALL	Operations	1406		81,957.99	81,957.99	81,957.99	81,957.99	FINAL
ALL	PHM/FSS/RI/MOD	1408		19,891.84	19,891.84	19,891.84	19,891.84	FINAL
ALL	Rent Coll. Pro. Trng.	1408		15,000.00	15,000.00	15,000.00	15,000.00	FINAL
ALL	Software Upgrades	1408		4,453.13	4,453.13	4,453.13	4,453.13	FINAL
ALL	Vac Red Trng/Temp	1408		11,229.85	11,229.85	11,229.85	11,229.85	FINAL
ALL	Mod Administration	1410		19,750.28	19,750.28	19,750.28	19,750.28	FINAL
ALL	Audit Costs	1411		1,510.00	1,510.00	1,510.00	1,510.00	FINAL
ALL	A&E Professional	1430		15,957.34	15,957.34	15,957.34	15,957.34	FINAL
ALL	Planning	1430		10,000.00	10,000.00	10,000.00	10,000.00	FINAL
ALL	Site Acquisition	1440		0.00	0.00	0.00	0.00	FINAL
ALL	Computer Upgrades	1475		7,237.03	8,163.71	8,163.71	8,163.71	FINAL
ALL	Maintenance Equipment	1475		10,000.00	10,000.00	10,000.00	10,000.00	FINAL
ALL	Office Equipment	1475		5,090.95	5,090.95	5,090.95	5,090.95	FINAL
ALL	Passenger Van	1475		16,801.25	16,801.25	16,801.25	16,801.25	FINAL
ALL	Demolition	1485		0.00	0.00	0.00	0.00	FINAL
ALL	Relocation	1495		0.00	0.00	0.00	0.00	FINAL
Price Hall	Carpet	1470		17,609.81	17,609.81	17,609.81	17,609.81	FINAL
Price Hall	Contingency	1502		0.00	0.00	0.00	0.00	FINAL

<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		Federal FFY of Grant: 2006						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
004	Playground Equipment (Paint)	1450		650.00	650.00	650.00	650.00	FINAL
004	Landscaping	1450		5,100.00	5,100.00	5,100.00	5,100.00	FINAL
004	Complex Sign	1450		508.50	508.50	508.50	508.50	FINAL
004	Building Lighting	1460		1,198.14	1,198.14	1,198.14	1,198.14	FINAL
004	Roofing	1460		0.00	0.00	0.00	0.00	FINAL
004	Gutter Replacement	1460		0.00	0.00	0.00	0.00	FINAL
004	Pest Control	1460		353.00	353.00	353.00	353.00	FINAL
004	Bathroom Vanities	1460		0.00	0.00	0.00	0.00	FINAL
004	Kitchen Sinks	1460		0.00	0.00	0.00	0.00	FINAL
004	Interior Painting	1460		11,162.06	11,162.06	11,162.06	11,162.06	FINAL
004	Windows	1460		3,585.41	3,585.41	3,585.41	3,585.41	FINAL
004	Screens	1460		2,214.41	2,214.41	2,214.41	2,214.41	FINAL
004	Office Repairs	1470		406.98	406.98	406.98	406.98	FINAL
004	Exterior Paint	1470		0.00	0.00	0.00	0.00	FINAL
004	Building Lighting	1470		801.86	801.86	801.86	801.86	FINAL
004	Contingency	1502		0.00	0.00	0.00	0.00	FINAL

<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 State 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 Intergovernmental Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part II: Supporting Pages			Federal FFY of Grant: 2006					
PHA Name: Muncie Housing Authority  IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-06 CFPP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
005	Repave Drives and Parking Areas	1450		84,846.00	84,846.00	84,846.00	84,846.00	FINAL
005	Repair Patios and Sidewalks	1450		0.00	0.00	0.00	0.00	FINAL
005	Landscaping	1450		8,400.00	8,400.00	8,400.00	8,400.00	FINAL
005	Playground	1450		2,540.00	2,540.00	2,540.00	2,540.00	FINAL
005	Refrigerators	1460		9,450.00	9,450.00	9,450.00	9,450.00	FINAL
005	Paint Exterior Patio Doors	1460		0.00	0.00	0.00	0.00	FINAL
005	Siding Repairs	1460		3,228.00	3,228.00	3,228.00	3,228.00	FINAL
005	Interior Painting	1460		6,950.00	6,950.00	6,950.00	6,950.00	FINAL
005	Windows	1460		16,033.57	16,033.57	16,033.57	16,033.57	FINAL
005	Interior Doors	1460		9,295.64	9,295.64	9,295.64	9,295.64	FINAL
005	Water Heaters	1465		3,500.00	6,434.41	6,434.41	6,434.41	FINAL
005	Contingency	1502		0.00	0.00	0.00	0.00	FINAL

<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>		<b>Grant Type and Number</b>			<b>Federal FFY of Grant: 2006</b>			
PHA Name: Muncie Housing Authority IN36P005		Capital Fund Program Grant No: IN36P005501-06 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA- Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
006	Tree Removal	1450		0.00	0.00	0.00	0.00	FINAL
006	Masonry/Stucco Cleaning	1450		0.00	0.00	0.00	0.00	FINAL
006	ADT Fire Security System	1460		74,474.00	74,474.00	74,474.00	74,474.00	FINAL
006	Repair Leaks	1460		3,000.00	3,000.00	3,000.00	3,000.00	FINAL
006	Exterior Windows Cleaned	1460		0.00	0.00	0.00	0.00	FINAL
006	Carpet Replacement (Unit)	1460		10,789.86	10,789.86	10,789.86	10,789.86	FINAL
006	Parapet Wall Repair	1460		129,065.69	129,065.69	129,065.69	129,065.69	FINAL
006	Trash Compactor	1465		17,400.00	17,400.00	17,400.00	17,400.00	FINAL
006	Boiler Compressor	1465		23,324.88	23,324.88	23,324.88	23,324.88	FINAL
006	Contingency	1502		0.00	0.00	0.00	0.00	FINAL

<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		Federal FFY of Grant: 2006						
PHA Name: Muncie Housing Authority		Grant Type and Number Capital Fund Program Grant No: IN36P005501-06 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
008	Repave Drives and Parking Area	1450		120,000.00	120,000.00	120,000.00	120,000.00	FINAL
008	Landscaping	1450		4,800.00	4,800.00	4,800.00	4,800.00	FINAL
008	Toddler Playground	1450		0.00	0.00	0.00	0.00	FINAL
008	Basketball Goals	1450		0.00	0.00	0.00	0.00	FINAL
008	Repair Pation and Sidewalks	1450		0.00	0.00	0.00	0.00	FINAL
008	Front Door Seals	1460		0.00	0.00	0.00	0.00	FINAL
008	Gutters and Downspouts	1460		0.00	0.00	0.00	0.00	FINAL
008	Siding and Soffit Repair	1460		0.00	0.00	0.00	0.00	FINAL
008	Refrigerators	1460		11,735.27	11,735.27	11,735.27	11,735.27	FINAL
008	Interior Painting	1460		7,600.00	7,600.00	7,600.00	7,600.00	FINAL
008	Interior Doors	1460		12,442.53	12,442.53	12,442.53	12,442.53	FINAL
008	Windows	1460		3,837.22	3,837.22	3,837.22	3,837.22	FINAL
008	Water Heaters	1465		11,658.48	11,658.48	11,658.48	11,658.48	FINAL
008	Toilets	1465		0.00	0.00	0.00	0.00	FINAL
008	Community Room Repairs	1470		0.00	0.00	0.00	0.00	FINAL
008	Exterior Office Lighting	1470		3,186.72	3,186.72	3,186.72	3,186.72	FINAL
008	Heat Pump	1470		4,460.90	4,460.90	4,460.90	4,460.90	FINAL
008	Contingency	1502		0.00	0.00	0.00	0.00	FINAL

<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 Status Report/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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

Part I: Summary		FFY of Grant: 2009 FFY of Grant Approval:	
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: Capital Fund Recovery Grant IN36S005501 09 Replacement Housing Factor Grant No: Date of CFPF:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: November 30, 2010		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost Revised <sup>2</sup>	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	0.00	0.00
3	1408 Management Improvements	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	87,248.00	32,377.35
5	1411 Audit	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00
7	1430 Fees and Costs	20,000.00	6,147.21
8	1440 Site Acquisition	0.00	0.00
9	1450 Site Improvement	230,000.00	211,074.00
10	1460 Dwelling Structures	385,240.00	249,024.77
11	1465.1 Dwelling Equipment—Nonexpendable	150,000.00	0.00
12	1470 Non-dwelling Structures	0.00	0.00
13	1475 Non-dwelling Equipment	0.00	0.00
14	1485 Demolition	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00

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

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

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

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2009	
<b>PHA Name:</b> Muncie Housing Authority IN36P005	<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36S005501 09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 )	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			
<input type="checkbox"/> Reserve for Disasters/Emergencies			
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b>
18a	1501 Collateralization or Debt Service paid by the PHIA	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	872,488.00	498,623.33
21	Amount of line 20 Related to LBP Activities	0.00	
22	Amount of line 20 Related to Section 504 Activities	0.00	
23	Amount of line 20 Related to Security - Soft Costs	0.00	
24	Amount of line 20 Related to Security - Hard Costs	0.00	
25	Amount of line 20 Related to Energy Conservation Measures	150,000.00	
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<b>Date</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		Federal FFY of Grant: 2009						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36S005501 09 CFPP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
ALL	Operations	1406		0.00		0.00	0.00	
ALL	Management Improvements	1408		0.00		0.00	0.00	
ALL	Administration	1410		87,248.00		32,377.35	32,377.35	
ALL	A&E Services/Fees & Costs	1430		20,000.00		6,147.21	6,147.21	
005	Concrete Repair & Replacement	1450		95,000.00		74,438.66	74,438.66	
005	Exterior Building Repairs	1460		15,000.00		10,000.00	10,000.00	
005	Exterior Doors & Hardware	1460		40,000.00		0.00	0.00	
005	Interior Wall Repairs	1460		50,000.00		50,000.00	50,000.00	
005	Interior Doors & Hardware	1460		87,620.00		85,052.83	85,052.83	
005	Energy Star Appliances	1465.1		75,000.00		0.00	0.00	
006	Concrete Repair & Replacement	1450		40,000.00		39,908.67	39,908.67	
008	Concrete Repair & Replacement	1450		95,000.00		96,727.67	92,727.67	
008	Exterior Building Repairs	1460		15,000.00		13,015.55	13,015.55	
008	Exterior Doors & Hardware	1460		40,000.00		0.00	0.00	
008	Interior Wall Repairs	1460		50,000.00		50,000.00	50,000.00	
008	Interior Doors & Hardware	1460		87,620.00		84,889.51	84,889.51	
008	Energy Star Appliances	1465.1		75,000.00		0.00	0.00	

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>				<b>Federal FFY of Grant:</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	3/18/2009		3/17/2012		

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

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IN36R005501-10 Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval:	
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IN36R005501-10 Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval:	
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:		<input type="checkbox"/>		<input type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Total Estimated Cost		Total Actual Cost <sup>1</sup>	
Line		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>	0.00	0.00		
3	1408 Management Improvements	0.00	0.00		
4	1410 Administration (may not exceed 10% of line 21)	0.00	0.00		
5	1411 Audit	0.00	0.00		
6	1415 Liquidated Damages	0.00	0.00		
7	1430 Fees and Costs	0.00	0.00		
8	1440 Site Acquisition	0.00	0.00		
9	1450 Site Improvement	0.00	0.00		
10	1460 Dwelling Structures	0.00	0.00		
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00		
12	1470 Non-dwelling Structures	0.00	0.00		
13	1475 Non-dwelling Equipment	0.00	0.00		
14	1485 Demolition	0.00	0.00		
15	1492 Moving to Work Demonstration	0.00	0.00		
16	1495.1 Relocation Costs	0.00	0.00		
17	1499 Development Activities <sup>4</sup>	200,306.00	200,306.00		

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

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: Muncie Housing Authority	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IN36R005501-10 Date of CFFP:	FFY of Grant Approval:	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
18a	1501 Collateralization of Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	0.00	
20	Amount of Annual Grant: (sum of lines 2 - 19)	200,306.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<b>Date</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 III: Implementation Schedule for Capital Fund Financing Program				Federal FFY of Grant: 2010	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Annual Statement / Performance and Evaluation Report  
**Capital Fund Program (CFP) Part I: Summary**

Department of Housing  
**Urban Development**  
 Office of Public and Indian Housing

OMB Approval N  
 (exp. 2010) 7-0157

HA Name: **Muncie Housing Authority**  
 Comprehensive Grant Number: **IN36R005501-09**  
 FFY of Grant Approval: **2009**

Original Annual Statement and Evaluation Report for Program Year Ending \_\_\_\_\_  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>
		Original	Revised <sup>1</sup>	
1	Total Non-CGP Funds			
2	1406 Operations (May not exceed 10% of line 20)	0.00	0.00	
3	1408 Management Improvements	0.00	0.00	
4	1410 Administration	0.00	0.00	
5	1411 Audit	0.00	0.00	
6	1415 Liquidated Damages	0.00	0.00	
7	1430 Fees and Costs	0.00	0.00	
8	1440 Site Acquisition	0.00	0.00	
9	1450 Site Improvement	0.00	0.00	
10	1460 Dwelling Structures	0.00	0.00	
11	1465.1 Dwelling Equipment--Non-expendable	0.00	0.00	
12	1470 Non-dwelling Structures	0.00	0.00	
13	1475 Non-dwelling Equipment	0.00	0.00	
14	1485 Demolition	0.00	0.00	
15	1490 Replacement Reserve	0.00	0.00	
16	1492 Moving to Work Demonstration	0.00	0.00	
17	1495.1 Relocation Costs	0.00	0.00	
18	1499 Mod Used for Development	200,664.00	200,664.00	
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>200,664.00</b>	<b>200,664.00</b>	
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

Annual Statement / Performance and Evaluation Report  
**Capital Funds Program (CFP) Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
ALL	Development Activities to be used for the construction of 1 and 2 bedroom Dwelling Units to replace Parkview Apartments - Tax Credit Project "Millennium Place West"	1499		200,664.00	200,664.00			0.00%
								0.00%
								0.00%
								0.00%
								0.00%
								0.00%
								0.00%
								0.00%
								0.00%
								0.00%
								0.00%
								0.00%

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

Annual Statement / Performance and Evaluation Report  
 Capital Fund Program (CFP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Original	Revised <sup>1</sup>	
ALL	9/15/2009		10/29/2016		
Signature of Executive Director					Date
Signature of Public Housing Director					Date

<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 (CFP) Part I: Summary**

Department of Housing  
 Urban Development  
 Office of Public and Indian Housing

OMB Approval N  
 (exp. 7-0157  
 ,2010)

HA Name: **Muncie Housing Authority** Comprehensive Grant Number: **IN36R005501-08** FFY of Grant Approval: **2008**

Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>
		Original	Revised <sup>1</sup>	
1	Total Non-CGP Funds			
2	1406 Operations (May not exceed 10% of line 20)	0.00	0.00	
3	1408 Management Improvements	0.00	0.00	
4	1410 Administration	0.00	0.00	
5	1411 Audit	0.00	0.00	
6	1415 Liquidated Damages	0.00	0.00	
7	1430 Fees and Costs	0.00	0.00	
8	1440 Site Acquisition	0.00	0.00	
9	1450 Site Improvement	0.00	0.00	
10	1460 Dwelling Structures	0.00	0.00	
11	1465.1 Dwelling Equipment—Non-expendable	0.00	0.00	
12	1470 Non-dwelling Structures	0.00	0.00	
13	1475 Non-dwelling Equipment	0.00	0.00	
14	1485 Demolition	0.00	0.00	
15	1490 Replacement Reserve	0.00	0.00	
16	1492 Moving to Work Demonstration	0.00	0.00	
17	1495.1 Relocation Costs	0.00	0.00	
18	1499 Mod Used for Development	115,505.00	115,505.00	
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>115,505.00</b>	<b>115,505.00</b>	
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

Signature of Executive Director: \_\_\_\_\_ Date: **06/05/2008**  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

Annual Statement of Performance and Evaluation Report  
 Capital Funds Program (CFP) Part II: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
ALL	Development Activities To be used for the construction of 1 and 2 bedroom Dwelling Units to replace Parkview Apartments - Tax Credit Project "Millennium Place West"	1499		115,505.00	115,505.00				0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%
									0.00%

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_ Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

Annual Statement / Performance and Evaluation Report  
**Capital Fund Program (CFP) Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Original	Revised <sup>1</sup> / Actual <sup>2</sup>	
ALL	6/13/2008		7/29/2016		

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<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 of Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2010	
PHA Name: Muncie Housing Authority IN36P005		Capital Fund Program Grant No: IN36P005501-10 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant		Total Estimated Cost		Total Actual Cost <sup>1</sup>	
Line	Summary by Development Account	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>	58,076.00	50,000.00	2,790.30	2,790.30
3	1408 Management Improvements	60,000.00	60,000.00	26,719.45	26,719.45
4	1410 Administration (may not exceed 10% of line 21)	58,076.00	58,077.00	11,640.63	11,640.63
5	1411 Audit	5,000.00	3,000.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	30,000.00	30,000.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	15,690.00	50,000.00	24,843.00	24,843.00
10	1460 Dwelling Structures	230,000.00	247,689.00	8,142.68	8,142.68
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00	22,000.00	2,054.14	2,054.14
12	1470 Non-dwelling Structures	30,000.00	45,000.00	8,148.08	8,148.08
13	1475 Non-dwelling Equipment	15,000.00	15,000.00	0.00	0.00
14	1485 Demolition	53,924.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00		0.00	0.00
16	1495.1 Relocation Costs	0.00		0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00		0.00	0.00

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

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

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

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: Muncie Housing Authority IN36FP005	Grant Type and Number Capital Fund Program Grant No: IN36FP005501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant		Reserve for Disasters/Emergencies	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup> Obligated
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	15,000.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	580,766.00	84,338.28
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>		<b>Signature of Public Housing Director</b>	
<b>Date</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		Federal FFY of Grant: 2010						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
ALL	Operations	1406		58,076.00	50,000.00	2,790.30	2,790.30	
ALL	PHM/FSS/RJ/Mod	1408		10,000.00	15,000.00	2,095.50	2,095.50	
ALL	Rent Coll. Pro. Trng	1408		20,000.00	5,000.00	0.00	0.00	
ALL	Software Upgrades	1408		10,000.00	5,000.00	120.00	120.00	
ALL	<input type="checkbox"/> FORMTEXT Vac. Red Trng/Temp	1408		20,000.00	35,000.00	24,503.95	24,503.95	
ALL	Administration	1410		58,076.00	58,077.00	11,640.63	11,640.63	
ALL	Audit Costs	1411		5,000.00	3,000.00	0.00	0.00	
ALL	A&E Professional	1430		15,000.00	20,000.00	0.00	0.00	
ALL	Planning	1430		15,000.00	10,000.00	0.00	0.00	
ALL	Site Acquisition	1440		0.00	0.00	0.00	0.00	
ALL	Site Improvements	1450		15,690.00	40,000.00	24,843.00	24,843.00	
ALL	Administrative Office Repairs	1470		0.00	10,000.00	8,038.08	8,038.08	
ALL	Computer Upgrades	1475		0.00	5,000.00	0.00	0.00	
ALL	Maintenance Equipment	1475		10,000.00	5,000.00	0.00	0.00	
ALL	Office Equipment	1475		5,000.00	5,000.00	0.00	0.00	
Price Hall	Contingency	1502		10,000.00	0.00			
Price Hall	Interior Improvemtns	1470		0.00	1,000.00	110.00	110.00	
Price Hall	Roof	1470		0.00	34,000.00	0.00	0.00	

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

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

Part II: Supporting Pages		Federal FFY of Grant: 2010						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-10 CFFP (Ycs/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
004	Repairs	1460		0.00	2,000.00	0.00	0.00	
004	Demolition	1485		53,924.00	0.00	0.00	0.00	
004	Relocation	1495		0.00	0.00	0.00	0.00	

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

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

Part II: Supporting Pages			Federal FFY of Grant: 2010						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Total Estimated Cost		Total Actual Cost		Status of Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
005	Parking Lot Repairs	1450		0.00	5,000.00	0.00	0.00		
005	Exterior Door Repair and Replacement	1460		0.00	30,000.00	0.00	0.00		
005	Unit Interior Repair	1460		0.00	20,000.00	4,075.00	4,075.00		
005	Window Treatment	1460		0.00	1,344.50	0.00	0.00		
005	Siding Repair and Replacement	1460		0.00	15,000.00	0.00	0.00		
005	Medicine Cabinet Replacement	1460		0.00	5,000.00	0.00	0.00		
005	Roof Shingles	1460		0.00	5,000.00	0.00	0.00		
005	Bathroom Vanity Installation	1460		0.00	5,000.00	0.00	0.00		
005	Kitchen Remodel	1460		0.00	10,000.00	0.00	0.00		
005	Window Repair and Replacement	1460		0.00	0.00	0.00	0.00		
005	Water Heaters	1465		3,500.00	5,000.00	352.03	352.03		

<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		Federal FFY of Grant: 2010						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-10 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
006	Unit Interior Repair	1460		0.00	15,000.00	0.00	0.00	
006	Flooring Repair and Replacement	1460		15,000.00	20,000.00	0.00	0.00	
006	Lobby Renovations	1460		75,000.00	20,000.00	0.00	0.00	
006	Intercom Upgrade	1465		0.00	7,000.00	0.00	0.00	
006	HVAC	1465		3,000.00	5,000.00	1,349.62	1,349.62	

<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		Federal FFY of Grant: 2010						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
008	Parking Lot Repairs	1450		0.00	5,000.00	0.00	0.00	
008	Unit Interior Repair	1460		0.00	30,000.00	4,067.68	4,067.68	
008	Exterior Door Repair and Replacement	1460		0.00	20,000.00	0.00	0.00	
008	Siding Repair and Replacement	1460		0.00	15,000.00	0.00	0.00	
008	Medicine Cabinet Replacement	1460		0.00	5,000.00	0.00	0.00	
008	Roof Shingles	1460		0.00	5,000.00	0.00	0.00	
008	Bathroom Vanity Installation	1460		0.00	5,000.00	0.00	0.00	
008	Kitchen Remodel	1460		0.00	10,000.00	0.00	0.00	
008	Window Treatment	1460		0.00	1,344.50	0.00	0.00	
008	Window Repair and Replacement	1460		0.00	0.00	0.00	0.00	
008	Water Heaters	1465		5,000.00	5,000.00	352.49	352.49	

<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 I: Summary		Grant Type and Number Capital Fund Program Grant No: IN36P005501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant		Revised Annual Statement (revision no:2 ) Final Performance and Evaluation Report	
Original Annual Statement		Revised	
Performance and Evaluation Report for Period Ending:		Total Estimated Cost	
Line	Summary by Development Account	Original	Obligated
			Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	45,000.00	49,461.40
3	1408 Management Improvements	40,000.00	41,127.66
4	1410 Administration (may not exceed 10% of line 21)	58,195.00	57,085.16
5	1411 Audit	5,000.00	0.00
6	1415 Liquidated Damages	0.00	0.00
7	1430 Fees and Costs	25,000.00	37,717.50
8	1440 Site Acquisition	0.00	0.00
9	1450 Site Improvement	96,805.00	107,505.00
10	1460 Dwelling Structures	178,948.00	227,948.17
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00	21,655.88
12	1470 Non-dwelling Structures	45,000.00	25,038.00
13	1475 Non-dwelling Equipment	20,000.00	10,665.90
14	1485 Demolition	48,000.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00

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



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

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

<b>Part I: Summary</b>		FFY of Grant: 2009	
PHA Name: Muncie Housing Authority IN36P005	Grant Type and Number Capital Fund Program Grant No: IN36P005501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>	<b>Total Actual Cost<sup>1</sup></b>
		<b>Original</b>	<b>Obligated</b>
18a	1501 Collateralization of Debt Service paid by the PHA	0.00	0.00
18ba	9000 Collateralization of Debt Service paid Via System of Direct Payment	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	10,000.00	0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	581,948.00	578,204.67
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>		<b>Signature of Public Housing Director</b>	
<b>Date</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		Federal FFY of Grant: 2009						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
ALL	Operations	1406		10,000.00	23,119.34	23,119.34	23,119.34	Final
ALL	MHA Vehicle	1406		35,000.00	26,342.06	26,342.06	26,342.06	Final
ALL	PHM/FSS/RI/Mod	1408		10,000.00	8,846.49	8,846.49	8,846.49	Final
ALL	Rent Coll. Pro. Trng.	1408		10,000.00	0.00	0.00	0.00	Final
ALL	Software Upgrades	1408		10,000.00	9,415.83	9,415.83	9,415.83	Final
ALL	Vac. Red. Trng/Temp	1408		10,000.00	22,862.34	22,862.34	22,862.34	Final
ALL	Administration	1410		58,195.00	57,085.16	57,085.16	57,085.16	Final
ALL	Audit Costs	1411		5,000.00	0.00	0.00	0.00	Final
ALL	A & E Professional	1430		15,000.00	37,717.50	37,717.50	37,717.50	Final
ALL	Planning	1430		10,000.00	0.00	0.00	0.00	Final
ALL	Site Improvement	1450		5,000.00	85,541.20	85,541.20	85,541.20	Final
ALL	Non-Dwelling Paint	1470		25,000.00	7,200.00	7,200.00	7,200.00	Final
ALL	Non-Dwelling Price Hall HVAC	1470		20,000.00	17,838.00	17,838.00	17,838.00	Final
ALL	Maintenance Equipment	1475		15,000.00	4,856.50	4,856.50	4,856.50	Final
ALL	Office Equipment	1475		5,000.00	5,809.40	5,809.40	5,809.40	Final
Price Hall	Contingency	1502		3,000.00	0.00	0.00	0.00	Final
004	Interior Repair	1460		0.00	5,861.93	5,861.93	5,861.93	Final
004	Demolition	1485		48,000.00	0.00	0.00	0.00	Final
004	Relocation	1495		0.00	0.00	0.00	0.00	Final

<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:** Muncie Housing Authority  
 IN36P005

**Grant Type and Number:**  
 Capital Fund Program Grant No: IN36P005501-09  
 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>	
Earth Stone								
005	Site Improvement	1450		65,000.00	12,394.48	11,049.80	11,049.80	89.2%
005	Interior Door Replacement	1460		10,000.00	0.00	0.00	0.00	Final
005	Interior Paint	1460		5,000.00	0.00	0.00	0.00	Final
005	Interior Repair	1460		5,000.00	20,297.20	20,297.20	20,297.20	Final
005	Patio Door Replacement	1460		2,500.00	50,760.21	50,760.21	50,760.21	Final
005	Water Heaters	1465		5,000.00	5,000.00	0.00	0.00	Final
005	Contingency	1502		1,500.00	0.00	0.00	0.00	Final

<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		Federal FFY of Grant: 2009						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Gillespie Towers								
006	Site Improvement	1450		0.00	8,164.00	5,464.00	5,464.00	66.9%
006	Carpet Replacement	1460		20,768.00	0.00	0.00	0.00	Final
006	Interior Paint	1460		5,000.00	0.00	0.00	0.00	Final
006	Interior Doors	1460		7,500.00	29,497.63	29,497.63	29,497.63	Final
006	Renovate Lobby & Common Area	1460		105,000.00	0.00	0.00	0.00	Final
006	Interior Repairs	1460		0.00	44,214.75	44,214.75	44,214.75	Final
006	Water Heaters	1465		0.00	10,000.00	10,000.00	10,000.00	Final
006	Non-Dwelling Equipment	1475		0.00	0.00	0.00	0.00	Final
006	Contingency	1502		5,500.00	0.00	0.00	0.00	Final

<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: Muncie Housing Authority IN36P005				Grant Type and Number Capital Fund Program Grant No: IN36P005501-09 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>					
Southern Pines												
008	Site Improvement	1450		26,805.00	5,148.65	2,825.00	2,825.00	2,825.00	54.9%			
008	Interior Door Replacement	1460		10,000.00	0.00	0.00	0.00	0.00	Final			
008	Interior Paint	1460		4,180.00	0.00	0.00	0.00	0.00	Final			
008	Interior Repairs	1460		5,000.00	26,556.24	26,556.24	26,556.24	26,556.24	Final			
008	Patio Door Replacement	1460		2,500.00	50,760.21	50,760.21	50,760.21	50,760.21	Final			
008	Water Heaters	1465		5,000.00	6,655.88	6,655.88	6,655.88	6,655.88	Final			
008	Contingency	1502		1,500.00	0.00	0.00	0.00	0.00	Final			

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

Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name: Muncie Housing Authority IN36P005						
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
ALL	9/14/2011		9/14/2013			
Price Hall	9/14/2011		9/14/2013			
004	9/14/2011		9/14/2013			
005	9/14/2011		9/14/2013			
006	9/14/2011		9/14/2013			
008	9/14/2011		9/14/2013			

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

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: <b>Muncie Housing Authority</b> IN36P005	Grant Type and Number Capital Fund Program Grant No: IN36P005501-08 Date of CFFP: _____	Replacement Housing Factor Grant No: _____	FFY of Grant: 2008 FFY of Grant Approval: 2008
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Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:3 )		Final Performance and Evaluation Report	
Original Annual Statement		Final Performance and Evaluation Report		Revised Annual Statement (revision no:3 )		Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Obligated	Expended
1	Total non-CFF Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	57,377.00	57,372.10	57,372.10	57,372.10	57,372.10	57,372.10
3	1408 Management Improvements	50,000.00	49,885.47	49,885.47	49,885.47	49,885.47	49,885.47
4	1410 Administration (may not exceed 10% of line 21)	20,000.00	19,794.10	19,794.10	19,794.10	19,794.10	19,794.10
5	1411 Audit	5,000.00	0.00	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	25,000.00	25,157.04	25,157.04	25,137.95	25,137.95	25,137.95
8	1440 Site Acquisition	0.00	0.00	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	273,740.00	320,248.11	320,248.11	320,248.11	320,248.11	320,248.11
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	5,000.00	4,934.84	4,934.84	4,934.84	4,934.84	4,934.84
13	1475 Non-dwelling Equipment	29,000.00	28,725.34	28,725.34	28,725.34	28,725.34	28,725.34
14	1485 Demolition	22,260.00	22,260.00	22,260.00	22,260.00	22,260.00	22,260.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	1,000.00	0.00	0.00	0.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>	40,000.00	0.00	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	45,395.00	45,395.00	45,395.00	45,395.00	45,395.00	45,395.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	573,772.00	573,772.00	573,772.00	573,752.91	573,752.91	573,752.91
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security – Soft Costs						
24	Amount of line 20 Related to Security – Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						

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

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

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

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

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

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

<b>Part I: Summary</b>	
<b>PHA Name:</b> Muncie Housing Authority IN36P005	<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P005501-08 Date of CFFP: _____ Replacement Housing Factor Grant No: _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ Summary by Development Account	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:3 ) <input type="checkbox"/> Final Performance and Evaluation Report
<b>Line</b>	Total Estimated Cost
Signature of Executive Director	Signature of Public Housing Director
Date	Date
Total Actual Cost <sup>1</sup>	Total Actual Cost <sup>1</sup>
Obligated	Expended



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

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

Part II: Supporting Pages									
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-08			CFPP (Yes/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>		
ALL	Operations	1406		57,377.00	57,372.10	57,372.10	57,372.10	Final	
ALL	PHM/FSS/Ri/Mod	1408		15,000.00	0.00	0.00	0.00	Final	
ALL	Rent. Coll. Pro. Trng.	1408		15,000.00	2,626.30	2,626.30	2,626.30	Final	
ALL	Software Upgrades	1408		10,000.00	2,398.00	2,398.00	2,398.00	Final	
ALL	Vac Red Trng/Temp	1408		10,000.00	44,861.17	44,861.17	44,861.17	Final	
ALL	Administration	1410		12,000.00	12,557.76	12,557.76	12,557.76	Final	
ALL	Administration Benefits	1410		8,000.00	7,236.34	7,236.34	7,236.34	Final	
ALL	Audit Costs	1411		5,000.00	0.00	0.00	0.00	Final	
ALL	A & E Professional	1430		15,000.00	20,273.03	20,253.94	20,253.94	99.9%	
ALL	Planning	1430		10,000.00	4,884.01	4,884.01	4,884.01	Final	
ALL	Computer Upgrades	1475		3,000.00	25,811.50	25,811.50	25,811.50	Final	
ALL	Maintenance Equipment (Truck)	1475		24,000.00	285.34	285.34	285.34	Final	
ALL	Office Equipment	1475		2,000.00	2,628.50	2,628.50	2,628.50	Final	
ALL	Demolition	1485		22,260.00	22,260.00	22,260.00	22,260.00	Final	
ALL	Contingency	1502		0.00	18,019.48	18,019.48	18,019.48	Final	

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

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

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

U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages				Federal FFY of Grant:				
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-08 Replacement Housing Factor Grant No:		CFFP (Yes/ No):		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>	
Price Hall	Roof	1470		5,000.00	4,934.84	4,934.84	4,934.84	Final
Price Hall	Contingency	1502		3,000.00	17,108.75	17,108.75	17,108.75	Final

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

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

U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages					Federal FFY of Grant: 2008				
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-08 Replacement Housing Factor Grant No:			CFPP (Yes/No):				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
Parkview									
004	Interior Repairs	1460		0.00	3,497.96	3,497.96	3,497.96	Final	
004	Demolition	1485		0.00	0.00	0.00	0.00	Final	
004	Relocation	1495		1,000.00	0.00	0.00	0.00	Final	
004	Development Activities	1499		40,000.00	0.00	0.00	0.00	Final	
004	Contingency	1502		10,000.00	0.00	0.00	0.00	Final	

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

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

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

PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Development Account No.	Quantity	Total Estimated Cost	Federal FFY of Grant: 2008		Status of Work
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>	
Earthstone Terrace								
005	Interior Doors	1460		1,000.00	0.00	0.00	0.00	Final
005	Closet Doors	1460		20,000.00	0.00	0.00	0.00	Final
005	Exterior Improvements	1460		40,000.00	144,437.48	144,437.48	144,437.48	Final
005	Interior Repair	1460		5,000.00	6,736.67	6,736.67	6,736.67	Final
005	Front Exterior Doors	1460		25,000.00	1,694.15	1,694.15	1,694.15	Final
005	Contingency	1502		10,000.00	10,068.77	10,068.77	10,068.77	Final

<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: Muncie Housing Authority IN36P005	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Development Account No.	Quantity	FFFP (Yes/No):	Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories			Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Gillespie Towers								
006	Interior Paint	1460		4,000.00	580.00	580.00	580.00	Final
006	Intercom System	1460		75,000.00	2,146.22	2,146.22	2,146.22	Final
006	Replace Swaglight	1460		15,000.00	0.00	0.00	0.00	Final
006	Carpet Replacement	1460		10,000.00	527.67	527.67	527.67	Final
006	Interior Repair	1460		0.00	9,162.25	9,162.25	9,162.25	Final
006	Contingency	1502		12,395.00	198.00	198.00	198.00	Final

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

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

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

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

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>	
Southern Pines								
008	Exterior Improvements	1460		35,000.00	103,465.09	103,465.09	103,465.09	Final
008	Interior Paint	1460		5,000.00	0.00	0.00	0.00	Final
008	Closet Doors	1460		20,000.00	0.00	0.00	0.00	Final
008	Front Exterior Doors	1460		25,000.00	0.00	0.00	0.00	Final
008	Interior Doors	1460		1,000.00	43,932.93	43,932.93	43,932.93	Final
008	Interior Repair	1460		0.00	4,067.80	4,067.80	4,067.80	Final
008	Contingency	1502		10,000.00	0.00	0.00	0.00	Final

<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  
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Muncie Housing Authority IN36P005	Federal FFY of Grant: 2008				Reasons for Revised Target Dates <sup>1</sup>
	Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
ALL	6/12/2010		6/12/2012		
Price Hall	6/12/2010		6/12/2012		
004	6/12/2010		6/12/2012		
005	6/12/2010		6/12/2012		
006	6/12/2010		6/12/2012		
008	6/12/2010		6/12/2012		

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

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: IN36P005501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval:	
PHA Name: Muncie Housing Authority IN36P005		Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Summary by Development Account		Reserve for Disasters/Emergencies Date of CFFP:		Total Estimated Cost	
Line		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	58,680.00	58,568.82	58,568.82	58,568.82
3	1408 Management Improvements	50,000.00	49,945.71	49,945.71	49,945.71
4	1410 Administration (may not exceed 10% of line 21)	20,000.00	19,813.91	19,813.91	19,813.91
5	1411 Audit	5,000.00	2,934.62	2,934.62	2,934.62
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	25,000.00	24,966.75	24,966.75	24,966.75
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	5,000.00	5,000.00	5,000.00	5,000.00
10	1460 Dwelling Structures	301,444.84	305,124.35	305,124.35	305,124.35
11	1465.1 Dwelling Equipment—Nonexpendable	10,000.00	9,914.81	9,914.81	9,914.81
12	1470 Non-dwelling Structures	22,555.16	22,555.16	22,555.16	22,555.16
13	1475 Non-dwelling Equipment	25,000.00	24,895.36	24,895.36	24,895.36
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	1,000.00	0.00	0.00	0.00
17	1499 Development Activities <sup>4</sup>	0.00	0.00	0.00	0.00

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



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

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: 2007	
PHA Name: Muncie Housing Authority IN36P005	Grant Type and Number Capital Fund Program Grant No: IN36P005501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: 3 )	
Summary by Development Account		Final Performance and Evaluation Report	
Line		Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	45,000.00	44,960.51
20	Amount of Annual Grant:: (sum of lines 2 - 19)	568,680.00	568,680.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<b>Date</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.

Annual State Performance and Evaluation Report  
 Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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

Part II: Supporting Pages		Federal FFY of Grant: 2007						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-07 CFEP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
ALL	Operations	1406		58,560.00	58,568.82	58,568.82	58,568.82	Final
ALL	PHM/FSS/RJ/MOD	1408		15,000.00	14,148.74	14,148.74	14,148.74	Final
ALL	Rent Coll. Pro. Trng.	1408		15,000.00	7,497.35	7,497.35	7,497.35	Final
ALL	Software Upgrades	1408		10,000.00	7,287.81	7,287.81	7,287.81	Final
ALL	Vac Red Trng/Temp	1408		10,000.00	21,011.81	21,011.81	21,011.81	Final
ALL	Administration	1410		20,000.00	19,813.91	19,813.91	19,813.91	Final
ALL	Audit Costs	1411		5,000.00	2,934.62	2,934.62	2,934.62	Final
ALL	A & E Professional	1430		15,000.00	20,270.19	20,270.19	20,270.19	Final
ALL	Planning	1430		10,000.00	4,696.56	4,696.56	4,696.56	Final
ALL	Site Acquisition	1440		0.00	0.00	0.00	0.00	Final
ALL	Exterior/Interior Repairs	1470		17,555.16	22,555.16	22,555.16	22,555.16	Final
ALL	Maintenance Equipment	1475		10,000.00	11,524.16	11,524.16	11,524.16	Final
ALL	Office Equipment	1475		5,000.00	1,235.00	1,235.00	1,235.00	Final
ALL	Computer Upgrades	1475		10,000.00	12,136.20	12,136.20	12,136.20	Final
ALL	Contingency	1502		0.00	4,450.00	4,450.00	4,450.00	Final

<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		Federal FFY of Grant: 2007						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-07 CFFP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Price Hall	Roof	1470		5,000.00	0.00	0.00	0.00	Final
Price Hall	Contingency	1502		3,000.00	652.84	652.84	652.84	Final

<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>		<b>Federal FFY of Grant: 2007</b>						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Parkview								
004	Office Parking Lot Repair	1450		5,000.00	0.00	0.00	0.00	Final
004	Interior/Exterior Door Repairs	1460		0.00	15,769.67	15,769.67	15,769.67	Final
004	Interior Repairs	1460		0.00	27,164.46	27,164.46	27,164.46	Final
004	Water Heaters	1465		0.00	2,347.39	2,347.39	2,347.39	Final
004	Relocation	1495		1,000.00	0.00	0.00	0.00	Final
004	Contingency	1502		12,000.00	8,498.17	8,498.17	8,498.17	Final

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

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

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

Part II: Supporting Pages							Federal FFY of Grant: 2007			
PHA Name: Muncie Housing Authority IN36P005				Grant Type and Number Capital Fund Program Grant No: IN36P005501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>			
Earthstone										
005	Site Improvement	1450		0.00	1576.88	1,576.88	1,576.88	Final		
005	Patio Door Replacement	1460		54,514.00	49,298.02	49,298.02	49,298.02	Final		
005	Roof Shingles	1460		10,000.00	9,360.00	9,360.00	9,360.00	Final		
005	Exterior/Interior Unit Repairs	1460		44,076.50	47,208.77	47,208.77	47,208.77	Final		
005	Water Heaters	1465		5,000.00	2,338.32	2,338.32	2,338.32	Final		
005	Contingency	1502		10,000.00	14,805.54	14,805.54	14,805.54	Final		

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

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



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

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

Part II: Supporting Pages		Federal FFY of Grant: 2007						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-07 CFPP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Southern Pines								
008	Patio Doors	1460		51,333.00	16,958.29	16,958.29	16,958.29	Final
008	Exterior Window Sills	1460		20,000.00	4,705.62	4,705.62	4,705.62	Final
008	Interior/Exterior Unit Repairs	1460		0.00	44,071.12	44,071.12	44,071.12	Final
008	Roof Shingles	1460		10,000.00	9,360.00	9,360.00	9,360.00	Final
008	Medicine Cabinet Replacement	1460		44,076.50	0.00	0.00	0.00	Final
008	Water Heater	1465		5,000.00	3,351.40	3,351.40	3,351.40	Final
008	Contingency	1502		10,000.00	10,159.00	10,159.00	10,159.00	Final

<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		FFY of Grant: 2011	
PHA Name: Muncie Housing Authority IN36P005		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: IN36P005-501-11 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: ) <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )			
Summary by Development Account		Total Estimated Cost	Total Actual Cost <sup>1</sup>
Line		Revised <sup>2</sup>	Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	50,000.00	
3	1408 Management Improvements	50,000.00	
4	1410 Administration (may not exceed 10% of line 21)	58,076.00	
5	1411 Audit	3,000.00	
6	1415 Liquidated Damages	0.00	
7	1430 Fees and Costs	35,000.00	
8	1440 Site Acquisition	0.00	
9	1450 Site Improvement	34,000.00	
10	1460 Dwelling Structures	294,690.00	
11	1465.1 Dwelling Equipment—Nonexpendable	20,000.00	
12	1470 Non-dwelling Structures	20,000.00	
13	1475 Non-dwelling Equipment	16,000.00	
14	1485 Demolition	0.00	
15	1492 Moving to Work Demonstration	0.00	
16	1495.1 Relocation Costs	0.00	
17	1499 Development Activities <sup>4</sup>	0.00	

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



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

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

Part I: Summary		FFY of Grant: 2011 FFY of Grant Approval:	
PHA Name:	Grant Type and Number		
Muncie Housing Authority IN36P005	Capital Fund Program Grant No: IN36P005-501-11 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant		<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Summary by Development Account <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 of Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)	0.00	
20	Amount of Annual Grant: (sum of lines 2 - 19)	580,766.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<b>Date</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.

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

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

Part II: Supporting Pages		Federal FFY of Grant: 2011						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No IN36P005-501-11 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
ALL	Operations	1406		50,000.00				
ALL	PHM/FSS/RIMOD	1408		10,000.00				
ALL	Rent Coll. Pro. Trng.	1408		10,000.00				
ALL	Software Upgrades	1408		10,000.00				
ALL	Vac. Red. Trng/Temp	1408		20,000.00				
ALL	Administration	1410		58,076.00				
ALL	Audit Costs	1411		3,000.00				
ALL	A&E Professional	1430		25,000.00				
ALL	Planning	1430		10,000.00				
ALL	Site Acquisition	1440		0.00				
ALL	Site Improvements	1450		10,000.00				
ALL	Office Repairs	1470		10,000.00				
ALL	Computer Upgrades	1475		5,000.00				
ALL	Maintenance Equipment	1475		5,000.00				
ALL	Office Equipment	1475		6,000.00				
Price Hall	Site Modifications and Improvements	1470		10,000.00				

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

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

<b>Part II: Supporting Pages</b>											
PHA Name: <b>Muncie Housing Authority</b> <b>IN36P005</b>					Federal FFY of Grant: 2011						
Grant Type and Number IN36P005-501-11 Capital Fund Program Grant No:					Quantity	Development Account No.	Total Estimated Cost		Total Actual Cost		Status of Work
CFFP (Yes/ No): Replacement Housing Factor Grant No:							Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories										
004	Parkview						0.00				

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

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

Part II: Supporting Pages											
PHA Name:						Federal FFY of Grant: 2011					
Muncie Housing Authority IN36P005						Grant Type and Number Capital Fund Program Grant No: IN36P005501-11 CFPP (Yes/No): Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work			
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>				
005	Earthstone Terrace Site Improvements	1450		8,000.00							
005	Unit interior Repair	1460		18,000.00							
005	Exterior Building Repairs	1460		10,000.00							
005	Roof Repair and Replacement	1460		25,000.00							
005	Kitchen Remodel and Repairs	1460		15,000.00							
005	Bathroom Remodel and Repairs	1460		15,000.00							
005	Flooring Repair and Replacement	1460		15,000.00							
005	Concrete Repair and Replacement	1460		10,000.00							
005	Water Heaters	1465		5,000.00							

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

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

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> <b>Muncie Housing Authority</b> <b>IN36P005</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: IN36P005501-11 CFPP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</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>	
006	Site Improvements	1450		8,000.00				
006	Unit Interior Repair	1460		25,000.00				
006	Bathroom Modifications	1460		25,000.00				
006	New VCT Flooring	1460		28,672.00				
006	HVAC	1465		10,000.00				

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

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

Part II: Supporting Pages		Federal FFY of Grant: 2011						
PHA Name: Muncie Housing Authority IN36P005		Grant Type and Number Capital Fund Program Grant No: IN36P005501-11 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
008	Site Improvements	1450		8,000.00				
008	Unit Interior Repair	1460		18,018.00				
008	Exterior Building Repairs	1460		10,000.00				
008	Roof Repair and Replacement	1460		25,000.00				
008	Kitchen Remodel and Repairs	1460		15,000.00				
008	Bathroom Remodel and Repairs	1460		15,000.00				
008	Flooring Repair and Replacement	1460		15,000.00				
008	Concrete Repair and Replacement	1460		10,000.00				
008	Water Heaters	1465		5,000.00				

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: <b>Muncie Housing Authority IN36P005</b>					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2011 Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
ALL	7/13		7/15		
004	7/13		7/15		
005	7/13		7/15		
006	7/13		7/15		
008	7/13		7/15		

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

**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan**

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

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, Sharon McShurley the Mayor, City of Muncie certify that the Five Year and  
Annual PHA Plan of the City of Muncie Housing Authority is consistent with the Consolidated Plan of  
City of Muncie prepared pursuant to 24 CFR Part 91.

  
Signed / Dated by Appropriate State or Local Official



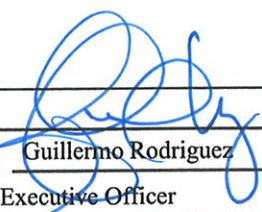
**DISCLOSURE OF LOBBYING ACTIVITIES**

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report</b> Change <b>Change Only:</b> _____ quarter _____ of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c _____	<b>5. If Rep and P</b> 4 is a Subawardee, Enter Name _____  Congressional District, if known: _____	
<b>6. Federal Department/Agency:</b> _____		<b>Program Name/Description:</b> _____  A Number, if applicable: _____
<b>8. Federal Action Number, if known:</b> _____	<b>Award Amount, if known:</b> _____ \$ _____	
<b>10. a. Name and Address of Lobbyist</b> (if individual, last name, first name) _____	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI): _____	
<b>11.</b> Information requested through 31 U.S.C. section 1352. This disclosure is required upon which reliance was placed or entered into. This information will be required disclosure not more than _____	Signature:  Print Name: <u>Guillermo Rodriguez</u> Title: <u>Chief Executive Officer</u> Telephone No.: <u>(765) 288-9242 Ext. 16</u> Date: <u>01/13/2011</u>	
Federal? _____	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

The Housing Authority of the City of Muncie is not involved in any Lobbying Activities

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

Muncie Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

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

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

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

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

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

Name of Authorized Official

Guillermo Rodriguez

Title

Chief Executive Officer

Signature

Date (mm/dd/yyyy)

01/13/2011

Previous edition is obsolete

form HUD 50071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

# Civil Rights Certification

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

## Civil Rights Certification

### Annual Certification and Board Resolution

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

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

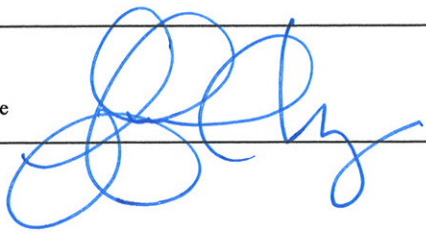
Muncie Housing Authority

IN36P005

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

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

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

Name of Authorized Official	Guillermo Rodriguez	Title	Chief Executive Officer
Signature		Date	01/13/2011

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

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

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

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

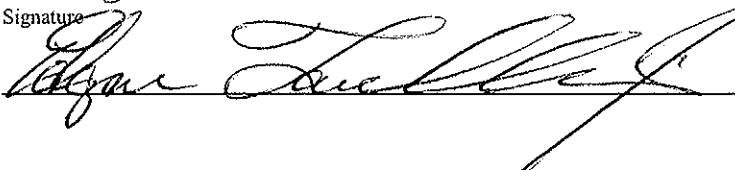
Muncie Housing Authority  
PHA Name

IN36P005  
PHA Number/HA Code

       5-Year PHA Plan for Fiscal Years 20       - 20      

  x   Annual PHA Plan for Fiscal Years 2011 - 2012

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

Name of Authorized Official <u>Edgar Faulkner</u>	Title <u>Chairman</u>
Signature 	Date <u>01/13/2011</u>

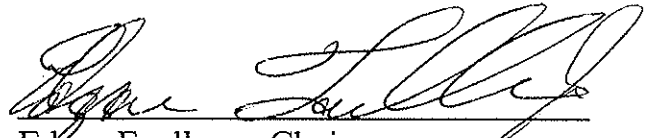
**RESOLUTION NO. 1004**

**A RESOLUTION TO ADOPT THE 2011 ANNUAL PLAN  
FOR THE HOUSING AUTHORITY OF THE CITY OF MUNCIE**

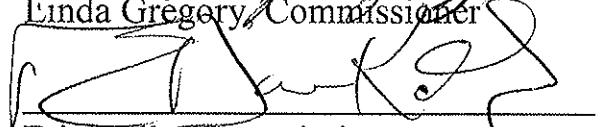
**WHEREAS** the Board of Commissioners of the Housing Authority of the City of Muncie has reviewed the 2011 Annual Plan; and

**WHEREAS** 2011 Annual Plan needs to be approved and submitted to HUD

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the Housing Authority of the City of Muncie that the 2011 Annual Plan be approved.

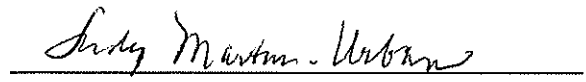
  
Edgar Faulkner, Chair

  
Linda Gregery, Commissioner

  
Eric Kelly, Commissioner

  
Emma Price, Commissioner

  
Michael Tschuor, Commissioner

  
Judy Martin-Urban, Commissioner

**ATTEST**

  
Guillermo Rodriguez, Chief Executive Officer

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Muncie Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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

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

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

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

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

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

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

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

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

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

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

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

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

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

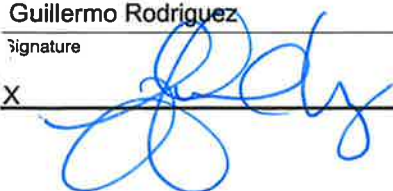
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Gillespie Tower, 701 West Jackson Street, Muncie, IN 47305 Delaware County

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

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

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Name of Authorized Official Guillermo Rodriguez	Title Chief Executive Officer
Signature 	Date 01/13/2011

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

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Southern Pines, 4110 South Pinewood, Muncie, IN 47302 Delaware County

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Name of Authorized Official  
Guillermo Rodriguez

Title  
Chief Executive Officer

Signature

Date

01/13/2011

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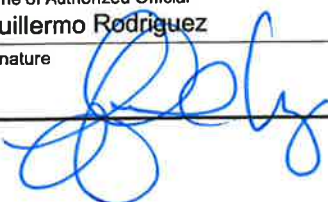
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Earthstone Terrace, 3500 Juniper Lane, Muncie, IN 47302 Delaware County

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Name of Authorized Official Guillermo Rodriguez	Title Chief Executive Officer
Signature 	Date 01/13/2011

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Parkview Apartments, 1609 East Centennial Avenue, Muncie, IN 47303 Delaware County

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Name of Authorized Official

Guillermo Rodriguez

Title

Chief Executive Officer

Signature

Date

01/13/2011

X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

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Muncie Housing Authority, 409 East First Street, Muncie, IN 47302 Delaware County

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Name of Authorized Official  
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Title  
Chief Executive Officer

Signature

Date

01/13/2011

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Price Hall, 704 South Madison Street, Muncie, IN 47302

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