

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Cumberland Housing Authority</u> PHA Code: <u>RI010</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/01/2011</u>					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>176</u> Number of HCV units: <u>384</u>					
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	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:  Not Applicable- Annual Plan					
<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.  Not Applicable- Annual Plan					

**PHA Plan Update**

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

1. The Cumberland Housing Authority has not revised any policies that pertain to Eligibility or Selection and Admissions since the submission of our last annual plan.
2. The Financial Resources of the Cumberland Housing Authority are as follows for 2011:

Public Housing Operating Fund	- \$402,087.00
Public Housing Capital Fund	-\$193,482.00
Public Housing Dwelling Receipts	- \$728,534.00
Public Housing Other Income Antennas	- \$ 96,000.00
ACC for Section 8 Rental Assistance	- \$2,517,348.00
Administrative Fees for Sect 8	- \$ 333,435.00

3. The Cumberland Housing Authority has not changed any of our rent determination policies since the last annual and 5 year plan was submitted.
4. The Cumberland Housing Authority standards and policies with regards to maintenance management and pest eradication are at the standard encouraged by HUD. Pest infestation is treated as soon as it is recognized. Emergency repairs are always made within 24 hours. CHA has implemented a Smoking Policy, a Section 3 Policy and a Management and Tenant Emergency Policy in 2009/2010.
5. The Cumberland Housing Authority's Grievance Policy is as follows: Applicants who are denied program access are entitled to an informal review with the staff and the Executive Director. A formal grievance hearing is available to residents who have been through the informal hearing procedure and are not satisfied with the results. A formal hearing recognizes a hearing officer from outside the authority.
6. The Cumberland Housing Authority applied for and was granted an 80% Elderly housing designation for 142 out of 176 units at Cumberland Manor on September 28, 2005. An application for the extension of this plan was filed in 2010 and was granted for an additional 2 years.
7. The Community Service and Self Sufficiency is a requirement for any individual who is not elderly or disabled but is receiving housing at Cumberland Manor. The Cumberland Housing Authority also runs a Family Self Sufficiency Program for Section 8 participants. Currently there are 27 families participating.
8. The Cumberland Manor is located in a low to moderately low crime area. For the safety of the residents all entryways are opened only by electronic key and are monitored by security cameras. Additional security cameras for hallways and common areas are being considered with the Cumberland Housing Authority's future capital funds as noted in the 5 Year Plan. The Town of Cumberland Housing Authority works closely with the Cumberland Police Department and the Valley Falls Fire Department and yearly meetings are held with all the residents. New Resident and Management Emergency Policies were adopted by the housing authority in 2010.
9. The Cumberland Manor Admissions and Occupancy Policy (including the Pet Policy) were updated in 2008. All residents with pets must bring in proof of vaccinations and submit pictures and veterinary statements to the office before bringing a pet into the building. There is a dedicated walking spot for the animals outside the building. No animals are allowed off their leash outside of their apartments.
10. The Town of Cumberland Housing Authority examines its programs on a regular basis to identify any impediments to fair housing choice within those programs, and address any impediments in a reasonable fashion with the resources available to us. The plan for the Cumberland Housing Authority is consistent with the Town of Cumberland Consolidated Plan.
11. The results of the most recent fiscal year audit, Year Ending March 31, 2010, are available at the Main Office located at 573 Mendon Road, Suite #4, Cumberland RI. The report has no findings for that fiscal year.
12. The Cumberland Housing Authority has only 176 public housing units and is not required to implement asset management.
13. The Cumberland Housing Authority implemented the Violence Against Women Act Policy in November of 2007. This policy requires all participants of the HCV program (and their landlords) and the Public Housing Program to sign an informational brochure stating that they understand the VAWA Policy. The Cumberland Housing Authority will require and victim of domestic violence or stalking to certify that the abuse is bona fide, using HUD form 50066.

(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.

Copies of the Annual PHA Plan for the Cumberland Housing Authority can be found at the administrative office at 573 Mendon Road, Cumberland, RI 02864 and at the office at Cumberland Manor, One Mendon Road, Cumberland RI 02864.

6.0

7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>Hope IV – not applicable</b></p> <p><b>Mixed Finance Modernization or Development – not applicable</b></p> <p><b>Demo/Disposition-not applicable</b></p> <p><b>Conversion of Public Housing –not applicable</b></p> <p><b>Homeownership Programs-not applicable</b></p> <p><b>Project Based Vouchers –</b> The Cumberland Housing Authority currently has an agreement with a landlord for 28 project based units. The initial term of the contract will end October 31, 2014 for all of the units.</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> <p>See Attachments</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> <p>See Attachments</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input checked="" 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>

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

### **Housing Needs of Families on the PHA's Wait List – PUBLIC HOUSING**

<b>Public Housing</b>	<b># of families</b>	<b>% of total families</b>
Wait list total	91	100%
Extremely low income	75	83%
Very low income	7	8%
Low income	8	9%
Families with children	6	7%
Families with disabilities	68	75%
Elderly families	24	27%
Race – White	79	87%
- Black	7	7%
- American Indian	2	3%
- Asian	2	3%

The public housing list remains open.

### **Housing Needs of Families on the PHA's Wait List – PROJECT BASED**

<b>Project Based</b>	<b># of Families</b>	<b>% of total families</b>
Wait list total	147	100%
Extremely low income	113	77%
Very low income	29	19%
Low income	5	4%
Families with children	120	82%
Families with disabilities	22	15%
Elderly Families	10	7%
Race – White	93	64%
- Black	20	13%
- American indian	1	1%
- Asian	0	0%

The project based 4 Bedroom list is open. All other project based lists are closed.

### **Housing Needs of Families on the PHA's Wait List – Sec 8**

<b>Section 8 – HCV</b>	<b>#of Families</b>	<b>% of total families</b>
Wait List total	138	100%
Extremely low income	103	75%
Very Low income	30	22%
Low income	5	3%
Families with children	101	75%
Families with disabilities	21	16%
Elderly Families	10	8%
Race – White	115	84%
- Black	21	15%
- American Indian	1	.5%
- Asian	1	.5%

The Section 8 list remains closed since 4/1/2004. The list may be opened briefly during 2011/2012 Fiscal year.

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>The Cumberland Housing Authority in conjunction with the Town of Cumberland is trying to develop additional sources of affordable housing, including the acquisition of foreclosed properties. We continue to encourage new landlords in Cumberland to participate with the Section 8 program.</p>
10.0	<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>Cumberland Housing Authority is consistently 99%-100% occupied.</p> <p>2010 Physical Inspection score of 97. 2010 SEMAP score of 100.</p> <p>2010 Designated Housing Plan was approved for 2 years. The Plan calls for 80% Elderly and 20% Disabled at Cumberland Manor.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The Cumberland Housing Authority defines the significant amendment and substantial deviation/modification to the PHA Annual Plan as:</p> <ul style="list-style-type: none"> <li>- Changes to rent or admissions policies or organization of the wait list;</li> <li>- Changes to Public Housing Admissions and Occupancy Policy;</li> <li>- Changes to Section 8 Housing Choice Voucher Administrative Plan;</li> <li>- Changes in the proposed uses of Capital Fund Grant dollars not included in the 5 year action plan;</li> <li>- Changes with regard to disposition, demolition, or conversion of Public Housing stock</li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <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.



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

7.010201.pdf  
 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: 2008				
PHA Name: Cumberland Housing Authority	Grant Type and Number Capital Fund Program Grant No: RH43P010501-08 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 <input checked="" type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition	9951.00		9951.00	9951.00	
9	1450 Site Improvement					
10	1460 Dwelling Structures	114763.74		114763.74	114763.74	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

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

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

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

<b>Part I: Summary</b>		<b>PHA Name:</b> Cumberland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: R143P010501-08 Replacement Housing Factor Grant No: Date of CFFP:		<b>FY of Grant: 2008</b> <b>FY of Grant Approval:</b>	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" 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>Original</b>	<b>Total Estimated Cost</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost <sup>1</sup></b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	57039.36			57039.36	57039.36	
19	1502 Contingency (may not exceed 8% of line 20)	181755.00			181755.00	181755.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)						
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
<b>Signature of Executive Director</b> <i>Shirley D. Smith</i>		<b>Date 11/04/2010</b>		<b>Signature of Public Housing Director</b>		<b>Date</b>	

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

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

**PHA Name:** Cumberland Housing Authority

Capital Fund Program Grant No: RI43P010501-08

**Federal FY of Grant: 2008**[illegible]

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

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

PHA Name: Cumberland Housing Authority

**Federal FY of Grant: 2008**[illegible]

<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**

PHA Name: Cumberland Housing Authority	Grant Type and Number Capital Fund Program Grant No: R43P010501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval:
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Type of Grant		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20000.00		20000.00	20000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	86695.64		86695.64	81361.54
10	1460 Dwelling Structures	4610.00		4610.00	4610.00
11	1465.1 Dwelling Equipment—None expendable	15000.00		15000.00	7692.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	11967.00		11967.00	11967.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<b>Part I: Summary</b>					
PHA Name: Cumberland Housing Authority		Grant Type and Number Capital Fund Program Grant No: R143P010501-09 Replacement Housing Factor Grant No: Date of CFPP:		FFY of Grant: 2009 FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010		<input type="checkbox"/> Reserve for Disasters/Emergencies <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>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	57039.36		57039.36	33272.96
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	195312.00		195312.00	158903.50
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Debra Spradlin</i>		Date 11/04/2010		Signature of Public Housing Director	
				Date	

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

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

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

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

Part II: Supporting Pages								
PHA Name: Cumberland Housing Authority			Grant Type and Number Capital Fund Program Grant No: R143P010501-09 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>	
Cumberland Manor	Fees & Cost	1430						
R1010-1,3	Architects & Engineering	1430		19000.00		19000.00	19000.00	Complete
	Advertising	1430		1000.00		1000.00	1000.00	Complete
Cumberland Manor	New Parking Area	1450		86695.64		86695.64	81361.54	In Process
R1010-1,3	Repairs to curbing and sidewalk in existing parking area							
Cumberland Manor	Cleaning & Weatherproofing of Existing Exterior Masonry	1460		4610.00		4610.00	4610.00	Complete
R1010-1,3								
PHA Wide	Debt Service	9000		57039.36		57039.36	33272.96	In Process
PHA Wide	Replace Computer Server	1475		11967.00		11967.00	11967.00	Complete
Cumberland Manor	Range Hoods/ Charcoal - Ducless	1465		15000.00		15000.00	7692.00	Complete

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

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

**PHA Name:** Cumberland Housing Authority

**Federal FY of Grant: 2009**[illegible]

<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

*Revised*

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: Cumberland Housing Authority	Grant Type and Number Capital Fund Program Grant No: RH43S010501-09 (ARRA) Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: 2009 ARRA FFY of Grant Approval: 2009
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Type of Grant		Type of Grant		Type of Grant		Type of Grant	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs			12000.00	12000.00	12000.00	
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable	230065.00		218065.00	218065.00	12000.00	
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

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

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

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

<b>Part I: Summary</b>					
PHA Name: Cumberland Housing Authority		Grant Type and Number Capital Fund Program Grant No: R143S010501-09 (ARRA) Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 ARRA FFY of Grant Approval: 2009	
<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		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	230065.00		230065.00	230065.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Dr. A. D. Smith</i>		Date 11/04/2010		Signature of Public Housing Director	
				Date	

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

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

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

PHA Name: Cumberland Housing Authority

**Federal FY of Grant: 2009 ARRA**[illegible]

Pages

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

*7-10-11.pdf*

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: Cumberland Housing Authority	Grant Type and Number Capital Fund Program Grant No: RA3P010501-10 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: 2010 FFY of Grant Approval: 2010
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Type of Grant		<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Obligated <input type="checkbox"/> Total Actual Cost <sup>1</sup>	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	16000.00					
8	1440 Site Acquisition						
9	1450 Site Improvement	30000.00					
10	1460 Dwelling Structures	90442.64					
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

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


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

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

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

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

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

<b>Part I: Summary</b>							
<b>PHA Name:</b> Cumberland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: R143P010501-10 Replacement Housing Factor Grant No: Date of CFFP:		<b>FY of Grant: 2010</b> <b>FY of Grant Approval: 2010</b>			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010 <input type="checkbox"/> Reserve for Disasters/Emergencies <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>Original</b>	<b>Total Estimated Cost</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Total Actual Cost <sup>1</sup></b>	<b>Expended</b>
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	57039.36					
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	193482.00					
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>Date 11/05/2010</b>		<b>Signature of Public Housing Director</b>		<b>Date</b>	

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

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

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

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

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

<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.

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

[illegible]

<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

PHA Name: Cumberland Housing  
 Authority

Grant Type and Number  
 Capital Fund Program Grant No.: RH3P010501-11  
 Replacement Housing Factor Grant No:  
 Date of CFP:

FFY of Grant: 2011  
 FFY of Grant Approval:

Type of Grant  
☒ Original Annual Statement  
☐ Reserve for Disasters/Emergencies

☐ Performance and Evaluation Report for Period Ending:

☐ Revised Annual Statement (revision no: )  
☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	20000.00					
8	1440 Site Acquisition						
9	1450 Site Improvement	100000.00					
10	1460 Dwelling Structures	16442.64					
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

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

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

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

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

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

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

**Part I: Summary**

<b>PHA Name:</b> Cumberland Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: R143P010501-11 Replacement Housing Factor Grant No: Date of CFP:	<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval:</b>
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**Type of Grant**

☒ Original Annual Statement
 ☐ Reserve for Disasters/Emergencies
 ☐ Revised Annual Statement (revision no: )
 ☐ Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	57039.36				
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	193482.00				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date 11/04/2010	Signature of Public Housing Director		Date	

*Debra Spruett*

<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.

U.S. Department of Housing and Urban Development  
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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226

PHA Name: Cumberland Housing Authority

**Federal FY of Grant: 2011**

[illegible]<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.

7/20/09 2, p.45

**Part I: Summary**

PHA Name/Number		Locality (City/County & State)				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number and Name	Work Statement for Year 1 FFY ____ 2011 ____	Work Statement for Year 2 FFY ____ 2012 ____	Work Statement for Year 3 FFY ____ 2013 ____	Work Statement for Year 4 FFY ____ 2014 ____	Work Statement for Year 5 FFY ____ 2015 ____		
B. Physical Improvements Subtotal RI010-1 RI010-3	Annual Statement [Hatched Box]	85408.12 36864.52	85408.12 36864.52	85408.12 36864.52	85408.12 36864.52		
C. Management Improvements PHA-Wide Non-dwelling Structures and Equipment	[Hatched Box]						
D. Administration	[Hatched Box]						
E. Other – fees & costs	[Hatched Box]	20000.00	20000.00	20000.00	20000.00		
F. Operations	[Hatched Box]						
G. Demolition	[Hatched Box]						
H. Development	[Hatched Box]						
I. Capital Fund Financing – Debt Service	[Hatched Box]	57039.36	57039.36	57039.36	57039.36		
J. Total CFP Funds							
K. Total Non-CFP Funds							
L. Grand Total		193482.00	193482.00	193482.00	193482.00		

Work Statement for Year 2012  
FFY 2012

Work Statement for Year: 2013  
FFY 2013

Year 1 FFY _2011__	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Sec	Cumberland Manor R1010-1	121	85408.12	Cumberland Manor R1010-1	121	85408.12
Amount	Electric and water system upgrades/Painting of occupied units			Community Room Floor & Window Replacement/Remodel		
Statement						
	Cumberland Manor R1010-3	55	32864.52	Cumberland Manor R1010-3	55	32864.52
	Electric and water system upgrades/Painting of occupied units			Community Room Floor & Window Replacement/Remodel		
	Subtotal of Estimated Cost		\$118272.64	Subtotal of Estimated Cost		\$118272.64

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

Work Statement for Year 1 FFY _____	Work Statement for Year: _____ 2014 _____		Work Statement for Year: _____ 2015 _____			
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Appendix	Cumberland Manor RI010-1	121	85408.12	Cumberland Manor RI010-1	121	85408.12
Statement	Upgrade Security System-Hallway and parking lot cameras/Community Room Remodel			Upgrade Security System-Hallway and parking lot cameras/Painting of occupied units		
	Cumberland Manor RI010-3	55	32864.52	Cumberland Manor RI010-3	55	32864.52
Statement	Upgrade Security System Hallway and parking lot cameras/Community Room Remodel			Upgrade Security System-Hallway and parking lot cameras/Painting of occupied units		





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

Work Statement for Year _____ FFY 2014
Statement for

Year 1 FFY	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	R1010-1,3		R1010-1,3	
Annual	Fees & Costs	20000.00	Fees & Costs	20000.00
Statement	Debt Service	57039.36	Debt Service	57039.36
	Subtotal of Estimated Cost	\$77039.36	Subtotal of Estimated Cost	\$77039.36

## **Cumberland Housing Authority Violence Against Women Act Policy**

**Directive Number FR-5056-N-01** addresses The Violence Against Women Act. The Cumberland Housing Authority in compliance with this directive from HUD has implemented the following policy with regards to this Act.

All new tenants of public housing or Housing Choice Voucher Program are given copies of the Violence Against Women Act brochure. (2006, Nelrod Company) All tenants and landlords are required to read and sign the brochure. CHA then makes a copy of the signed brochure for the file and the tenants and landlords keep the original.

All existing tenants of public housing and the Housing Choice Voucher Program are required to sign the Violence Against Women Act brochure at the time of their yearly recertification. The CHA will retain a copy of the signed brochure for the file.

The Cumberland Housing Authority will require any victim of domestic violence, dating violence, or stalking to certify, using HUD form 50066, that the incidence(s) of threatened or actual abuse is bona fide in determining whether the protections afforded to such individuals under VAWA are applicable.

The Cumberland Housing Authority will adhere to VAWA and will not use domestic violence, dating violence, or stalking, as a basis for denial of assistance or admission to public or assisted housing if the applicant otherwise qualifies for assistance. The Cumberland Housing Authority will also not construe incidents or threats of abuse as serious or repeated violations of the lease or other "good cause" for the termination of assistance tenancy or occupancy rights of a victim of abuse.

Adopted as policy by the Cumberland Housing Authority Board of Commissioners on Resolution 364 dated November 21, 2007.