

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

<b>1.0</b>	<b>PHA Information</b> PHA Name: CITY OF FLAGSTAFF HOUSING AUTHORITY _____ PHA Code: AZ006 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): 07/2012					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 265 Number of HCV units: 358					
<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	
					PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:					
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.					
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:					
<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.					

## PHA Plan Update

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

Sections 6.0; 7.0; 8.2; 8.3; 9.2; 9.3; 10.1; 12.1; 12.2; 14.2; 14.5; 14.6; 20.2; and 20.2b of the ACOP were amended in January 2012 to include regulatory updates.

The Section 8 Administrative Plan was rewritten to include all HUD issued amendments and was formally adopted by the Board of Commissioners by passage of Resolution 08-11. Sections 5.2 and 5.3 of the Section 8 Administrative Plan were amended in January 2012 by adoption of Resolution 08-12.

- (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 public may obtain a copy of the 5-Year/Annual Plan at the Flagstaff Housing Authority, 3481 N. Fanning Dr., Flagstaff, AZ 86004. The PHA Plans are posted at the Flagstaff Housing Authority Central Office, 3481 N. Fanning Dr., Flagstaff, AZ 86004; Brannen Homes Office, One Brannen Circle, Flagstaff, AZ 86001; and the Siler Resident Management Corporation, 3330 Elder, Flagstaff, AZ 86004.

## PHA Plan Elements:

### Financial Resources:

• Public Housing Operating Fund	550,000	PH Operations
• Section 8 Housing Choice Vouchers	3,307,000	HAP & Administration
• Capital Fund 110	68,000	PH Operations
• Capital Fund 111	78,000	PH Operations
• Capital Fund 111	145,000	Capital Improvements
• Capital Fund 112	31,040	PH Operations
• Capital Fund 112	222,680	Capital Improvements
• Public Housing Dwelling Rental Income	1,000,000	PH Operations
• Other Income – Resident Charges	10,000	PH Operations
• Port Fees Earned/Misc	9,500	S8 HCV Administration
• Non-Profit Management Fee	42,000	PH Operations
• ROSS Grant	58,000	PH Operations
• SRO Mod Rehab	70,000	HAP & Administration

### Total Resources

5,591,220

## Violence Against Women Act (VAWA)

### VAWA PROTECTIONS:

Under the Violence Against Women Act (VAWA), public housing residents have the following specific protections, which will be observed by the City of Flagstaff Housing Authority.

An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence, and shall not in itself be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

The Housing Authority may terminate the assistance to remove a lawful occupant or tenant who engages in criminal acts or threatened acts of violence or stalking to family members or others without terminating the assistance or evicting victimized lawful occupants. This is also true even if the household member is not a signatory to the lease. Under VAWA, the City of Flagstaff Housing Authority is granted the authority to bifurcate the lease.

The Housing Authority will honor court orders regarding the rights of access or control of the property.

There is no limitation on the ability of the Housing Authority to evict for other good cause unrelated to the incident or incidents of domestic violence, dating violence or stalking, other than the victim may not be subject to a "more demanding standard" than non-victims.

There is no prohibition on the Housing Authority evicting if it "can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant's (victim's) tenancy is not terminated. *An actual and imminent threat consists of a physical danger that is real, would occur within an immediate timeframe, and could result in death or serious bodily harm. In determining whether an individual would pose an actual and imminent threat, the factors to be considered include: the duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the length of time before the potential harm would occur.*

The City of Flagstaff Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority. Types of acceptable verifications are outlined below, and must be submitted within 14 business days after receipt of the Housing Authority's written request for verifications.

### VERIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING

The City of Flagstaff Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority.

- A. **REQUIREMENTS FOR VERIFICATION.** The law allows, but does not require, the City of Flagstaff Housing Authority to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in the policy. The Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by the Housing Authority.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence, or stalking may be accomplished in one of the following three ways:

1. **HUD-approved form (HUD-50066)** – By providing to the Housing Authority a written certification, on the form approved by

	<p>HUD, that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents or actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question may be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.</p> <p>2. <b>Other Documentation</b> – by providing to the Housing Authority documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.</p> <p>3. <b>Police or court record</b> - by providing to the Housing Authority a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.</p> <p>4. <b>The submission of false information may be the basis for termination of assistance or for eviction.</b></p> <p>B. <b>TIME ALLOWED TO PROVIDE VERIFICATION/FAILURE TO PROVIDE.</b> An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by the Housing Authority to provide verification, must provide such verification within 14 business days after receipt of the written request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.</p> <p>C. <b>MANAGING CONFLICTING DOCUMENTATION.</b> <i>In cases where the Housing Authority receives conflicting certification documents from two or more members of a household, each claiming to be a victim and naming one or more of the other petitioning household members as the perpetrator, the Housing Authority may determine which is the true victim by requiring third-party documentation as described in 24 CFR 5.2007 and in accordance with any HUD guidance as to how such determinations will be made. The Housing Authority shall honor any court orders addressing rights of access or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household.</i></p> <p>D. <b>CONFIDENTIALITY</b> – All information provided under VAWA including the fact that an individual is a victim of domestic violence, dating violence or stalking shall be retained in confidence and shall not be entered into any shared database or provided to any related entity except to the extent that the disclosure is:</p> <ol style="list-style-type: none"> <li>1. Requested or consented to by the individual in writing;</li> <li>2. Required for use in an eviction proceeding; or</li> <li>3. Otherwise required by applicable law.</li> </ol> <p>The City of Flagstaff Housing Authority shall provide its tenants notice of their rights under VAWA including their right to confidentiality and the limits thereof.</p>
7.0	<p><b>6.0.11 Fiscal Year Audit</b></p> <p>There were no audit findings or recommendations.</p> <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. N/A</i></p>
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.
8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<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.
9.1	<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>

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>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <ol style="list-style-type: none"> <li>1. <b>"Substantial Deviation:</b> from the 5-Year/Annual Plan is an overall change in the direction of the FHA pertaining to Goals and Objectives. This includes changing the Authority's Goals and Objectives.</li> <li>2. <b>"Significant Amendment or Modification" to the Annual Plan</b> is a change in policy of policies pertaining to the operation of FHA. This includes the following: <ul style="list-style-type: none"> <li>• Changes to rent or admissions policies or organizing the waiting list.</li> <li>• Addition of non-emergency work items (items not included in the current Annual Statement or 5-Year Plan) or change in use of replacement reserve funds under the Capital Fund.</li> <li>• Any changes with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul> </li> </ol>

11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <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 <b>"NO CHALLENGED ELEMENTS FROM RAB"</b></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>
------	---

## RESIDENT ADVISORY BOARD (RAB) COMMENTS

The following is from a letter submitted by the Siler Resident Management Corporation acting as the Resident Advisory Board (RAB) dated March 16, 2012. The hard copy of the letter will included with the certifications that will be sent to HUD under separate cover.

"Dear Mr. Gouhin,

In reviewing the FY2012 Annual Plan the Siler Resident Management Corporation has no new suggestions at this time. We have not received any comments from any of the residents from the Brannen, Siler and the Scattered Sites communities. We look forward to the planned improvements at the communities of Brannen and Siler. We appreciate the opportunity given to us and will forward any future comments we receive to your office.

The positive support given by your staff to the Siler Resident Management Corporation is greatly appreciated and enables us to provide the same service to the residents.

Sincerely,

Dione Paul

President, Siler Resident Management Corporation."

# ***HOUSING AUTHORITY OF THE CITY OF FLAGSTAFF***

3481 N. FANNING DRIVE, P.O. BOX 2098, FLAGSTAFF, AZ 86003  
(928) 526-0002 / FAX (928) 526-3734



March 7, 2012

Dione Paul, President  
Siler Resident Management Corporation  
37 Brannen Circle  
Flagstaff, AZ 86001

RE: City of Flagstaff Housing Authority FY2012 Annual Plan

Dear Dione:

The Quality Housing and Work Responsibility Act of 1998 (QHWRA) requires the submission of a 5-Year Plan to HUD. Subsequent to the submission of the 5-Year Plan, HUD requires the submission of an Annual Plan containing any significant changes to the Goals and Objectives; progress reports of outstanding Capital Fund Program Grants; Capital Fund Grant for the fiscal year of the Annual Plan; and amendments to the Five Year Capital Fund Action Plan. The 5-Year Plan was submitted in 2010 covering the fiscal years 2010 through 2014. This Annual Plan is the third year of the 5-Year Plan for the fiscal year beginning July 1, 2012.

Enclosed for review by the Siler Resident Management Corporation is a copy of the City of Flagstaff Housing Authority's (CFHA) FY2012 Capital Fund Budget that is part of the FY2012 Annual Plan that needs to be submitted to HUD. The Capital Fund Program is used to improve the Public Housing units for comfort, safety and energy efficiency. There are no significant changes to the Goals and Objectives to report at this time.

The QHWRA requires review and input from the Resident Advisory Board (RAB) which in our case is the Siler Resident Management Corporation. Since the SRMC represents all of the public housing residents I need written input regarding the content of the Capital Fund Budget. Also, please provide any resident needs that you can recommend as the purpose of the QHWRA is to improve the living environment of the Public Housing residents.

I would appreciate your written comments by Thursday, March 15, 2012 as I have to include them with a Staff Summary to the City Council and with the submission to HUD. I have enclosed a copy of the SRMC 2011 response to assist you in your response.

Sincerely,

Michael A. Gouhin  
Executive Director

CC: Jan Smith, Vice President

**SILER RESIDENT MANAGEMENT CORPORATION**

3330 East Elder Drive, Flagstaff, Arizona, 86004

(928)527-6906 / FAX (928) 527-6908

flagstaff.resident.mgmt.corp@gmail.com

---

March 16, 2012

In regards to: City of Flagstaff Housing Authority FY2012 Annual Plan

Michael A. Gouhin, Executive Director

3481 North Fanning Drive

Flagstaff, AZ, 86003

Dear Michael A. Gouhin,

In Reviewing the FY 2012 Annual Plan the Siler Resident Management Corporation has no new suggestions at this time. We have not received any comments from any residents from the Brennan, Siler and the Scattered Sites communities. We look forward to the planned improvements at the communities of Brennan and Siler. We appreciate the opportunity given to us and will forward any future comments we receive to your office.

The positive support given by your staff to the Siler Resident Management Corporation is greatly appreciated and enables us to provide the same service to the residents.

Sincerely,



Dione Paul

President

Siler Resident Management Corporation

cc: Janice Smith, Executive Vice President  
Jon Boxberger, Vice President of Brennan  
Thomasina Scott, Treasurer  
Lucia Slim, Secretary

**RECEIVED**

MAR 20 2012

FLAGSTAFF HOUSING  
AUTHORITY

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: FLAGSTAFF</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: A220P00650110 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2010</b>	<b>FFY of Grant Approval: 2010</b>

<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2012 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report <input type="checkbox"/> Revised Annual Statement (revision no: )
--

Line	Summary by Development Account			Total Estimated Cost		Total Actual Cost <sup>1</sup>
	Original	Revised <sup>2</sup>	Obligated	Expended		
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			94,324	94,324	-0-
3	1408 Management Improvements			18,762	18,762	18,762
4	1410 Administration (may not exceed 10% of line 21)			47,162	47,162	40,500
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement			88,282	88,282	49,833
10	1460 Dwelling Structures			183,334	183,334	183,334
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment			39,758	39,758	39,758
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>		<b>FLAGSTAFF</b>	
<b>Grant Type and Number</b>		<b>Capital Fund Program Grant No: AZ20P00650110</b>	
<b>FFY of Grant:2010</b>		<b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b>		<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 03/31/2012</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>	
<b>Summary by Development Account</b>		<b>Total Estimated Cost</b>	
<b>Line</b>	<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>
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)	471,622	471,622
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	183,334	183,334
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>M. P. Bouhary</i>		<i>M. P. Bouhary</i>	
<b>Date</b>		<b>Date</b>	
06/30/2012		06/30/2012	
<b>Expended</b>		<b>Total Actual Cost <sup>1</sup></b>	
			183,334

<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 and Program Replacement Housing Factor and  
Capital Fund Financing Program  
U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

Part II: Supporting Pages									
PHA Name: FLAGSTAFF									
Grant Type and Number		Capital Fund Program Grant No: AZ20P00650110		CFFP (Yes/No):		Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010	
Development Number	Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
HA-WIDE	OPERATIONS		1406		Original	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
HA-WIDE	MANAGEMENT IMPROVEMENTS		1408	18,762	18,762	18,762	100% complete		
HA-WIDE	ADMINISTRATION		1410	47,162	47,162	40,500	85% complete		
AZ006000001	REPLACE SEWER LATERALS		1450	21,147	21,147	-0-	25% complete		
	REPLACE/PAINT SIDING		1460	183,334	183,334	183,334	100% complete		
	REPLACE OFFICE FURNITURE		1475	1,559	1,559	1,559	100% complete		
AZ006000002	REPLACE SEWER LATERALS		1450	17,302	17,302	-0-	25% complete		
	TERMITE CONTROL		1450	49,833	49,833	49,833	100% complete		
	REPLACE MAINTENANCE VEHICLES		1475	38,199	38,199	38,199	100% complete		

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

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

OMB No. 2577-0226

and Indian Housing

<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

<b>Part I: Summary</b>	
<b>PHA Name: FLAGSTAFF</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AZ20P00650111 Replacement Housing Factor Grant No:
<b>FFY of Grant: 2011</b>	<b>FFY of Grant Approval: 2011</b>

<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 03/31/2012</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>	
---	--

Line	Summary by Development Account			Total Estimated Cost		Total Actual Cost <sup>1</sup>	
	Original	Revised <sup>2</sup>	Obligated	Expended			
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			78,417	78,417	-0-	5,000
3	1408 Management Improvements			36,000	36,000	-0-	
4	1410 Administration (may not exceed 10% of line 21)			39,209	39,209	-0-	
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement			125,800	30,703	-0-	
10	1460 Dwelling Structures			67,769	-0-	-0-	
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment			45,000	44,859	44,859	
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.

**Part I: Summary**

<b>PHA Name:</b>	<b>Grant Type and Number</b>	<b>FFY of Grant: 2011</b>
FLAGSTAFF	Capital Fund Program Grant No: AZ20P0650111 Replacement Housing Factor Grant No:	FFY of Grant Approval: 2011

**Type of Grant**

☒ Performance and Evaluation Report for Period Ending: 03/31/2012  
☐ Original Annual Statement  
☐ Reserve for Disasters/Emergencies

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

Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>
18a	1501 Collateralization or Debt Service paid by the PHA				Expended
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	392,085		229,188	49,859
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	67,659		-0-	-0-
Signature of Executive Director		Signature of Public Housing Director		Date	
<i>[Signature]</i>		<i>[Signature]</i>		06/08/2012	

<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 II: Supporting Pages</b>		
<b>PHA Name: FLAGSTAFF</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AZ20P00650111 CEFP (Yes/ No): Replacement Housing Factor Grant No:	<b>Federal FFY of Grant: 2011</b>

Development Number	General Description of Major Work	Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	Activities
Name/PHA-Wide	Categories	Development	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-WIDE	OPERATIONS	1406	78,417	78,417	78,417	-0-	10% complete
HA-WIDE	MANAGEMENT IMPROVEMENTS	1408	36,000	36,000	36,000	5,000	15% complete
HA-WIDE	ADMINISTRATION	1410	39,209	39,209	39,209	-0-	10% complete
AZ006000001	REPLACE SEWER LATERALS	1450	17,600	17,600	17,600	-0-	10% complete
	CATHODIC PROTECTION	1450	24,000	-0-	-0-	-0-	In process
	UPGRADE LANDSCAPE	1450	13,200	-0-	-0-	-0-	In process
	REPLACE STORM DOORS	1460	16,000	-0-	-0-	-0-	In process
	REPLACE STAFF/MAINTENANCE VEHICLES	1475	45,000	44,859	44,859	44,859	100% complete
AZ006000002	REPLACE SEWER LATERALS	1450	14,000	13,103	-0-	-0-	10% complete
	CATHODIC PROTECTION	1450	18,100	-0-	-0-	-0-	In process
	UPGRADE LANDSCAPING	1450	38,900	-0-	-0-	-0-	In process
	REPLACE/PAINT SIDING	1460	51,659	-0-	-0-	-0-	In process

<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

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

**Expires 4/30/2011**

OMB No. 2577-0226

of Housing and Urban Development  
Office of Public and Indian Housing

[illegible]

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund and 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: FLAGSTAFF</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AZ20P00650112 Replacement Housing Factor Grant No: Date of CFFP:
<b>FFY of Grant: 2012</b>	<b>FFY of Grant Approval: 2012</b>

<b>Type of Grant</b> <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: ) <input type="checkbox"/> Final Performance and Evaluation Report	

Line	Summary by Development Account		
	Original	Revised	Obligated
1	Total non-CFFP Funds		
2	1406 Operations (may not exceed 20% of line 21)	72,198	
3	1408 Management Improvements	30,000	
4	1410 Administration (may not exceed 10% of line 21)	36,099	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement	81,697	
10	1460 Dwelling Structures	141,000	
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>1</sup>		
<b>Total Actual Cost <sup>1</sup></b>			
	Original	Revised	Obligated
	Total Estimated Cost		
	Expenditures		

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

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

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

<b>Part I: Summary</b>	
<b>PHA Name:</b> <b>FLAGSTAFF</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AZ20P00650112 Replacement Housing Factor Grant No: Date of CFP:
<b>Type of Grant</b> <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: ) <input type="checkbox"/> Final Performance and Evaluation Report
<b>Summary by Development Account</b> Total Estimated Cost Total Actual Cost <sup>1</sup>	<b>Line</b> 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) 21 Amount of line 20 Related to LBP Activities 22 Amount of line 20 Related to Section 504 Activities 23 Amount of line 29 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
Original Revised <sup>2</sup> Obligated Expended	Signature of Executive Director <i>Mr. Mark A. Blumkin</i> Date <i>06/20/2012</i> Signature of Public Housing Director Date

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



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

OMB No. 2577-0226  
Expires 4/30/2011

PHA Name: FLAGSTAFF

**Federal FFY of Grant: 2012**

[illegible]

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

## Annual Statement/Performance and Evaluation Report

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

## Capital Fund Financing Program

[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.

# **PART I: SUMMARY**

PART I: SUMMARY						
PHA Name/Number FLAGSTAFF AZ006		Locality FLAGSTAFF, COCONINO, AZ				
<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 2						
A.	Development Number and Name	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B	Physical Improvements	Annual Statement		238,900		240,000
	Subtotal					
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E	ADMINISTRATION					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		-0-	238,900	-0-	240,000
L.	Total Non-CFP Funds					
M.	Grand Total		-0-	238,900	-0-	240,000

**PART I: SUMMARY (CONTINUATION)**

PHA Name/Number FLAGSTAFF AZ006		Locality FLAGSTAFF, COCONINO, AZ		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 2	
A.	Development Number	AZ006000002	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014
	and Name				
	Physical Improvements	Annual Statement	420,000		Work Statement for Year 4 FFY 2015
	Management Improvements				Work Statement for Year 5 FFY 2016
	<b>TOTAL CFP FUNDS</b>		420,000		
	<b>HA-WIDE</b>				
	Physical Improvements		220,000	150,000	291,500
	Administration		50,000	50,000	50,000
	Operations		90,000	90,000	90,000
	Management Improvements			75,000	
	<b>TOTAL CFP FUNDS</b>		360,000	365,000	431,500
					140,000

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

Work Statement for Year 1 FFY 2012	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Work Statement for Year: <u>3</u> FFY 2014	
							Work Statement for Year: <u>2</u> FFY 2013	
ANNUAL Statement	HA-WIDE			HA-WIDE				
	Water Line Upgrade		120,000					
	Replace/Paint Siding		100,000					
	AZ006000001			AZ006000001				
ANNUAL Statement				Repair/Replace Gas Lines		150,000		
				Replace Kitchen Counter Tops	127	88,900		
ANNUAL Statement	AZ006000002			AZ006000002				
ANNUAL Statement	Replace Roofing	100 units	420,000					
ANNUAL Statement	Subtotal of Estimated Cost		\$640,000	Subtotal of Estimated Cost		\$238,900		



[illegible]

**Part III: Supporting Pages – Management Needs Work Statement(s)**

Work Statement for Year _____ 2012		Development Number/Name General Description of Major Work Categories		Estimated Cost					
Statement for ANNUAL Statement	SE								
						Work Statement for Year: _____ FFY 2016	5		
		Subtotal of Estimated Cost		-0-					