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

| <b>1.0</b>         | <b>PHA Information</b><br>PHA Name: ___Housing Authority of the City of Eureka___ PHA Code: ___CA025, Eureka___<br>PHA Type: X Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)<br>PHA Fiscal Year Beginning: (MM/YYYY): ___01/2012___  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
|--------------------|--|--------------------|----------|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------|-----|--------|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|
| <b>2.0</b>         | <b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above)<br>Number of PH units: ___197___      Number of HCV units: _____  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>3.0</b>         | <b>Submission Type</b><br><input type="checkbox"/> 5-Year and Annual Plan      X Annual Plan Only <input type="checkbox"/> 5-Year Plan Only  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>4.0</b>         | <b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
|                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   | Participating PHAs | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program         |                               | PH                           | HCV | PHA 1: |  |  |  |  |  | PHA 2: |  |  |  |  |  | PHA 3: |  |  |  |  |  |
| 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:<br>To assist low-income families with safe, decent, and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives.   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>5.2</b>         | <b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>6.0</b>         | <b>PHA Plan Update</b><br><br>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:<br>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>7.0</b>         | <b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>8.0</b>         | <b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>8.1</b>         | <b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>8.2</b>         | <b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>8.3</b>         | <b>Capital Fund Financing Program (CFFP).</b><br><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>9.0</b>         | <b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |

|      |  |
|------|--|
| 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>  |
| 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> <p>Approved by City Board of Commissioners on February 3, 2010. Resolution #1852, the definition of “significant amendment “ – Is defined as a monetary change of \$500,000 or more to the Annual Plan. This amendment does not exceed the significant amendment threshold.</p>  |
| 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.

**Certification for  
a Drug-Free Workplace**

U.S. Department of Housing  
and Urban Development

**Applicants:**

Housing Authority of the City of Chicago

1601 S. Dearborn Street, Chicago, IL 60605

**Governmental Public Housing**

All applicants for the proposed Applicant's Application shall make the following certification and agreement to the Department of Housing and Urban Development (HUD) regarding the certification below:

I, the undersigned, hereby certify and agree to the following terms and conditions:

1. All drug prohibited activities involving employees that are prohibited under the Federal Controlled Substances Act, including possession or use of such substances, are prohibited in the workplace and shall be cause for the actions that will be taken against employees in violation of such prohibitions.

2. The following are the drug free workplace program to be implemented:

- (1) The posting of my signed certification.
- (2) The Department's policy of maintaining a drug free workplace.

(3) Any action involving disciplinary, rehabilitative or other employment action program, and

(4) The penalties that may be imposed upon employees found to be in violation of the workplace.

3. All drug prohibited activities involving employees engaged in the performance of their official duties of the statement required by paragraph 2.

4. Notify employees of the program and inform them of the penalties that are a condition of employment under the grant, the employees will:

(1) Advise the terms of the certification.

(2) Notify the employer in writing. This notification shall be in a separate or combined document covering both workplace and home life, including any other activities.

(3) The employer agrees to file a written report of any other activities under paragraph 2 of this section. The report shall be made available to the Department of Housing and Urban Development upon request. Employees of one of the multiple award programs shall file the report with the award grant, which shall be assigned an award team. The report shall be filed with the award team. The award team shall designate a review period for the report of each award. Notice shall be provided to each award team for each selected grant.

5. Taking care of the following actions: (1) All current days of reporting not in compliance with the requirements of the Federal law shall be reported.

(2) The employer shall provide to the award team a copy of the report up to the award team and shall comply with the requirements of the Federal law shall be reported.

(3) Reporting such activities to the award team shall be a condition of employment or a condition of the program of the award team. The award team shall be notified of any information or other appropriate action.

6. Making a good faith effort to comply with the workplace program, but the award team shall be notified of any information or other appropriate action.

3. Please Print Name and Title: The Applicant shall be required to sign and print the name and title of the person who is certifying the compliance with the requirements of the Federal law shall be reported. The award team shall be notified of any information or other appropriate action.

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

Print Name: [Signature] Title: [Signature]

**Certification of Payments  
to Influence Federal Transactions**

U.S. Department of Labor,  
and Urban Development  
Employment and Income Training

OMB A approval No. 2577-0167 (Exp. 03/31/2044)

Date: 12/1/81

Housing Authority of the City of Newark

150 Washington Street Newark, New Jersey

Contract # 12116-78

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

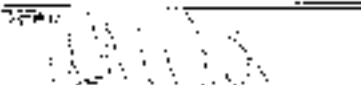
(1) No Federal appropriated funds have been paid or will be paid by any means to any person for influencing or attempting to influence an official of any agency of the United States or Congress, or a Member or employee of Congress, or an individual or a member of Congress in connection with the awarding of any Federal contract, the making of any Federal loan, or the making of any Federal lease, or the purchase of any Federal property, or the execution of any Federal contract, or the awarding of any Federal contract, or the making of any Federal loan, or the making of any Federal lease, or the purchase of any Federal property.

(2) If any funds have been paid or will be paid to any person for influencing or attempting to influence an official of any agency of the United States or Congress or a Member or employee of Congress or an individual or a Member of Congress in connection with the awarding of any Federal contract, or the making of any Federal loan, or the making of any Federal lease, or the purchase of any Federal property, or the execution of any Federal contract, or the awarding of any Federal contract, or the making of any Federal loan, or the making of any Federal lease, or the purchase of any Federal property, the undersigned certifies that he or she has not influenced or attempted to influence the awarding of the contract, or the making of any Federal loan, or the making of any Federal lease, or the purchase of any Federal property, or the execution of any Federal contract, or the awarding of any Federal contract, or the making of any Federal loan, or the making of any Federal lease, or the purchase of any Federal property.

(3) The undersigned will receive this certification of this certification from all individuals involved in making Federal payments at all levels including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements and that all subrecipients shall read and adhere to this page.

This certification is made in good faith of actual knowledge and was obtained when the contractor was made a material and substantial part of this certification. It is a requirement for making a contract or an expenditure in accordance with Section 1323, Title 31, U.S.C. Any person who makes a false statement or certifies to this certification subject to a civil penalty of not less than \$500 and not more than \$100,000 for each such failure.

This document is not for circulation outside the office in which it is prepared. It is for use only by the person preparing it. It is not to be distributed outside the office of the preparer. It is not to be used for any other purpose. It is not to be used for any other purpose. It is not to be used for any other purpose.

Wesley A. Weil  


Executive Director  
E. J. [Illegible]  
[Illegible]

Contract # 12116-78

U.S. Dept. of Labor, and Urban Development

**PIA Certifications of Compliance  
with PIA Plans and Related  
Regulations**

U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Housing  
Case No. 2017-0274  
Expires 04/20/2018

**PIA Certifications of Compliance with the PIA Plans and Related Regulations;  
Board Resolution to Accompany the PIA 5-Year and Annual PIA Plans**

*Approved by the Board of Commissioners of the Florida Housing Agency (PIA) at its meeting on the 14th day of October, 2017, and by the Board of Commissioners of the Florida Housing Agency at its meeting on the 14th day of October, 2017, in accordance with the provisions of the Florida Housing Agency Act, Chapter 2017-0274, Laws of Florida, and the provisions of the Florida Fair Housing Act, Chapter 2017-0274, Laws of Florida.*

1. The Plans comply with the applicable comprehensive housing growth and strategies for any plan covering any strategy for the Florida 5-Year and Annual PIA Plans.
2. The Plans are in compliance with the Florida State or local orders, the applicable Florida rules and the applicable Fair Housing Act provisions and the provisions of the Florida Housing Agency Act, Chapter 2017-0274, Laws of Florida, and the provisions of the Florida Fair Housing Act, Chapter 2017-0274, Laws of Florida, and the provisions of the Florida Fair Housing Act, Chapter 2017-0274, Laws of Florida.
3. The PIA certifies that the Florida Housing Agency (PIA) has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans.
4. The PIA has submitted a Resolution of the Board of Commissioners of the Florida Housing Agency (PIA) to the Florida Housing Agency (PIA) in accordance with the provisions of the Florida Fair Housing Act, Chapter 2017-0274, Laws of Florida, and the provisions of the Florida Fair Housing Act, Chapter 2017-0274, Laws of Florida, and the provisions of the Florida Fair Housing Act, Chapter 2017-0274, Laws of Florida.
5. The PIA certifies that the Florida Housing Agency (PIA) has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans.
6. The PIA certifies that the Florida Housing Agency (PIA) has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans.
7. The PIA certifies that the Florida Housing Agency (PIA) has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans.
8. The PIA certifies that the Florida Housing Agency (PIA) has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans.
9. The PIA certifies that the Florida Housing Agency (PIA) has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans.
10. The PIA certifies that the Florida Housing Agency (PIA) has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans.
11. The PIA certifies that the Florida Housing Agency (PIA) has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans.
12. The PIA certifies that the Florida Housing Agency (PIA) has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans, and that the PIA has submitted to the Florida Housing Agency (PIA) its 5-Year and Annual PIA Plans.





Civil Rights Certification

U.S. Department of Housing and Urban Development  
Title VIII Form HUD-905.1 (Rev. 12/81)  
Expires 05/01/2011

Civil Rights Certification

Annual Certification and Board Resolution

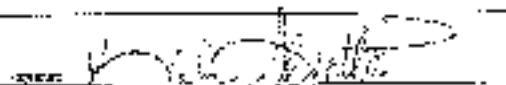
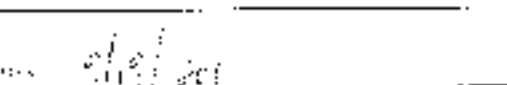
*This form is to be completed by the recipient of the Title VIII loan. It is to be completed by the recipient of the loan and submitted to the lender. It is to be completed by the recipient of the loan and submitted to the lender. It is to be completed by the recipient of the loan and submitted to the lender.*

The FHA certifies that it will carry out the public hearing program of the agency or conform to Title VII of the Civil Rights Act of 1964, the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, and the Equal Justice Act of 1988, and will also comply with the Fair Housing Act of 1960, and will also comply with the Fair Housing Act of 1960.

\_\_\_\_\_  
FHA Certifier (to be signed by the FHA Certifier)

\_\_\_\_\_  
Title VIII Code

This form is to be completed by the recipient of the Title VIII loan. It is to be completed by the recipient of the loan and submitted to the lender. It is to be completed by the recipient of the loan and submitted to the lender.

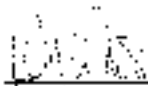
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|---|--|
| Signature of the FHA Certifier<br>(to be signed by the FHA Certifier)               | Title VIII Code  |
|  |  |

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 5 U.S.C. 10502

Page 01 of 109  
03/8/2010

(See instructions for filing and/or disclosure)

|  |  |   |
|--|--|---|
| <p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. bill/act</p> <p><input type="checkbox"/> b. grant</p> <p><input type="checkbox"/> c. request for application</p> <p><input type="checkbox"/> d. rule</p> <p><input type="checkbox"/> e. for guidance</p> <p><input type="checkbox"/> f. for issuance</p>                                      | <p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. final/legislation</p> <p><input type="checkbox"/> b. initial award</p> <p><input type="checkbox"/> c. continuation</p>                                    | <p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p><input type="checkbox"/> b. material change</p> <p>For Material Change Only:</p> <p>year: _____</p> <p>date of last report: _____</p> |
| <p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Home <input type="checkbox"/> Overseas</p> <p>For _____, address _____</p>   |  | <p>5. If Reporting Entity in No. 4 is a Sewardsee, Enter Name and Address of Principal:</p>   |
| <p>6. Federal Department/Agency:</p> <p>Department of Defense</p>  | <p>7. Federal Program Name/Description:</p> <p>Continental Europe Liaison</p> <p>CFDA Number: if available _____</p>   |   |
| <p>8. Federal Action Number, if known:</p>   | <p>9. Award Amount, if known:</p> <p>\$ _____</p>  |   |
| <p>10. a. Name and Address of Lobbying Registrar:<br/>(Individual Name and Address, if known)</p>  | <p>b. Individual Performing Services (provide address if different from (a) above):<br/>(Last name, first name, MI)</p>  |   |
| <p>11. <small>Use this space to provide any additional information that you wish to disclose. This information will be made available to the public. If you wish to provide information that you do not wish to be made available to the public, you should provide this information in a separate document and clearly mark it as "Confidential".</small></p> | <p>Signature: </p> <p>Print Name: Michael Webb</p> <p>Title: Political Director</p> <p>Contacting No: 202-416-1082 Fax: 202-416-1081</p> |   |

Federal Use Only: \_\_\_\_\_

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 08/30/2011

| <b>Part I: Summary</b> |   |  |                                       |                                       |                                       |                                       |
|------------------------|---|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| PHA Name/Number CA025  |   | Locality (City/County & State) Eureka/Humboldt, CA     |                                       | Original 5-Year Plan X Revision No:   |                                       |                                       |
| A.                     | Development Number and Name<br>25-1, 25-2, 25-4, 25-5 | Work Statement<br>for Year 1 _____<br>FFY ____2012____ | Work Statement for Year 2<br>FFY 2013 | Work Statement for Year 3<br>FFY 2014 | Work Statement for Year 4<br>FFY 2015 | Work Statement for Year 5<br>FFY 2016 |
| B.                     | Physical Improvements Subtotal                        | Annual Statement                                       |                                       |                                       |                                       |                                       |
| C.                     | Management Improvements                               |  |                                       |                                       |                                       |                                       |
| D.                     | PHA-Wide Non-dwelling Structures and Equipment        |  |                                       |                                       |                                       |                                       |
| E.                     | Administration  |  |                                       |                                       |                                       |                                       |
| F.                     | Other   |  |                                       |                                       |                                       |                                       |
| G.                     | Operations  |  | 350,000                               | 350,000                               | 350,000                               | 350,000                               |
| H.                     | Demolition  |  |                                       |                                       |                                       |                                       |
| I.                     | Development   |  |                                       |                                       |                                       |                                       |
| J.                     | Capital Fund Financing – Debt Service                 |  |                                       |                                       |                                       |                                       |
| K.                     | Total CFP Funds                                       |  |                                       |                                       |                                       |                                       |
| L.                     | Total Non-CFP Funds                                   |  |                                       |                                       |                                       |                                       |
| M.                     | Grand Total   | 350,000  | 350,000                               | 350,000                               | 350,000                               | 350,000                               |

| <b>Part I: Summary (Continuation)</b> |   |                                       |                                       |                                       |                                       |
|---------------------------------------|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| PHA Name/Number                       |   | Locality (City/county & State)        |                                       | Original 5-Year Plan X Revision No:   |                                       |
| CA025                                 |   | Eureka/Humboldt, CA                   |                                       |                                       |                                       |
| Development Number and Name           | Work Statement for Year 1<br>FFY ____2012____ | Work Statement for Year 2<br>FFY 2013 | Work Statement for Year 3<br>FFY 2014 | Work Statement for Year 4<br>FFY 2015 | Work Statement for Year 5<br>FFY 2016 |
|                                       | <b>Annual Statement</b>                       |                                       |                                       |                                       |                                       |
|                                       |   |                                       |                                       |                                       |                                       |
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**Part II: Supporting Pages – Physical Needs Work Statement(s)**

| Work Statement for Year 1 FFY _____ 2012_____ | Work Statement for Year 2 FFY 2013   |          |                | Work Statement for Year 3 FFY 2014   |          |                |
|---|--|----------|----------------|--|----------|----------------|
|   | Development Number/Name<br>General Description of Major Work<br>Categories | Quantity | Estimated Cost | Development Number/Name<br>General Description of Major Work<br>Categories | Quantity | Estimated Cost |
| See   |  |          |                |  |          |                |
| Annual  |  |          |                |  |          |                |
| Statement                                     |  |          |                |  |          |                |
|   |  |          |                |  |          |                |
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|   |  |          |                |  |          |                |
|   | Subtotal of Estimated Cost   |          | \$             | Subtotal of Estimated Cost   |          | \$             |

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

| Work Statement for Year 1 FFY _____ 2012 _____ | Work Statement for Year 4   |          |                | Work Statement for Year: 5  |          |                |
|--|---|----------|----------------|---|----------|----------------|
|  | FFY 2015  |          |                | FFY 2016  |          |                |
|  | Development Number/Name<br>General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories | Quantity | Estimated Cost |
| See  |   |          |                |   |          |                |
| Annual Statement                               |   |          |                |   |          |                |
|  |   |          |                |   |          |                |
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|  |   |          |                |   |          |                |
|  | Subtotal of Estimated Cost  |          | \$             | Subtotal of Estimated Cost  |          | \$             |

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

| Work<br>Statement for<br>Year 1 FFY<br>____2012____ | Work Statement for Year 2013  |                | Work Statement for Year: 2014   |                |           |
|---|---|----------------|---|----------------|-----------|
|   | FFY 12/31/2013  |                | FFY 12/31/2014  |                |           |
|   | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost |           |
| See   | 25-1, 25-2, 25-4, 25-5  |                | 25-1, 25-2, 25-4, 25-5  |                |           |
| Annual  | Operations  | 350,000        | Operations  | 350,000        |           |
| Statement   |   |                |   |                |           |
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|   |   |                |   |                |           |
| Subtotal of Estimated Cost                          |   | \$350,000      | Subtotal of Estimated Cost  |                | \$350,000 |



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

| Work Statement for Year 1 FFY ____2012____ | Work Statement for Year 2015<br>FFY 12/31/2015                          |                | Work Statement for Year: 2016<br>FFY 12/31/2016                         |                |
|--|---|----------------|---|----------------|
|  | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories | Estimated Cost |
| See  | 25-1, 25-2, 25-4, 25-5  |                | 25-1, 25-2, 25-4, 25-5  |                |
| Annual Statement                           | Operations  | 350,000        | Operations  | 350,000        |
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|  | Subtotal of Estimated Cost  | \$350,000      | Subtotal of Estimated Cost  | \$350,000      |

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 8/31/2011

|  |  |   |
|--|--|---|
| <b>Part I: Summary</b>                                   |  |   |
| <b>PHA Name: Housing Authority of the City of Eureka</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CA39PO25501-10<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant: 2012</b><br><b>FFY of Grant Approval: 2010</b> |

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

| Line | Summary by Development Account                               | Total Estimated Cost |                      | Total Actual Cost <sup>1</sup> |          |
|------|--|----------------------|----------------------|--------------------------------|----------|
|      |  | Original             | Revised <sup>2</sup> | Obligated                      | Expended |
| 1    | Total non-CFP Funds  |                      |                      |                                |          |
| 2    | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> | 346,485              |                      | 346,485                        | 130,000  |
| 3    | 1408 Management Improvements                                 |                      |                      |                                |          |
| 4    | 1410 Administration (may not exceed 10% of line 21)          |                      |                      |                                |          |
| 5    | 1411 Audit   |                      |                      |                                |          |
| 6    | 1415 Liquidated Damages                                      |                      |                      |                                |          |
| 7    | 1430 Fees and Costs  |                      |                      |                                |          |
| 8    | 1440 Site Acquisition  |                      |                      |                                |          |
| 9    | 1450 Site Improvement  |                      |                      |                                |          |
| 10   | 1460 Dwelling Structures                                     |                      |                      |                                |          |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                      |                      |                      |                                |          |
| 12   | 1470 Non-dwelling Structures                                 |                      |                      |                                |          |
| 13   | 1475 Non-dwelling Equipment                                  |                      |                      |                                |          |
| 14   | 1485 Demolition  |                      |                      |                                |          |
| 15   | 1492 Moving to Work Demonstration                            |                      |                      |                                |          |
| 16   | 1495.1 Relocation Costs                                      |                      |                      |                                |          |
| 17   | 1499 Development Activities <sup>4</sup>                     |                      |                      |                                |          |

<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 08/31/2011**

| <b>Part I: Summary</b>   |  |  |                      |   |  |  |
|--|--|--|----------------------|---|--|--|
| <b>PHA Name: Housing Authority of the City of Eureka</b>   |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CA39PO25501-10<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |                      |   | <b>FFY of Grant:2012</b><br><b>FFY of Grant Approval: 2010</b> |  |
| <b>Type of Grant</b><br><input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> Revised Annual Statement (revision no:                      )<br><input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> |  |  |                      |   |  |  |
| Line   | Summary by Development Account   | Total Estimated Cost   |                      | Total Actual Cost <sup>1</sup>              |  |  |
|  |  | Original   | Revised <sup>2</sup> | Obligated                                   | Expended   |  |
| 18a  | 1501 Collateralization or Debt Service paid by the PHA                   |  |                      |   |  |  |
| 18ba   | 9000 Collateralization or Debt Service paid Via System of Direct Payment |  |                      |   |  |  |
| 19   | 1502 Contingency (may not exceed 8% of line 20)                          |  |                      |   |  |  |
| 20   | Amount of Annual Grant:: (sum of lines 2 - 19)                           | 346,485  | 346,485              |   |  |  |
| 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 10/27/2011</b>   |                      | <b>Signature of Public Housing Director</b> |  |  |
|  |  |  |                      | <b>Date 10/27/2011</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.

| <b>Part II: Supporting Pages</b>                         |   |  |          |                      |                                   |                                 |                                |                |
|--|---|--|----------|----------------------|-----------------------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: <b>Housing Authority of the City of Eureka</b> |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CA39PO25501-11<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |          |                      | <b>Federal FFY of Grant: 2012</b> |                                 |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities        | General Description of Major Work<br>Categories | Development<br>Account No.   | Quantity | Total Estimated Cost |                                   | Total Actual Cost               |                                | Status of Work |
|  |   |  |          | Original             | Revised <sup>1</sup>              | Funds<br>Obligated <sup>2</sup> | Funds<br>Expended <sup>2</sup> |                |
| 25-1,25-2,25-4,25-5                                      | Operations                                      | 1406   |          | 346,485              | 346,485                           | 0                               | 0                              |                |
|  |   |  |          |                      |                                   |                                 |                                |                |
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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.

| <b>Part II: Supporting Pages</b>                         |   |                            |  |                      |                      |                                   |                                |                |
|--|---|----------------------------|--|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: <b>Housing Authority of the City of Eureka</b> |   |                            | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CA39PO25501-10<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |                      |                      | <b>Federal FFY of Grant: 2012</b> |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities        | General Description of Major Work<br>Categories | Development<br>Account No. | Quantity   | Total Estimated Cost |                      | Total Actual Cost                 |                                | Status of Work |
|  |   |                            |  | Original             | Revised <sup>1</sup> | Funds<br>Obligated <sup>2</sup>   | Funds<br>Expended <sup>2</sup> |                |
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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.

| <b>Part III: Implementation Schedule for Capital Fund Financing Program</b> |   |                               |   |                                |   |
|---|---|-------------------------------|---|--------------------------------|---|
| PHA Name: <b>Housing Authority of the City of Eureka</b>                    |   |                               |   |                                | <b>Federal FFY of Grant: 2012</b>             |
| Development Number<br>Name/PHA-Wide<br>Activities                           | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                | Reasons for Revised Target Dates <sup>1</sup> |
|   | Original<br>Obligation End<br>Date          | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure End<br>Date |   |
| 25-1, 25-2, 25-4, 25-5  | 09/30/2010                                  |                               | 09/30/2012                                  |                                |   |
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<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.





| <b>Part III: Implementation Schedule for Capital Fund Financing Program</b> |   |                               |   |                                   |   |
|---|---|-------------------------------|---|-----------------------------------|---|
| PHA Name: <b>Housing Authority of the City of Eureka</b>                    |   |                               |   | <b>Federal FFY of Grant: 2010</b> |   |
| Development Number<br>Name/PHA-Wide<br>Activities                           | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                   | Reasons for Revised Target Dates <sup>1</sup> |
|   | Original<br>Obligation End<br>Date          | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure End<br>Date    |   |
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<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 8/31/2011

|  |  |   |
|--|--|---|
| <b>Part I: Summary</b>                                   |  |   |
| <b>PHA Name: Housing Authority of the City of Eureka</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CA39PO25501-11<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant: 2012</b><br><b>FFY of Grant Approval: 2011</b> |

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

| Line | Summary by Development Account                               | Total Estimated Cost |                      | Total Actual Cost <sup>1</sup> |          |
|------|--|----------------------|----------------------|--------------------------------|----------|
|      |  | Original             | Revised <sup>2</sup> | Obligated                      | Expended |
| 1    | Total non-CFP Funds  | 298,056              |                      |                                |          |
| 2    | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> |                      |                      |                                |          |
| 3    | 1408 Management Improvements                                 |                      |                      |                                |          |
| 4    | 1410 Administration (may not exceed 10% of line 21)          |                      |                      |                                |          |
| 5    | 1411 Audit   |                      |                      |                                |          |
| 6    | 1415 Liquidated Damages                                      |                      |                      |                                |          |
| 7    | 1430 Fees and Costs  |                      |                      |                                |          |
| 8    | 1440 Site Acquisition  |                      |                      |                                |          |
| 9    | 1450 Site Improvement  |                      |                      |                                |          |
| 10   | 1460 Dwelling Structures                                     |                      |                      |                                |          |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                      |                      |                      |                                |          |
| 12   | 1470 Non-dwelling Structures                                 |                      |                      |                                |          |
| 13   | 1475 Non-dwelling Equipment                                  |                      |                      |                                |          |
| 14   | 1485 Demolition  |                      |                      |                                |          |
| 15   | 1492 Moving to Work Demonstration                            |                      |                      |                                |          |
| 16   | 1495.1 Relocation Costs                                      |                      |                      |                                |          |
| 17   | 1499 Development Activities <sup>4</sup>                     |                      |                      |                                |          |

<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 08/31/2011**

| <b>Part I: Summary</b>  |  |  |                      |   |  |  |
|---|--|--|----------------------|---|--|--|
| <b>PHA Name: Housing Authority of the City of Eureka</b>  |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CA39PO25501-09<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |                      |   | <b>FFY of Grant:2012</b><br><b>FFY of Grant Approval: 2011</b> |  |
| <b>Type of Grant</b><br><input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> Revised Annual Statement (revision no: )<br><input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> |  |  |                      |   |  |  |
| Line  | Summary by Development Account   | Total Estimated Cost   |                      | Total Actual Cost <sup>1</sup>              |  |  |
|   |  | Original   | Revised <sup>2</sup> | Obligated                                   | Expended   |  |
| 18a   | 1501 Collateralization or Debt Service paid by the PHA                   |  |                      |   |  |  |
| 18ba  | 9000 Collateralization or Debt Service paid Via System of Direct Payment |  |                      |   |  |  |
| 19  | 1502 Contingency (may not exceed 8% of line 20)                          |  |                      |   |  |  |
| 20  | Amount of Annual Grant:: (sum of lines 2 - 19)                           | 298,056  | 298,056              |   |  |  |
| 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 10/27/2011</b>   |                      | <b>Signature of Public Housing Director</b> |  |  |
|   |  |  |                      | <b>Date 10/27/2011</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.

| <b>Part II: Supporting Pages</b>                  |   |                            |   |                      |                      |                                 |                                |                |
|---|---|----------------------------|---|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of the City of Eureka |   |                            | Grant Type and Number<br>Capital Fund Program Grant No: CA39PO25501-11<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |                      |                      | Federal FFY of Grant: 2012      |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories | Development<br>Account No. | Quantity  | Total Estimated Cost |                      | Total Actual Cost               |                                | Status of Work |
|   |   |                            |   | Original             | Revised <sup>1</sup> | Funds<br>Obligated <sup>2</sup> | Funds<br>Expended <sup>2</sup> |                |
| 25-1,25-2,25-4,25-5                               | Operations                                      | 1406                       |   | 298,056              | 298,056              |                                 |                                |                |
|   |   |                            |   |                      |                      |                                 |                                |                |
|   |   |                            |   |                      |                      |                                 |                                |                |
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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.

| <b>Part II: Supporting Pages</b>                         |   |                            |  |                      |                      |                                   |                                |                |
|--|---|----------------------------|--|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: <b>Housing Authority of the City of Eureka</b> |   |                            | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CA39PO25501-11<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |                      |                      | <b>Federal FFY of Grant: 2012</b> |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities        | General Description of Major Work<br>Categories | Development<br>Account No. | Quantity   | Total Estimated Cost |                      | Total Actual Cost                 |                                | Status of Work |
|  |   |                            |  | Original             | Revised <sup>1</sup> | Funds<br>Obligated <sup>2</sup>   | Funds<br>Expended <sup>2</sup> |                |
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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.

| <b>Part III: Implementation Schedule for Capital Fund Financing Program</b> |   |                               |   |                                   |   |
|---|---|-------------------------------|---|-----------------------------------|---|
| PHA Name: Housing Authority of the City of Eureka                           |   |                               |   | <b>Federal FFY of Grant: 2012</b> |   |
| Development Number<br>Name/PHA-Wide<br>Activities                           | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                   | Reasons for Revised Target Dates <sup>1</sup> |
|   | Original<br>Obligation End<br>Date          | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure End<br>Date    |   |
| 25-1, 25-2, 25-4, 25-5  | 09/30/2013                                  |                               | 09/30/2015                                  |                                   |   |
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<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.





| <b>Part III: Implementation Schedule for Capital Fund Financing Program</b> |   |                               |   |                                   |   |
|---|---|-------------------------------|---|-----------------------------------|---|
| PHA Name: <b>Housing Authority of the City of Eureka</b>                    |   |                               |   | <b>Federal FFY of Grant: 2012</b> |   |
| Development Number<br>Name/PHA-Wide<br>Activities                           | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                   | Reasons for Revised Target Dates <sup>1</sup> |
|   | Original<br>Obligation End<br>Date          | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure End<br>Date    |   |
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<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 8/31/2011

|  |  |   |
|--|--|---|
| <b>Part I: Summary</b>                                   |  |   |
| <b>PHA Name: Housing Authority of the City of Eureka</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CA39PO25501-09<br>Replacement Housing Factor Grant No:<br>Date of CFFP: | <b>FFY of Grant: 2012</b><br><b>FFY of Grant Approval: 2009</b> |

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|--|--|
| <b>Type of Grant</b><br><input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b><br><input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> | <b>Revised Annual Statement (revision no:</b><br><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> | 348,892              |                      | 348,892                        | 348,892  |
| 3    | 1408 Management Improvements                                 |                      |                      |                                |          |
| 4    | 1410 Administration (may not exceed 10% of line 21)          |                      |                      |                                |          |
| 5    | 1411 Audit   |                      |                      |                                |          |
| 6    | 1415 Liquidated Damages                                      |                      |                      |                                |          |
| 7    | 1430 Fees and Costs  |                      |                      |                                |          |
| 8    | 1440 Site Acquisition  |                      |                      |                                |          |
| 9    | 1450 Site Improvement  |                      |                      |                                |          |
| 10   | 1460 Dwelling Structures                                     |                      |                      |                                |          |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                      |                      |                      |                                |          |
| 12   | 1470 Non-dwelling Structures                                 |                      |                      |                                |          |
| 13   | 1475 Non-dwelling Equipment                                  |                      |                      |                                |          |
| 14   | 1485 Demolition  |                      |                      |                                |          |
| 15   | 1492 Moving to Work Demonstration                            |                      |                      |                                |          |
| 16   | 1495.1 Relocation Costs                                      |                      |                      |                                |          |
| 17   | 1499 Development Activities <sup>4</sup>                     |                      |                      |                                |          |

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

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

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

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



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|---|--|--|----------------------|--|--|--|
| <b>PHA Name: Housing Authority of the City of Eureka</b>                      |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CA39PO25501-09<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |                      |  | <b>FFY of Grant:2011</b><br><b>FFY of Grant Approval: 2009</b> |  |
| <b>Type of Grant</b>  |  |  |                      |  |  |  |
| <input type="checkbox"/> Original Annual Statement                            |  | <input type="checkbox"/> Reserve for Disasters/Emergencies   |                      | <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2 ) |  |  |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: |  | <input type="checkbox"/> Final Performance and Evaluation Report   |                      |  |  |  |
| Line  | Summary by Development Account   | Total Estimated Cost   |                      | Total Actual Cost <sup>1</sup>   |  |  |
|   |  | Original   | Revised <sup>2</sup> | Obligated  | Expended   |  |
| 18a   | 1501 Collateralization or Debt Service paid by the PHA                   |  |                      |  |  |  |
| 18ba  | 9000 Collateralization or Debt Service paid Via System of Direct Payment |  |                      |  |  |  |
| 19  | 1502 Contingency (may not exceed 8% of line 20)                          |  |                      |  |  |  |
| 20  | Amount of Annual Grant:: (sum of lines 2 - 19)                           | 348,892  |                      | 348,892  | 348,892  |  |
| 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 10/27/2011</b>   |                      | <b>Signature of Public Housing Director</b>                                    |  |  |
|   |  |  |                      | <b>Date 10/27/2011</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.

| <b>Part II: Supporting Pages</b>                         |   |  |          |                      |                                   |                                 |                                |                |
|--|---|--|----------|----------------------|-----------------------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: <b>Housing Authority of the City of Eureka</b> |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CA39PO25501-09<br><br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |          |                      | <b>Federal FFY of Grant: 2012</b> |                                 |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities        | General Description of Major Work<br>Categories | Development<br>Account No.   | Quantity | Total Estimated Cost |                                   | Total Actual Cost               |                                | Status of Work |
|  |   |  |          | Original             | Revised <sup>1</sup>              | Funds<br>Obligated <sup>2</sup> | Funds<br>Expended <sup>2</sup> |                |
| 25-1,25-2,25-4,25-5                                      | Operations                                      | 1406   |          | 348,892              |                                   | 348,892                         | 348,892                        |                |
|  |   |  |          |                      |                                   |                                 |                                |                |
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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.

| <b>Part II: Supporting Pages</b>                  |   |                            |  |                      |                      |                                 |                                |                |
|---|---|----------------------------|--|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Housing Authority of the City of Eureka |   |                            | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CA39PO25501-09<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |                      |                      | Federal FFY of Grant: 2012      |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories | Development<br>Account No. | Quantity   | Total Estimated Cost |                      | Total Actual Cost               |                                | Status of Work |
|   |   |                            |  | Original             | Revised <sup>1</sup> | Funds<br>Obligated <sup>2</sup> | Funds<br>Expended <sup>2</sup> |                |
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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.

| <b>Part III: Implementation Schedule for Capital Fund Financing Program</b> |   |                               |   |                                   |   |
|---|---|-------------------------------|---|-----------------------------------|---|
| PHA Name: <b>Housing Authority of the City of Eureka</b>                    |   |                               |   | <b>Federal FFY of Grant: 2012</b> |   |
| Development Number<br>Name/PHA-Wide<br>Activities                           | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                   | Reasons for Revised Target Dates <sup>1</sup> |
|   | Original<br>Obligation End<br>Date          | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure End<br>Date    |   |
| 25-1, 25-2, 25-4, 25-5  | 09/14/2011                                  |                               | 09/14/2011                                  |                                   |   |
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<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.





| <b>Part III: Implementation Schedule for Capital Fund Financing Program</b> |   |                               |   |                                   |   |
|---|---|-------------------------------|---|-----------------------------------|---|
| PHA Name: <b>Housing Authority of the City of Eureka</b>                    |   |                               |   | <b>Federal FFY of Grant: 2012</b> |   |
| Development Number<br>Name/PHA-Wide<br>Activities                           | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                   | Reasons for Revised Target Dates <sup>1</sup> |
|   | Original<br>Obligation End<br>Date          | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure End<br>Date    |   |
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**“VIOLENCE AGAINST WOMEN ACT (VAWA)”**

***Resolution 1817  
Implement the Violence Against Women Policy***

WHEREAS, The Violence Against Women Act (VAWA) was signed into law on January 5, 2005; and

WHEREAS, This law prohibits the eviction of victims of domestic violence if the violence is the sole reason for the eviction (other reasons such as non payment of rent or other lease violations can trigger the eviction process); and

WHEREAS, The law requires Housing Authorities to take certain steps to inform the participants and landlords of this law and to provide the victim with the means to certify they are a victim of domestic violence and protect themselves from eviction; and

WHEREAS, The Administrative and Continued Occupancy Policies (ACOP) of the Housing Authority must be updated to reflect the Violence Against Women Act; and

WHEREAS, Staff has prepared policies and procedures to insure compliance with VAWA; and

WHEREAS, The Board of Commissioners have reviewed the recommended policies and procedures and found that they meet the requirements; therefore

BE IT RESOLVED THAT The Board of Commissioners approves the recommended policies and procedures dealing with VAWA and the addition of the following to the Administrative and Continued Occupancy Policies:

## 20.2.1 TERMINATION FOR DOMESTIC VIOLENCE

If a tenant of any HUD program is being evicted due to of domestic violence including disturbing the neighbors or damage to the unit and the victim certifies that they are a victim, the Housing Authority or Section 8 landlord can only proceed with the eviction against the abuser, not the remainder of the family. In order for the victim to certify that they are a victim, there is a certification form which will have to be completed and returned within 14 business days stating that they are a victim and stating the name of the abuser. The victim may be required to provide official documentation or physical proof. In lieu of the certification, the victim may provide documentation by:

1. A Federal, State, tribal, territorial or local police or court record:
2. Documents 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 domestic violence. The professional must attest under penalty of perjury to their belief that the incidents in question are bonafide.

If the victim does not provide the certification and/or verification, the landlord may proceed with the eviction against the whole family.