

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 8/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>The Housing Authority of the City of Meriden</u> PHA Code: <u>CT011</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2012</u>												
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>361</u> Number of HCV units: <u>722</u>												
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <thead> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	PH	HCV	PHA 1:		PHA 2:		PHA 3:	
PH	HCV												
PHA 1:													
PHA 2:													
PHA 3:													
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.												
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <b><i>The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</i></b>												
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.												
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  <b>Copies of the Housing Agency Plan are available for public review at the Authority's Main Office located at 22 Church Street (this location is wheelchair accessible) &amp; at the Mills Memorial Resident Service Office located at 40 Mills Street, 1B, and Community Towers, 55 Willow Street (this location is wheelchair accessible), Meriden City Library, Meriden, Connecticut.</b>												

	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p><b>The Authority does anticipate submitting a Choice Neighborhood planning application during FYE 2012.</b></p> <p><b>The MHA is in the early stages of a planning process for the redevelopment of Mills Apartments. The City of Meriden has developed a plan for redevelopment of downtown including the development of an Intermodal Transportation Center. The MHA will be art of the planning process for the redevelopment of Downtown Meriden. The Mills Memorial Master Redevelopment plan will include a ½ mile radius around the Mills Memorial Apartments. Mills Memorial is located in an area of downtown Meriden that has been designated as the Promise Neighborhood. Promise Neighborhoods is a <u>United States Department of Education</u> program established under the legislative authority of the Fund for the Improvement of Education Program to improve educational outcomes for students in distressed urban and rural neighborhoods. \$10 million will be available in fiscal 2010 to support up to 20 organizations with one year of funding to plan for the implementation of "cradle-to-career" services. The City is begun a dramatic effort to re-engineer Harbor Brook which runs from north to south through the downtown and under the Mills Memorial site.</b></p> <p><b>Mills Memorials redevelopment will need to be integrated into any larger vision for downtown housing. The MHA intends work with the City to arrive at an overall vision for the residential aspects of downtown Meriden that will incorporate smart and responsible growth principles and which will help revive the downtown area as a vibrant residential neighborhood proximate to and within walking distance of shopping.</b></p> <p><b>The planning process will consider all sources of funding including Choice Neighborhoods grant or a successor programs as well as Low Income Housing Tax Credits, issuance of tax exempt bonds, state of Connecticut program such as Home Funds, the CT Housing Trust Fund, Home or Flex. The MHA is committed to providing all existing residents with housing options and choices that meet their needs and preferences to the greatest extent feasible and consistent with obligations under Section 18 of the 1937 Housing Act and applicable state laws.</b></p> <p><b>The MHA will continue to operate a home-ownership program using its Section 8 Program and coordinated with its FSS Program.</b></p> <p><b>The MHA has implement a Project-based Housing Choice Voucher Program in support of its redevelopment activities and as source of replacement units for ACC public housing units that may no longer be available as an outcome of redevelopment activities. This may include the development of 9 units of Section 8 PBV with supportive services for veterans during the current fiscal year. The MHA will develop a program that will aid Meriden residents that are rent burdened. This program may include a program that will issue Section 8 Vouchers to residents residing in the rent burdened developments. The MHA is considering implementing the RAD program for its' developments.</b></p> <p><b>The MHA will seek to develop supportive housing whenever opportunities arise that provide for long term links to supportive service funding that can be codified in MOA/MOU arrangements. Including but not limited to a possible partnership with Bradley Home, which provides services to the elderly disabled community in Meriden, CT.</b></p> <p><b>AN APPLICATION FOR DEMOLITION OR DISPOSITION SUBJECT TO 24 CFR 970 IS ANTICIPATED DURING THE FISCAL YEAR COVERED BY THIS AGENCY PLAN.</b></p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p><b>See Attachments for CFFP</b></p>

8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p><b>See Attachment 5 Year Action Plan</b></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><b>See Section 9.1</b></p>

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

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

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

- a. **Reduce turnover time for vacated public housing units**
- b. **Seek replacement of public housing units lost to the inventory through mixed finance development**
- c. **Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction**
- d. **Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required**
- e. **Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration**
- f. **Participate in the Consolidated Plan development process to ensure coordination with broader community strategies**

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

9.1

- a. **Apply for additional section 8 units should they become available**
- b. **Leverage affordable housing resources in the community through the creation of mixed - finance housing**
- c. **Pursue housing resources other than public housing or Section 8 tenant-based assistance.**
- d. **Implement Project-based Section 8 Voucher Program consistent with revised statutes.**
- e. **Amend Section 8 Admin Plan to allow and promote use of project-based vouchers in neighborhoods that are under a comprehensive revitalization and at other mixed-finance developments.**

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

- a. **Adopt rent policies to support and encourage work**

**Other Housing Needs & Strategies:**

**The Authority will continue to implement a Project-based Section 8 Program (PBV) track designed to work in tandem with other sources of affordable housing finance.**

**Given the historic under-funding of modernization, the Authority will be looking at ways to leverage resources to redevelop its public housing portfolio. Re-establishing a stable and viable housing portfolio is a major priority for the Authority over the development of incremental units but will not preclude supporting opportunities to assist other entities in the expansion of affordable housing in Meriden.**

**Additional Information.** Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan.

**See Attachment F**

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

**The Housing Authority of the City of Meriden considers a major change in the content of the Agency Plan for the fiscal year starting 10/1/2012 to consist of one or more the following:**

10.0

1. **Implementation of program incentives to increase the number of working households in the program.**
2. **A decision to submit a major application such as a Demolition/Disposition Application not already identified in the Plan.**
3. **A decision to request a voluntary conversion of public housing to Section 8 Vouchers.**

**For this fiscal year, the following actions are NOT to be considered major changes. These matters have been discussed with the RAB as part of the process resulting in the baseline Housing Agency Plan for 2012.**

1. **Submission of an Allocation Plan for Designated Housing**
2. **Revisions to the Section 8 Administrative Plan to address program integrity, customer service and to implement policies and procedures to improve management of program utilization levels.**
3. **Revisions to the ACOP to address program integrity and improve customer service.**
4. **Decisions to open or close a waiting list for a specific period of time.**
5. **Changes in the Capital Plan that represent reprogramming of funds in excess of 50% from the original baseline Annual Statement.**

## RESIDENT PARTICIPATION:

Through a variety of meetings with management staff. Residents in both Federal Properties identified 2 areas of concern:

1. **Safety and Security**
  - a. **Cameras for security throughout the properties.**
  - b. **Resident i.d. system.**
  - c. **Sidewalks and Benches to be repaired.**
  - d. **Address odors coming through ventilation systems**
2. **Major Repairs or Replacement:**
  - a. **Elevators**
  - b. **Windows**
  - c. **Roofs**
  - d. **Paint all apartments**
  - e. **Visitors id system so guests are not towed from parking lot**
  - f. **Replace floors**
  - g. **New locks on all doors**
  - h. **Carpet units**
  - i. **Place emergency exit indicator signs in units**
  - j. **New window dressings**
  - k. **New Picnic tables**
  - l. **Increase the number of kitchen cabinets**
  - m. **Additional Parking**
  - n. **Increase exterminations**
  - o. **Elevator repairs (stop them from breaking down)**
  - p. **Signs to curb dogs**

**11.0 Required Submission for HUD Field Office Review.** 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. **Note:** Faxed copies of these documents will not be accepted by the Field Office.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- (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. 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.
- (g) Challenged Elements
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

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.

## **Statement of Progress Meeting 5-Year Plan Mission & Goals**

**During the past year the Housing Authority of the City of Meriden continued to make progress in its targeted programs and activities.**

### **Accomplishments**

- **Expending Category IV competitive grant ARRA funds for the construction of energy upgrades and supportive infrastructure of an electricity producing co-generation plant for a 221 unit elderly/disabled development.**
- **Expended \$ 897,500 under the ARRA formula grant for modernization of Mills Memorial. The modernization includes new entry doors on all of the apartments, new elevator cars, new electronic locks, new lobbies, and security and new entry doors.**
- **Received high performance score on SEMAP in Sept 2011.**
- **The MHA is collaborating with the City of Meriden on development of a plan for the redevelopment of downtown including the development of an Intermodal Transportation Center. The City is also ready to start a dramatic effort to re-engineer Harbor Brook**

**which runs from north to south through the downtown and under the Mills Memorial site.**

- **Received zoning approval for nine (9) new project based Section 8 housing units for veterans.**
- **Completed the 2<sup>nd</sup> EPC program for Mills Memorial.**
- **Review and amend the Section 8 Administrative plan and the Admissions and Continued Occupancy policies to give a preference to residents of Meriden that are experiencing a rental burden.**

**And, as always, the Authority will continue to assess its administrative systems and practices in light of changing resource levels, federal policy priorities and changing local priorities.**

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

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

**Part I: Summary**

PHA Name/Number Housing Authority of the City of Meriden CT-011		Locality (City/County & State) 22 Church Street, PO Box 911, Meriden, CT 06451			<input checked="" type="checkbox"/> Original 5-Year Plan Revision No:	
A.	Development Number and Name: Mills Memorial Apartments, CT 11-1, Amp #1, Community Towers Apartments, CT 11-2, Amp #2	Work Statement for Year 1 FFY 2012	Work Statement for Year 2 FFY 2013	Work Statement for Year 3 FFY 2014	Work Statement for Year 4 FFY 2015	Work Statement for Year 5 FFY 2016
B.	Physical Improvements Subtotal	Annual Statement	\$190,210.00	\$192,460.00	\$196,710.00	\$195,210.00
C.	Management Improvements		\$76,000.00	\$84,500.00	\$78,500.00	\$80,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$22,500.00	\$13,750.00	\$10,500.00	\$11,500.00
E.	Administration		\$42,634.00	\$42,634.00	\$42,634.00	\$42,634.00
F.	Other		\$10,000.00	\$8,000.00	\$13,000.00	\$12,000.00
G.	Operations		\$85,000.00	\$85,000.00	\$85,000.00	\$85,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CPP Funds		\$426,344.00	\$426,344.00	\$426,344.00	\$426,344.00
L.	Total Non-CPP Funds					
M.	Grand Total		\$426,344.00	\$426,344.00	\$426,344.00	\$426,344.00



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

Work Statement for Year 1 FFY 2012	Work Statement for Year 2013			Work Statement for Year 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	11-1 Mills Memorial Apartments, Amp #1, Stair replacement	140	\$190,210.00	11-1 Mills Memorial Apartments, Amp. #1 – Replace Fire Alarm System	5	\$50,418.00
Appraisal				11-2 Community Towers Apartments, Amp. #2, repair all sidewalks	2	\$20,000.00
Statement				11-2 Community Towers Apartments, Amp. #2, Replace roofs on both Towers	2	\$83,542.00
				11-2 Community Towers Apartments, Amp. #2, weather seal outside of all windows	450	\$23,500.00
				11-2 Community Towers Apartments, Amp. #2 – replace lighting in all kitchens	221	\$15,000.00







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

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

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

Work Statement for Year 1 FFY 2012	Work Statement for Year 2015		Work Statement for Year 2016	
	Development Number/Name	Estimated Cost	Development Number/Name	Estimated Cost
	General Description of Major Work Categories		General Description of Major Work Categories	
See Appendix Statement	11-1 Mills Memorial, Amp. #1 - Operations	\$45,000.00	11-1 Mills Memorial, Amp. #1 Operations	\$43,000.00
	11-2 Community Towers, Amp. #2 - Operations	\$40,000.00	11-2 Community Towers, Amp. #2 - Operations	\$42,000.00
	11-1 Mills Memorial, Amp. #1 – Staff Training	\$1,000.00	11-1 Mills Memorial, Amp. #1 – Staff Training	\$1,000.00
	11-2 Community Towers, Amp. #2, Activities Coordinator	\$27,500.00	11-2 Community Towers, Amp. #2 – Staff Training	\$1,000.00
	11-2 Community Towers, Amp. #2, Security Patrols	\$50,000.00	11-2 Community Towers, Amp. #2 – Activities Coordinator	\$28,000.00
	11-1 Mills Memorial, Amp. #1, Administrative Costs	\$28,600.00	11-2 Community Towers, Amp. #2, Security Patrols	\$50,000.00
	11-2 Community Towers, Amp. #2, Administrative Costs	\$14,034.00	11-1 Mills Memorial – Amp. #1, Administrative Costs	\$23,400.00
	11-1 Mills Memorial, Amp. #1, Fees and Costs	\$5,000.00	11-2 Community Towers – Amp. #2, Administrative Costs	\$19,234.00
	11-2 Community Towers, Amp. #2, Fees and Costs	\$8,000.00	11-2 Community Towers – Amp. #2, Fees and Costs	\$12,000.00
	11-1 Mills Memorial, Amp. #1, Energy star rated refrigerators	\$3,000.00	11-1 Mills Memorial, Amp. #1, Energy star rated refrigerators	\$3,500.00
	11-1 Mills Memorial, Amp. #1, Energy star rated electric ranges	\$3,500.00	11-1 Mills Memorial, Amp. #1, Energy star rated electric ranges	\$3,500.00
	11-2 Community Towers, Amp. #2, Energy star rated refrigerators	\$2,000.00	11-2 Community Towers, Amp. #2, Energy star rated refrigerators	\$2,500.00
	11-2 Community Towers, Amp. #2, Energy star rated electric ranges	\$2,000.00	11-2 Community Towers, Amp. #2, Energy star rated electric ranges	\$2,000.00
	Subtotal of Estimated Cost	\$229,634.00	Subtotal of Estimated Cost	\$231,134.00

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

**U.S. Department of Housing and Urban Development**

**Office of Public and Indian Housing**

**Expires 4/30/2011**

# **Statement on Compliance with the Requirements of the Violence against Women Act**

The Housing Authority of the City of Meriden completed a review of its major policies and administrative systems for both its Public Housing and its Section 8 Programs against the requirements of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and the recently issued Interim Rule on the Violence Against Women's Act, as amended.

One of the key aspects of the review was to identify program requirements that might result in impediments for VAWA households in terms of their program participation.

This review confirmed that the MHA already has administrative systems that allow for applicants and program participants to identify mitigating circumstances for both the public housing and Section 8 Program. Language has been developed to clarify that among the types of mitigating information documentation of the applicant or program participant being a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified. See attached example from the public housing program.

This expansion of the notion of mitigating information covers applicant screening, lease compliance and in the case of the Section 8 Program actions that might otherwise result in program termination. In situations in which the abuser is currently part of the household, the MHA has developed policy changes that would facilitate bifurcation of assistance. The MHA has also changed its Section 8 Program to give both a priority to a MHA public housing resident who is qualified under VAWA definitions and at risk in their current unit as well as a general preference for victims of domestic abuse as defined under VAWA.

The PHA has adopted reasonable procedures for verification of status under VAWA using form HUD 50066, by police report or court record, or by other certifying documentation provided by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance.

Program participants have been notified of rights under VAWA.

MHA has not implemented any special supportive service programs for victims of domestic violence nor entered into any Memorandum of Agreement with local service providers. Information on referrals to local service providers that work with domestic abuse victims has been made available to staff.

# MHA Public Housing Program Policy Language

## Re: Domestic Violence

(a) An incident or incidents of actual or threatened domestic violence, dating violence, or stalking shall not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the tenancy or occupancy rights of the victim of such violence. Additionally, criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a Tenant's household or any guest or other person under the Tenant's control, shall not be cause for termination of the tenancy or occupancy rights, if the Tenant or immediate member of the Tenant's family is a victim of that domestic violence, dating violence, or stalking.

(b) Notwithstanding subsection (a), or any Federal, State, or local law to the contrary, the Management may bifurcate a lease or remove a household member from a lease without regard to whether a household member is a signatory to a lease, in order to evict, remove, or terminate occupancy rights of any individual who is a tenant or lawful occupant and who engaged in criminal acts of physical violence against family members or others, without evicting, removing, or terminating occupancy rights, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant. Such eviction or removal of occupancy rights shall be effected in accordance with the procedures prescribed by Federal, State, and local law.

(c) Management may request a certification that an individual is a victim of domestic violence, dating violence or stalking, and that the incident(s) in question are bona fide incidents of actual or threatened abuse. Such certification must include the name of the perpetrator, and may be in the form of (i) HUD Form 50066, or other HUD approved certification form, (ii) a court record, or (iii) documentation signed by an employee, agent or volunteer of a victim service provider, an attorney, or medical professional from whom the individual has sought assistance which attests to the bona fide existence of such actual or threatened abuse.

(d) Nothing in this Section:

(1) limits Management from honoring court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim or issued to address the distribution or possession of property among the household members in cases where a family breaks up;

(2) limits Management from evicting a Tenant for any violation of a lease not premised on the act or acts of violence in question against the Tenant or a member of the Tenant's household, provided that Management does not subject an individual who is or has been a victim of domestic violence, dating violence, or stalking to a more demanding standard than other Tenants in determining whether to evict;

(3) limits Management from terminating the tenancy of any Tenant if Management can demonstrate an actual and imminent threat to other Tenants or those employed at or providing service to the premises if that Tenant is not evicted; or

(4) supersedes any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

(e) All information Management may request to confirm domestic violence, dating violence or stalking victim status, pursuant to federal law, shall be retained in confidence by Management, and shall not be entered into any shared database, except to the extent that disclosure is:

(1) requested or consented to by the individual in writing;

(2) required for use in an eviction proceeding; or

(3) otherwise required by applicable law.

**RESOLUTION # 944**

**Authorizing the submission of the 5  
year annual plan.**

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U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
PHA Certifications of Compliance with the PHA Plans and Related Regulations  
12/99

**PHA Certifications of Compliance with the PHA Plans  
and Related Regulations**

**Board Resolution to Accompany the PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year Plan and Annual Plan for PHA fiscal year beginning 10/1/2012, hereinafter referred to as the Plan of which this document is a part and make the following certifications and agreements with the Department of Housing Development HUD in connection with the submission of the Plan and implementation thereof: 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.

2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.

3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.

4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.

5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.

6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.

7. For PHA Plan that includes a policy for site based waiting lists:

- The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
- The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site; Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD; The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair

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housing; The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1). U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
PHA Certifications of Compliance with the PHA Plans and Related Regulations  
12/99

8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.

9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 4 1, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.

10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.

12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.

13. For PHA Plan that includes a PHDEP Plan as specified in 24 CFR 761.2 1: The PHDEP Plan is consistent with and conforms to the "Plan Requirements" and "Grantee Performance Requirements" as specified in 24 CFR 761.21 and 761.23 respectively and the PHA will maintain and have available for review/inspection (at all times), records or documentation of the following:  
Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part If crimes) that establish need for the public housing sites assisted under the PHDEP Plan.

14. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

15. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).

16. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.

17. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.

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18. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.

19. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.

20. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.). U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing PHA Certifications of Compliance with the PHA Plans and Related Regulations 12/99

21. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.

22. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and attachments at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

Housing Authority of the City of Meriden  
PHA Name

CT011  
PHA Number



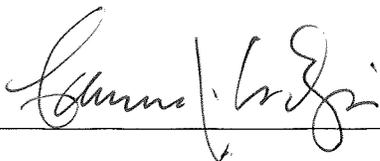
Signed/Dated by PHA Board Chair or other authorized PHA Official

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

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

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

I, Lawrence Kendzior the City Manager certify that the Five Year and  
Annual PHA Plan of the Meriden H.A. is consistent with the Consolidated Plan of  
Meriden, CT prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

**PHA Certifications of Compliance  
with PHA Plans and Related  
R e g u l a t i o n s**

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

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

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

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.





## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLLA Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payments made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLLA Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

The Housing Authority of the City of Meriden

Program/Activity Receiving Federal Grant Funding

Public Housing 5 year/Annual Plan

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

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

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

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

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

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

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

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

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

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

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

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

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

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

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

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

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

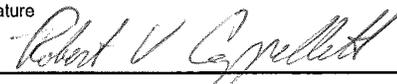
Name of Authorized Official

Robert V. Cappelletti

Title

Executive Director

Signature

X 

Date

7/18/12

# Certification of Payments to Influence Federal Transactions

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

OMB Approval No. 2577-0157 (Exp. 01/31/2014)

Applicant Name

The Housing Authority of the City of Meriden

Program/Activity Receiving Federal Grant Funding

Public Housing 5 year/Annual Plan

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

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

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

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

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

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

Name of Authorized Official

Robert V. Cappelletti

Title

Executive Director

Signature



Date (mm/dd/yyyy)

7/18/12

# Civil Rights Certification

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 08/30/2011

## Civil Rights Certification

### Annual Certification and Board Resolution

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

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

Housing Authority of the City of Meriden  
PHA Name

CT-011  
PHA Number/HA Code

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

Name of Authorized Official Robert V. Cappelletti		Title Executive Director	
Signature 		Date 9/18/2012	

form HUD-50077-CR (1/2009)

OMB Approval No. 2577-0226

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

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

<b>Part I: Summary</b>		<b>PHA Name: Housing Authority of the City of Meriden</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P011501-08 Replacement Housing Factor Grant No: Date of CFFP: 6/13/2008		<b>FY of Grant: FY-2008</b> FY of Grant Approval: 6/13/2008	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	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>			\$156,787.00	\$156,787.00	\$156,787.00	\$156,787.00
3	1408 Management Improvements			\$140,000.00	\$140,000.00	\$140,000.00	\$140,000.00
4	1410 Administration (may not exceed 10% of line 21)			\$78,393.00	\$78,393.00	\$78,393.00	\$78,393.00
5	1411 Audit			\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages			\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs			\$42,884.00	\$42,884.00	\$42,884.00	\$42,884.00
8	1440 Site Acquisition			\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement			\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures			\$350,873.00	\$350,873.00	\$350,873.00	\$321,312.38
11	1465.1 Dwelling Equipment—Nonexpendable			\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00
12	1470 Non-dwelling Structures			\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment			\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition			\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration			\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs			\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>			\$0.00	\$0.00	\$0.00	\$0.00

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

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

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

**Part I: Summary**

PHA Name: Housing Authority of the city of Meriden	Grant Type and Number Capital Fund Program Grant No: CT26P011501-08 Replacement Housing Factor Grant No: Date of CFPP: 6/13/2008	FFY of Grant: FY2008 FFY of Grant Approval: 6/13/2008
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Type of Grant  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending: 4/30/2012       Revised Annual Statement (revision no: 1 )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$783,937.00	\$783,937.00	\$783,937.00	\$754,376.38
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$45,000.00	\$54,558.75	\$54,558.75	\$54,558.75
25	Amount of line 20 Related to Energy Conservation Measures	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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

**Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Meriden		Grant Type and Number Capital Fund Program Grant No: C26P01150108 CFPP (Yes/No): Yes Replacement Housing Factor Grant No:		Federal FFY of Grant: FY2008	
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Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
11-0 Authority Wide	Operations	1406	0	\$156,787.00	\$156,787.00	\$156,787.00	\$156,787.00	
11-0 Authority Wide	Staff Training	1408	0	\$15,000.00	\$4,895.64	\$4,895.64	\$4,895.64	
11-1 Mills Memorial	Resident Job Training	1408	0	\$27,500.00	\$52,823.25	\$52,823.25	\$52,823.25	
11-2 C Towers Apts.	Activities Coordinator	1408	1	\$25,000.00	\$27,722.36	\$27,722.36	\$27,722.36	
11-2 C Towers Apts.	Additional Security Patrols	1408	0	\$45,000.00	\$54,558.75	\$54,558.75	\$54,558.75	
11-5 Chamberlain Hqs	Resident Job Training	1408	0	\$27,500.00	\$0.00	\$0.00	\$0.00	
11-0 Authority Wide	Administrative Salaries, Fringe Benefits	1410	0	\$78,393.00	\$78,393.00	\$78,393.00	\$78,393.00	
11-0 Authority Wide	Fees and costs for A & E Services	1430	0	\$42,884.00	\$42,884.00	\$42,884.00	\$42,884.00	
11-1 Mills Memorial Apartments.	Install building to house new boilers and hot water heaters for Mills Mem.	1460	3	\$0.00	\$51,300.00	\$51,300.00	\$51,300.00	
11-1 Mills Memorial Apartments	Purchase new, secure mailboxes for Mills Memorial entry lobbies	1460	140	\$0.00	\$7,537.50	\$7,537.50	\$7,537.50	
11-1 Mills Memorial Apartments	Various upgrades for Security and Health/Safety issues for residents	1460	0	\$0.00	\$58,532.27	\$58,532.27	\$58,532.27	
11-2 Community Towers Apartments	Replace automatic entry doors and automatic opener into Comm. Room	1460	221	\$59,840.00	\$42,900.00	\$42,900.00	\$42,900.00	
11-2 C Towers Apts.	Replace annunciator panel and entry telephone system	1460	0	\$0.00	\$0.00	\$0.00	\$0.00	
11-2 C Towers Apts.	Cyclical painting of all units areas.	1460	0	\$156,033.00	\$0.00	\$0.00	\$0.00	
11-2 C Towers	Installation of piping, engineering services, A/C sleeve replacement	1460	0	\$0.00	\$7,842.62	\$7,842.62	\$1,607.00	
11-5 Chamberlain Heights	Replace exterior and storm doors	1460	0	\$135,000.00	\$0.00	\$0.00	\$0.00	
11-2 Towers Apts.	Core Drilling for Fan Coil Units	1460	221	\$0.00	\$66,550.00	\$66,550.00	\$66,550.00	

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



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

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

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

**Part III: Implementation Schedule for Capital Fund Financing Program**  
 PHA Name: Housing Authority of the City of Meriden

Federal FFY of Grant: FY-2008

Development Number Name/PHA-Wide Activities	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Reasons for Revised Target Dates <sup>1</sup>
11-0 Authority Wide	5/30/2010	6/1/2010	5/30/2011	2/10/2011	
11-0 Authority Wide	5/30/2010	10/31/2010	5/30/2011	5/14/2010	Did not assign as many staff to training
11-1 Mills Memorial Apt	5/30/2010	6/1/2010	5/30/2011	11/30/2011	Additional staff assigned for Sec 3 training
11-2 Community Towers	5/30/2010	3/4/2010	5/30/2011	1/31/2011	Additional hours by Activities Co-Ordinator
11-2 Community Towers	5/30/2010	3/9/2009	5/30/2011	6/7/2009	Security patrols increased for resident safety
11-5 Chamberlain Hts.	5/30/2010		5/30/2011		C. Heights residents did not participate in training
11-0 Authority Wide	5/30/2010	6/1/2010	5/30/2011	6/16/2010	Salary to fund Executive Director and Asset Manager
11-0 Authority Wide	5/30/2012	3/10/2012	5/30/2011	5/14/2010	Hired more consultants and A & E than anticipated
11-1 Mills Memorial Apt.	9/28/2010	9/28/2012	5/1/2011	5/12/2011	
11-1 Mills Memorial Apt	11/2/2010	12/16/2010	12/16/2010	12/16/2012	
11-1 Mills Memorial Apt	3/17/2010	5/19/2011	3/17/2011	5/19/2011	Increase security for residents of Mills Memorial
11-1 Mills Memorial Apt	6/23/2011	6/23/2011	9/8/2011	9/8/2011	Install emergency panel elevator recall
11-2 Mills Memorial Apt	12/1/2011	12/1/2011	2/29/2012	2/29/2012	
11-2 Community Towers	5/30/2012	7/31/2010	5/30/2011	12/21/2010	Doors replaced during warmer weather
11-2 Community Towers					Funds reprogrammed
11-2 Community Towers					Funds reprogrammed

<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 1957, as amended.



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

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

**Part III: Implementation Schedule for Capital Fund Financing Program**  
 PHA Name: Housing Authority of the City of Meriden

Federal FFY of Grant: FY-2008

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
11-2 Community Twrs	5/30/2012	11/30/2009	5/30/2011	4/3/2012	Delays in entering into contract with PPL Savage Alert, Inc.
11-2 Community Twrs	9/8/2011	9/8/2011	1/1/2012	3/8/2012	
11-2 Community Twrs	9/8/2011	9/8/2011	5/31/2012	5/31/2012	Core drilling took longer than anticipated
11-2 Community Twrs	8/5/2011	8/5/2011	11/30/2011	11/8/2011	
11-2 Community Twrs	1/10/2012	1/26/2012	1/31/2012	2/8/2012	Replacement part delivered later than anticipated
11-2 Community Twrs	12/1/2011	12/1/2011	5/22/2012	5/22/2012	
11-5 Chamberlain Heights	5/30/2012		5/30/2011		Funds reprogrammed
11-1 Mills Memorial	5/30/2010	7/21/2008	5/30/2011	9/30/2008	Purchased energy star refrigerators earlier
11-1 Mills Memorial	5/30/2012	10/24/2008	5/30/2011	11/7/2008	Purchased energy star rated ranges earlier
11-2 Community Twrs	5/30/2012	11/3/2009	5/30/2011	12/14/2009	Purchased energy star refrigerators earlier
11-2 Community Twrs	5/30/2010	7/31/2010	5/30/2011	7/31/2010	Purchased energy star rated ranges when necessary

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

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

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

<b>Part I: Summary</b>		<b>Grant Type and Number</b>	
PHA Name: Housing Authority of the City of Meriden	Capital Fund Program Grant No: CT26P011501-09	Replacement Housing Factor Grant No:	FFY of Grant: FY-2009
	Date of CFFP: 4/30/2012		FFY of Grant Approval:

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: 1 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>	
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$154,890.00	\$154,890.00	\$154,890.00	\$154,890.00
3	1408 Management Improvements	\$145,500.00	\$83,000.00	\$83,000.00	\$77,720.11
4	1410 Administration (may not exceed 10% of line 21)	\$77,445.00	\$77,445.00	\$77,445.00	\$69,372.67
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$49,242.00	\$49,242.00	\$49,242.00	\$49,242.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$330,000.00	\$392,500.00	\$392,500.00	\$333,940.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$17,373.00	\$17,373.00	\$17,373.00	\$17,373.00
12	1470 Non-dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00

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

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

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

<b>Part I: Summary</b>		<b>FFY of Grant: FY2009</b>	
<b>PHA Name:</b> Housing Authority of the City of Meriden	<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P011501-09 Replacement Housing Factor Grant No: Date of CFPP:	<b>FFY of Grant Approval:</b>	

Line	Type of Grant	Performance and Evaluation Report for Period Ending: 4/30/2012	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		\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)		\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)		\$774,450.00	\$774,450.00	\$774,450.00	\$702,537.78
21	Amount of line 20 Related to LBP Activities		\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities		\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs		\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs		\$50,000.00	\$53,707.380	\$53,707.38	\$53,707.38
25	Amount of line 20 Related to Energy Conservation Measures		\$17,373.00	\$17,373.00	17,373.00	\$17,373.00
<b>Signature of Executive Director</b>		<i>Robert C. ...</i>	<b>Date</b>	<i>7/10/2012</i>	<b>Signature of Public Housing Director</b>	<b>Date</b>

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

Part II: Supporting Pages		PHA Name: Housing Authority of the City of Meriden		Grant Type and Number Capital Fund Program Grant No: CT26P011501-09 CFPP (Yes/No): Yes Replacement Housing Factor Grant No:		Federal FFY of Grant: FY2009		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
11-1 Mills Memorial	Operations - Amp #1 (#1205)	1406	140	\$87,220.00	\$87,220.00	\$87,220.00	\$87,220.00		
11-2 Community Twr	Operations - Amp #2 (#1206)	1406	221	\$67,670.00	\$67,670.00	\$67,670.00	\$67,670.00		
11-1 Mills Memorial	Staff Training - Amp #1 (#1207)	1408	1	\$3,500.00	\$3,323.82	\$3,323.82	\$3,323.82		
11-2 Community Twr	Staff Training - Amp #2 (#1208)	1408	2	\$4,500.00	\$968.80	\$968.80	\$968.80		
11-1 Mills Memorial	Section 3 Training Program - Amp #1 (#1092)	1408	3	\$33,500.00	\$0.00	\$0.00	\$0.00		
11-1 Mills Memorial	Section 3 Program Coord - Amp #1 (#1093)	1408	1	\$29,000.00	\$0.00	\$0.00	\$0.00		
11-2 Community Twr	Activities Coordinator - Amp #2 (#1090)	1408	1	\$25,000.00	\$25,000.00	\$25,000.00	\$19,720.11		
11-2 Community Twr	Additional Security Patrols - Amp #2 (#1094).	1408	2	\$50,000.00	\$53,707.38	\$53,707.38	\$53,707.38		
11-1 Mills Memorial	Administrative Salary - Amp #1 (#1209)	1410	2	\$43,756.00	\$43,756.00	\$43,756.00	\$43,756.00		
11-2 Community Twr	Administrative Salary - Amp #2 (#1210)	1410	2	\$33,689.00	\$33,689.00	\$33,689.00	\$25,616.67		
11-1 Mills Memorial	Fees and Costs - Amp #1 (#1211)	1430	1	\$20,500.00	\$20,500.00	\$20,500.00	\$20,500.00		
11-2 Community Twr	Fees and Costs - Amp #2 (#1213)	1430	1	\$28,742.00	\$28,742.00	\$28,742.00	\$28,742.00		
11-1 Mills Memorial	Install Roof - HVAC Unit Central Office - Amp #1(#1214)	1460	1	\$80,000.00	\$0.00	\$0.00	\$0.00		
11-1 Mills Memorial	Install Roof on Central Office - Amp.#1(#12103)	1460	1	\$75,000.00	\$0.00	\$0.00	\$0.00		
11-2 Community Twr	Replace Elevator cars, controls, drive motors, controls - Amp #2 (#1097)	1460	2	\$175,000.00	\$0.00	\$0.00	0.00		

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





11-1 Mills Memor. Amp #1	6/30/2011	5/16/2011	6/30/2012	1/24/2012	Security upgrades completed at Mills Mem
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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 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b>	
PHA Name: Housing Authority of the City of Meriden	Grant Type and Number Capital Fund Program Grant No: CT01112500209R Replacement Housing Factor Grant No: Date of CFFP: 9/23/2009	FFY of Grant: FY-2009 FFY of Grant Approval:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
				Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds			\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements			\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 21)			\$89,750.00	\$89,750.00	\$89,750.00	\$31,211.31
5	1411 Audit			\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages			\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs			\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition			\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement			\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures			\$807,750.00	\$807,750.00	\$807,750.00	\$692,104.00
11	1465.1 Dwelling Equipment—Nonexpendable			\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures			\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment			\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition			\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration			\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs			\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>			\$0.00	\$0.00	\$0.00	\$0.00

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

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

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

<b>Part I: Summary</b>		FFY of Grant: FY-2009	
PHA Name: Housing Authority of the City of Meriden	Grant Type and Number Capital Fund Program Grant No: CT01112500209R Replacement Housing Factor Grant No: Date of CFFP: 9/23/2009	FFY of Grant Approval:	

<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012 <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$897,500.00	\$897,500.00	\$723,315.31
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$691,750.00	\$691,750.00	\$576,104.00
Signature of Executive Director		Date	Signature of Public Housing Director	Date

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











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

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

<b>Part I: Summary</b>		<b>PHA Name: Housing Authority of the City of Meriden</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P01150110 Replacement Housing Factor Grant No: Date of CFPP: 6/18/2010		<b>FY of Grant: 2010</b> FY of Grant Approval:	
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Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
				Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds			\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			\$154,900.00	\$154,900.00	\$154,483.82	\$154,483.82
3	1408 Management Improvements			\$145,624.00	\$132,219.70	\$132,219.70	\$49,363.68
4	1410 Administration (may not exceed 10% of line 21)			\$77,160.00	\$77,160.00	\$77,160.00	\$0.00
5	1411 Audit			\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages			\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs			\$40,000.00	\$40,000.00	\$39,333.06	\$39,159.15
8	1440 Site Acquisition			\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement			\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures			\$356,914.00	\$370,318.30	\$189,578.36	\$9,913.36
11	1465.1 Dwelling Equipment—Nonexpendable			\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures			\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment			\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition			\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration			\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs			\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>			\$0.00	\$0.00	\$0.00	\$0.00

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2010	
PHA Name: Housing Authority of the City of Meriden	Grant Type and Number Capital Fund Program Grant No: CT26P01150110 Replacement Housing Factor Grant No: Date of CFEP: 6/18/2010	FFY of Grant Approval:	

Type of Grant  Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 3/31/2011  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	\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$774,598.00	\$774,598.00	\$592,774.94	\$252,920.01
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$50,000.00	\$56,000.00	\$56,000.00	\$4,143.98
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00
Signature of Executive Director <i>Deaf Capwell</i>		Date <i>7/18/2010</i>	Signature of Public Housing Director		Date

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

**Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Meriden		Grant Type and Number Capital Fund Program Grant No: CT26P011501110 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work		
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
11-1 Mills Memorial	Operations - Amp. #1	1406	140	\$87,585.00	\$87,585.00	\$87,168.82	\$87,168.82	
11-2 Community Twr.	Operations - Amp. #2	1406	221	\$67,315.00	\$67,315.00	\$67,315.00	\$67,315.00	
11-1 Mills Memorial	Sec. 3 Training Program - Amp. #1	1408	3	\$28,624.00	\$0.00	\$0.00	\$0.00	
11-1 Mills Memorial	Sec. 3 Program, Coordinator - Amp. #1	1408	1	\$30,000.00	\$0.00	\$0.00	\$0.00	
11-1 Mills Memorial	Staff Training - Amp. #1	1408	1	\$6,000.00	\$0.00	\$0.00	\$0.00	
11-1 Mills Memorial	Install. of wireless network, Amp. #1	1408	1	\$0.00	\$28,511.82	\$28,511.82	\$28,511.82	
11-2 Community Twr.	Activities Coordinator - Amp. #2	1408	1	\$25,000.00	\$31,000.00	\$31,000.00	\$0.00	
11-2 Community Twr.	Addition Security Patrols - Amp. #2	1408	0	\$50,000.00	\$56,000.00	\$56,000.00	\$4,143.98	
11-2 Community Twr	Staff Training - Amp. #2	1408	1	\$6,000.00	\$0.00	\$0.00	\$0.00	
11-2 Community Twr.	Install. of wireless network, Amp. #2	1408	0	\$0.00	\$16,707.88	\$16,707.88	\$16,707.88	
11-1 Mills Memorial	Administrative Costs, Amp. #1	1410	2	\$40,156.00	\$40,156.00	\$40,156.00	\$0.00	
11-2 Community Twr	Administrative Costs, Amp. #2	1410	2	\$37,004.00	\$37,004.00	\$37,004.00	\$0.00	
11-1 Mills Memorial	Fees and costs - Amp. #1	1430	0	\$22,500.00	\$22,500.00	\$22,500.00	\$22,326.09	
11-2 Community Twr	Fees and costs - Amp. #2	1430	0	\$17,500.00	\$17,500.00	\$16,833.06	\$16,833.06	
11-1 Mills Memorial	Construct Heating Plant buildings and associated groundwork, Amp. #1	1460	3	\$74,257.00	\$0.00	\$0.00	\$0.00	
11-1 Mills Memorial	Strip and Replace roofs on three low rise buildings, remove and replace internal gutters and downspouts, Amp. #1	1460	3	\$107,657.00	\$0.00	\$0.00	\$0.00	
11-1 Mills Memorial	Security Upgrades and Various Improvements, Amp. #1	1460	2	\$0.00	\$9,913.36	\$9,913.36	\$9,913.36	
11-2 Community Twr	Replace elevator car, North Twr., Amp. #2	1460	2	\$175,000.00	\$273,804.94	\$93,065.00	\$0.00	

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



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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>						<b>Federal FFY of Grant: 2010</b>
<b>Development Number Name/PHA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End Date</b>	<b>Reasons for Revised Target Dates</b>	
11-1 Mills Memorial	6/30/2012	4/17/2012	6/30/2013			
11-2 Community Towers	6/30/2012	12/15/2011	6/30/2013	12/15/2011	Transferred funding to MHA general fund.	
11-1 Mills Memorial	6/30/2012		6/30/2013		Funds reprogrammed	
11-1 Mills Memorial	6/30/2012		6/30/2013		Funds reprogrammed	
11-1 Mills Memorial	6/30/2012		6/30/2013		Funds reprogrammed	
11-Mills Memorial	8/1/2011	8/1/2011	9/28/2011	9/28/2011		
11-2 Community Towers	6/30/2012	5/10/2012	6/30/2013			
11-2 Community Towers	6/30/2012	3/15/2012	6/30/2013			
11-2 Community Towers	6/30/2012		6/30/2013		Funds reprogrammed	
11-2 Community Towers	8/01/2011	8/01/2011	9/28/2011	9/28/2011		
11-1 Mills Memorial	6/30/2012	10/11/2011	5/22/2012			
11-2 Community Towers	6/30/2013	5/22/2012	6/30/2013			
11-1 Mills Memorial	6/30/2012		6/30/2013		Funds reprogrammed	
11-2 Community Towers	6/30/2012		6/30/2013		Funds reprogrammed, funded under CT26P011501-08	
11-1 Mills Memorial	6/30/2012		6/30/2013		Funds reprogrammed, funded under CT26P011501-11	

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





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

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

<b>Part I: Summary</b> PHA Name: Housing Authority of the City of Meriden	<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26R011501-11 Replacement Housing Factor Grant No: Date of CFPP:
FFY of Grant: 2011 FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Revised Annual Statement (revision no: )	Total Estimated Cost	Obligated	Total Actual Cost <sup>1</sup>
	Summary by Development Account			Original	Revised <sup>2</sup>	Expended
1	Total non-CFP Funds			\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			\$0.00	\$0.00	\$0.00
3	1408 Management Improvements			\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 21)			\$0.00	\$0.00	\$0.00
5	1411 Audit			\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages			\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs			\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition			\$0.00	\$0.00	\$0.00
9	1450 Site Improvement			\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures			\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable			\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures			\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment			\$0.00	\$0.00	\$0.00
14	1485 Demolition			\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration			\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs			\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>			\$188,046.00	\$188,046.00	\$0.00

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2012 FFY of Grant Approval:	
PHA Name: Housing Authority of the City of Meriden	Grant Type and Number Capital Fund Program Grant No: CTR011501-11 Replacement Housing Factor Grant No: Date of CFFP:		

Type of Grant  Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 4/30/2012  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	\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$188,046.00	\$188,046.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00
Signature of Executive Director <i>Robert Caporale</i>		Date <i>7/12/2012</i>	Signature of Public Housing Director		Date

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









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

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

<b>Part I: Summary</b>		<b>PHA Name: Housing Authority of the City of Meriden</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26E011501-11 Replacement Housing Factor Grant No: Date of CFP:		<b>FY of Grant: 2011</b> FFY of Grant Approval:	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/>	Final Performance and Evaluation Report <input type="checkbox"/>	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
					Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements				\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 21)				\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit				\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages				\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs				\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition				\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement				\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures				\$244,890.00	\$244,890.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonependable				\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures				\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment				\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition				\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration				\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs				\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>				\$0.00	\$0.00	\$0.00	\$0.00

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2011	
PHA Name: Housing Authority of the City of Meriden	Grant Type and Number Capital Fund Program Grant No: CTE011501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

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	\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$244,890.00	\$244,890.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$244,890.00	\$244,890.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director: *Debra Cavallaro* Date: 7/12/2012 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

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









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

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

<b>Part I: Summary</b>		<b>PHA Name: Housing Authority of the City of Meriden</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26FP011501-11 Replacement Housing Factor Grant No: Date of CFPP:		<b>FFY of Grant: FY-2011</b> FFY of Grant Approval:	
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012	Reserve for Disasters/Emergencies <input type="checkbox"/>	Summary by Development Account	Revised Annual Statement (revision no:1 ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>	
				Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds			\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			\$94,568.00	\$94,568.00	\$49,772.55	\$49,772.55
3	1408 Management Improvements			\$55,000.00	\$55,000.00	\$14,395.53	\$14,395.52
4	1410 Administration (may not exceed 10% of line 21)			\$47,284.00	\$47,284.00	\$0.00	\$0.00
5	1411 Audit			\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages			\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs			\$25,000.00	\$25,000.00	\$21,238.28	\$16,244.14
8	1440 Site Acquisition			\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement			\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures			\$228,989.00	\$228,989.00	\$214,980.00	\$125,982.00
11	1465.1 Dwelling Equipment—Nonexpendable			\$22,000.00	\$22,000.00	\$12,316.00	\$10,526.00
12	1470 Non-dwelling Structures			\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment			\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition			\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration			\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs			\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>			\$0.00	\$0.00	\$0.00	\$0.00

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

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

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

<b>Part I: Summary</b>		PHA Name: Housing Authority of the City of Meriden Grant Type and Number: Capital Fund Program Grant No: CT26P011501-11 Replacement Housing Factor Grant No: _____ Date of CFFP: _____		FFY of Grant: FY-2011 FFY of Grant Approval: _____	
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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	\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$472,841.00	\$472,841.00	\$312,702.35	\$216,920.21
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$50,000.00	\$35,604.48	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$22,000.00	\$22,000.00	\$12,316.00	\$10,526.00
Signature of Executive Director <i>Shel Campbell</i>		Date <i>2/10/2012</i>	Signature of Public Housing Director		Date

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

**Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Meriden		Grant Type and Number Capital Fund Program Grant No: CT26P011501-11 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: FY-2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
11-1 Mills Memorial	Operations - Amp. #1	1406	140	\$61,469.00	\$61,469.00	\$26,800.71	\$26,800.71
11-2 Community Twr.	Operations - Amp. #2	1406	221	\$33,099.00	\$33,099.00	\$22,971.84	\$22,971.84
11-1 Mills Memorial	Sec. 3 Training Program - Amp. #1	1408	3	\$0.00	\$0.00	\$0.00	\$0.00
11-1 Mills Memorial	Sec. 3 Program, Coordinator - Amp. #1	1408	1	\$0.00	\$0.00	\$0.00	\$0.00
11-1 Mills Memorial	Staff Training - Amp. #1	1408	1	\$2,500.00	\$2,500.00	\$0.00	\$0.00
11-2 Community Twr.	Activities Coordinator - Amp. #2	1408	1	\$0.00	\$0.00	\$0.00	\$0.00
11-1 Mills Memorial	Security Patrols - Amp. #1	1408	2	\$0.00	\$14,395.52	\$14,395.52	\$14,395.52
11-2 Community Twr.	Staff Training - Amp. #2	1408	221	\$2,500.00	\$2,500.00	\$0.00	\$0.00
11-2 Community Twr	Security patrols - Amp. #2	1408	2	\$50,000.00	\$35,604.48	\$0.00	\$0.00
11-1 Mills Memorial	Administrative Costs - Amp. #1	1410	2	\$28,370.00	\$28,370.00	\$0.00	\$0.00
11-2 Community Twr	Administrative Costs - Amp. #2	1410	0	\$18,914.00	\$18,914.00	\$0.00	\$0.00
11-1 Mills Memorial	Fees and Costs for Mills Memorial	1430	140	\$25,000.00	\$5,000.00	\$1,238.28	\$619.14
11-2 Community Twr	Fees and Costs for Community Towers	1430		\$0.00	\$20,000.00	\$20,000.00	\$15,625.00
11-1 Mills Memorial	Install magnetic security locks on all apartment entry doors - Amp. #1	1460	140	\$0.00	\$0.00	\$0.00	\$0.00
11-1 Mills Memorial	Strip and replace roofs on three low rise buildings, repair membrane roofs on two high rise bldgs, repair internal gutters and downspouts	1460	5	\$228,989.00	\$228,989.00	\$214,980.00	\$125,982.00
11-2 Community Twr	Install magnetic security locks on all apartment entry doors, Amp. #2	1460	225	\$0.00	\$0.00	\$0.00	\$0.00
11 - Mills Memorial	Purchase energy star rated electric ranges, Amp. #1	1465.1	12	\$6,000.00	\$6,000.00	\$2,946.00	\$2,946.00
11-1 Mills Memorial	Purchase Energy Star rated refrigerators, Amp. #1	1465.1	12	\$4,500.00	\$4,500.00	\$510.00	\$510.00

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

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



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

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

**Part III: Implementation Schedule for Capital Fund Financing Program**  
 PHA Name: Housing Authority of the City of Meriden

**Federal FFY of Grant: 2011**

Development Number Name/PHA-Wide Activities	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Reasons for Revised Target Dates
11-1 Mills Memorial	6/30/2013		6/30/2014		
11-2 Community Towers	6/30/2013		6/30/2014		
11-1 Mills Memorial	6/30/2013		6/30/2014		Funding reprogrammed
11-1 Mills Memorial	6/30/2013		6/30/2014		Funding reprogrammed
11-1 Mills Memorial	6/30/2013		6/30/2014		Funding reprogrammed
11-1 Mills Memorial	11/15/2011	11/15/2011	1/15/2012	12/22/2011	Security at Mills, due to vandalism
11-2 Community Towers	6/30/2013		6/30/2014		Funding reprogrammed
11-2 Community Towers	6/30/2013		6/30/2014		
11-2 Community Twr	6/30/2013		6/30/2014		
11-1 Mills Memorial	6/30/2013		6/30/2014		
11-2 Community Twr	6/30/2013		6/30/2014		
11-1 Mills Memorial	6/30/2013		6/30/2014		
11-1 Mills Memorial	6/30/2013		6/30/2014		
11-2 Community Towers	6/30/2013		6/30/2014		
11-1 Mills Memorial	6/30/2013		6/30/2014		

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





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

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

<b>Part I: Summary</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26R011501-11 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2011</b> FFY of Grant Approval:	
PHA Name: Housing Authority of the City of Meriden					

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
				Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds			\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements			\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 21)			\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit			\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages			\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs			\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition			\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement			\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures			\$0.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable			\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures			\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment			\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition			\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration			\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs			\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>			\$188,046.00	\$188,046.00	\$0.00	\$0.00

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2012	
PHA Name: Housing Authority of the City of Meriden	Grant Type and Number Capital Fund Program Grant No: CTR011501-11 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval:	

Type of Grant  Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 4/30/2012  Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$188,046.00	\$188,046.00	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Signature of Executive Director <i>Robert Coppell</i>		Date <i>7/12/2012</i>	Signature of Public Housing Director		Date		

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









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 Housing and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b>		<b>Grant Type and Number</b>		<b>FFY of Grant: 2012</b>	
PHA Name: Housing Authority of the City of Meriden		Capital Fund Program Grant No: CT26R011501-12		FFY of Grant Approval:	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
				Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds			\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements			\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 21)			\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit			\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages			\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs			\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition			\$169,344.00	\$169,344.00	\$0.00	\$0.00
9	1450 Site Improvement			\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures			\$0.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable			\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures			\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment			\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition			\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration			\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs			\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities <sup>4</sup>			\$0.00	\$0.00	\$0.00	\$0.00

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

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

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

<b>Part I: Summary</b>		<b>FFY of Grant: 2012</b>	
<b>PHA Name:</b> Housing Authority of the City of Meriden	<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26R011501-12 Replacement Housing Factor Grant No: Date of CFPP:	<b>FFY of Grant Approval:</b>	

Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending: 4/30/2012  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$169,344.00	\$169,344.00	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Signature of Executive Director</b> <i>Debra Caporale</i>		<b>Date</b> 7/10/2012	<b>Signature of Public Housing Director</b>		<b>Date</b>		

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









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

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

<b>Part I: Summary</b>		<b>FFY of Grant: 2012</b>	
PHA Name: Housing Authority of the City of Meriden	Grant Type and Number Capital Fund Program Grant No: CT26P011501-12 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012	Summary by Development Account	Original	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>
				Revised <sup>2</sup>	Final Performance and Evaluation Report <input type="checkbox"/>		
1		Total non-CFP Funds					
2		1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$85,268.00	\$85,268.00	\$0.00	\$0.00	\$0.00
3		1408 Management Improvements	\$83,442.00	\$83,442.00	\$0.00	\$0.00	\$0.00
4		1410 Administration (may not exceed 10% of line 21)	\$42,634.00	\$42,634.00	\$0.00	\$0.00	\$0.00
5		1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6		1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7		1430 Fees and Costs	\$25,000.00	\$25,000.00	\$0.00	\$0.00	\$0.00
8		1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9		1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10		1460 Dwelling Structures	\$190,000.00	\$190,000.00	\$0.00	\$0.00	\$0.00
11		1465.1 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12		1470 Non-dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13		1475 Non-dwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14		1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15		1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16		1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17		1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

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

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

<b>Part I: Summary</b>		FFY of Grant: 2012	
PHA Name: Housing Authority of the City of Meriden	Grant Type and Number Capital Fund Program Grant No: CT26P011501-12 Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant Approval:	

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	\$0.00	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$426,344.00	\$426,334.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$50,000.00	\$50,000.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Type of Grant:  Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 4/30/2012  Final Performance and Evaluation Report

Signature of Executive Director: *Robert Caputo* Date: 7/12/2012

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

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part I: Summary</b> PHA Name: Housing Authority of the City of Meriden	Grant Type and Number Capital Fund Program Grant No.: CT26P011501-12 Replacement Housing Factor Grant No.: Date of CFFP:
FFY of Grant: 2012 FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 4/30/2012	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Obligated	Total Actual Cost <sup>1</sup>	
				Original	Revised <sup>2</sup>		Expended	
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			\$85,268.00	\$85,268.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements			\$83,442.00	\$83,442.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 21)			\$42,634.00	\$42,634.00	\$0.00	\$0.00	\$0.00
5	1411 Audit			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs			\$25,000.00	\$25,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures			\$190,000.00	\$190,000.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonependable			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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<sup>1</sup> To be completed for the Performance and Evaluation Report.  
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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part I: Summary**

PHA Name: Housing Authority of the City of Meriden	Grant Type and Number Capital Fund Program Grant No: CT26P011501-12 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2012 FFY of Grant Approval:
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Type of Grant  Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 4/30/2012  Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Signature of Executive Director: <i>Robert Capovilla</i>		Date: 7/18/2012	Signature of Public Housing Director:		Date:		

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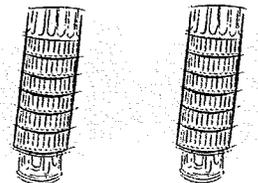








**COMMUNITY TOWERS  
TENANT REPRESENTATIVE COUNCIL**



June 21, 2012

TO: Mr. Robert V. Cappelletti  
FROM: Community Towers Tenant Representative Council  
RE: Residents Suggestions

Dear Mr. Cappelletti,

On May 17, 2012 you met with this Council and requested some input from the residents here at Community towers regarding the 5 year plan. The attached copies are suggestions from the residents.

Sincerely,

Community Towers Tenant Representative Council

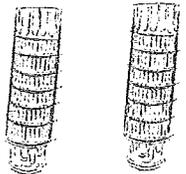
Cc: Meriden Housing Authority Commission  
Les Williams, PHRN  
Steven Iovanna, Meriden City Council  
Hilda Santiago, Meriden City Council  
Judy Fagan, HUD (Hartford Office)

COMMUNITY TOWERS  
TENANT REPRESENTATIVE COUNCIL  
SUGGESTION BOX  
REPORT

DATE: June 19, 2012

SUGGESTIONS OF RESIDENTS WERE:

- Paint apartments.
- Owners need to clean up after their pets {dog} or get fined.
- Front entrance people speak loud {should go to community room}
- Automobile visitors card for bringing in groceries.
- Cleaning of elevators, hallways on weekends.
- People throwing keys out the windows and balcony for visitors.
- Redo floors
- Cleaning bathroom fans.
- New key system
- New vending machines
- Tickets for those who drink and use drugs in balcony.
- Getting rid of roaches.
- Additional washing machines and dryers
- Security cameras in hallways
- Better quality of locks in apartment doors
- Rugs in bedroom and living rooms to prevent noise.
- Repair bench area
- Placing emergency signs in each apartment {bilingual}.
- a. giving directions in which way is exit.
- b. Make sure signs inform not use of elevators in case of fire.



## GRIEVANCES

- To much noise in hallways.
- Urine in elevators especially in weekend.
- People smoking in elevators.
- New windows
- New window shades in apartments
- Weekend residents {drink, smoke, and party no consideration}

COMMUNITY TOWERS RESIDENTS!  
TENANT REPRESENTATIVE COUNCIL  
SUGGESTION FORM:

1. I WANT TO MOVE TO A  
FIRST FLOOR

2.

3. MR. Capriles

4.

NAME: Jose R. Capriles

APARTMENT: 10105 DATE: 11/17/12

COMMUNITY TOWERS  
TENANT REPRESENTATIVE COUNCIL

**SUGGESTION FORM**

1. Controlling the noise level after 10:00 p.m.  
Some people (tenants) are getting out of hand with their stereos after 10:00 p.m. on a weekday!

2.

3.

4.

NAME: The Boogyman!

APARTMENT# \_\_\_\_\_ DATE: 2012

South Tower

COMMUNITY TOWERS RESIDENTS!

CONSEJO REPRESENTATIVO DE INQUILINO

FORMULARIO DE SUGERENCIAS:

1. we need a new table outside

2. and BIBLE STAFF IN A COMMUNITIE ROOM

3.  
4.

NOMBRE: MARIA JOSE DAVILA  
APARTAMENTO: \_\_\_\_\_  
FECHA: \_\_\_\_\_



COMMUNITY TOWERS  
TENANT REPRESENTATIVE COUNCIL

SUGGESTION FORM

1. Wood blinds in all units, raise covers so  
make cabinets in kitchen

2. Security cameras in all Hallways

3. Paint Apts. every 3 yrs.

4. Better quality of locks for Apts.  
doors

NAME: Ana Estrada

APARTMENT# 808-5 DATE: 6/6/13

1) Replacement of windows - ~~rent control~~

2) Security cameras in "all hallways"

3) Painting Apartments (every 2 yrs)

4) Better quality of ~~locks~~ locks for Apartments

5) Rugs in the bedrooms + living rooms

6) Replacing bench area in <sup>parking lot</sup> near of Community Tower near the

7) Placing emergency signs in each apartment (Bi-lingual)

1) give directions to which way to exit

2) Make sure signs ~~in~~ from residents "not" to cause ~~inconveniences~~

COMMUNITY TOWERS RESIDENTS!

TENANT REPRESENTATIVE COUNCIL

SUGGESTION FORM:

1. Paint the apartments

2. Take care of the porches.  
Need more things to get rid  
of them.

4.

3.

NAME: Rosa Flores  
APARTMENT: 304  
DATE: 6/8/2012

COMMUNITY TOWERS RESIDENTS

TENANT REPRESENTATIVE COUNCIL

SUGGESTION FORM:

1. 24/7 Police for safety

2. Cameras very important

3. Tickets for those that drink and use drugs in the balcony

NAME: Jadwiga Baran

APARTMENT: 406 DATE: 6-11-12

11

Some Grievance Issues



there is drug dealing going on.

APARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

The seen tenants throw their keys from their porch for people to get in - I believe there should be better clearing in elevators and hallways, even over weekends.

3. Too many animals especially dogs in this bldg. They pee and even take poop in elevators leaving them all smelly - which is not healthy. Sometimes owner of dog spread newspaper on floor and the smell of pee is horrible.

2. don't even live here manage in this Bldg. People are letting the people the housing are letting constantly breaking down forcing tenants to take stairs - elevators are to get in. People are loud in

1. Some of the apartments need a good painting

SUGGESTION FORM:

TENANT REPRESENTATIVE COUNCIL

COMMUNITY TOWERS RESIDENTS

3

Concern

COMMUNITY TOWERS RESIDENTS!

CONSEJO REPRESENTATIVO DE INQUILINO

FORMULARIO DE SUGERENCIAS:

1. Some tenants don't realize that when they throw something for from their porch they can hurt someone walking by the building.

Concerno

1.

2.

3.

4.

NOMBRE: \_\_\_\_\_

APARTAMENTO: \_\_\_\_\_

FECHA: \_\_\_\_\_

COMMUNITY TOWERS  
TENANT REPRESENTATIVE COUNCIL

**SUGGESTION FORM**

#3

1. Paint spots

2. Elevators Breaking Down

3. Mountaine Cleaning on weekends  
7 days a week

4.

NAME:

APARTMENT# DATE:

COMMUNITY TOWERS RESIDENTS!  
TENANT REPRESENTATIVE COUNCIL

SUGGESTION FORM:

7

(Some grievance)  
ISSUES

1. Dogs - people, need to clean  
up after their dog. & see people  
jump across the street walking  
their dog even, here, also + no  
one are clean up after them.

2. Found matted paper - talking  
found a very irritating smell  
on the bench waiting for who ever  
people need to go to the community  
form (please)

3. We need to have paper to put in  
bins when people limited resources  
this too take is by the change  
like 158. is not change.

4. on the Friday through Sunday  
there is no respect to others  
Americans smokers - people like  
and just what ever they like  
doing

NAME: Margaret Murray  
APARTMENT: 1045  
DATE: 6/7/12



**SUGGESTION FORM**

1. Signs for dogs - or Rules for  
owner to curb dogs - signs to  
show a fine if do not comply.

2. Automobile "Visitor Card" made  
up so no one gets toward especially  
if just bringing in groceries

3.  
4.

NAME: \_\_\_\_\_

APARTMENT# \_\_\_\_\_ DATE: \_\_\_\_\_

#11

APARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

6. Curtains in Comm Room Hallways N/S  
5. Bathroom Fans

\_\_\_\_\_

4. Redo Floors

\_\_\_\_\_

\_\_\_\_\_

3. Paint Apts

\_\_\_\_\_

\_\_\_\_\_

2. New Key System

\_\_\_\_\_

\_\_\_\_\_

1. Fix Windows

COMMUNITY TOWERS RESIDENTS!  
TENANT REPRESENTATIVE COUNCIL  
SUGGESTION FORM:

#1

APARTMENT# 005 DATE: 6/5/12

NAME: Jose R. Rodriguez

4.

3.

2.

1. I suggest I have 12  
 14th floor

**SUGGESTION FORM**

COMMUNITY TOWERS  
 TENANT REPRESENTATIVE COUNCIL

*Guarantee*

COMMUNITY TOWERS RESIDENTESI

CONSEJO REPRESENTATIVO DE INQUILINO

FORMULARIO DE SUGERENCIAS:

1. Allí mucho desorden en los pasillos  
especialmente por las noches la  
grande habitación dura y fuerte en los  
pasillos

2. Le gorda se orinan en los Elevadores  
y están sucios y no los limpian  
allí posible y al turno del cigarrillo  
si me molesta mucho especialmente

3. Los Elevadores los aguantan y uno  
tiene que esperar más de media hora

4. Cualquier problema pueden comunicarse  
con miiga grande por ascensores

APARTAMENTO: 304 fecha: 6-8-2012

NOMBRE: José C. León

Tenemos que poner nuestras cabezas juntas y PENSAR.  
CÓMO HACER TORRES DE LA COMUNIDAD UN MEJOR  
LUGAR PARA VIVIR. NECESITAMOS sus inquietudes, ideas  
y sugerencias. Ponerlas por escrito y poner en el BUZÓN  
DE SUGERENCIAS  
UBICADO EN LA SALA DE LA COMUNIDAD.

Sus sugerencias serán confidencial por el Comité del

Consejo.

JUNTOS LOS RESIDENTES Y DEL CONSEJO DEL INQUILINO  
PUEDE HACER LA DIFERENCIA!

COMUNIDAD TORRES DEL INQUILINO DEL REPRESENTANTE DEL

CONSEJO

NOMBRE Jose L. Cedeno APT. 304 North

¿quien puede ingresar a esta mayora y para  
nos vigilarnos y un al helcon digan  
botellas de cerveza y cigarrillos fijos  
me gustaria que este fuera mejor y poder  
estar mas tranquilos todos tenemos que  
copiar para que estos edificios sean  
mas limpios y mejores

COMMUNITY TOWERS RESIDENTESI

CONSEJO REPRESENTATIVO DE INQUILINO

FORMULARIO DE SUGERENCIAS:

1. Que pongan Camara

en el parqueo y que

sean suspendidas

2. Que no se tome Alcor

en Resina de la Torre

3. Que los techos se

recojan y se libere

4. un local de fumantes

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NOMBRE: Hector Disir  
APARTAMENTO: 605M FECHA: 06/02/12

COMMUNITY TOWERS  
TENANT REPRESENTATIVE COUNCIL

**SUGGESTION FORM**

1. We are glad to see the new building on  
the site. The building is a nice fit  
during the construction period.  
2. We would like to see a parking garage  
built near the new building.  
Also we would like to see a  
parking garage built near the new building.

3.

4.

NAME: John Michael  
APARTMENT # 505 DATE: June 8 2012

COMMUNITY TOWERS RESIDENTS!

TENANT REPRESENTATIVE COUNCIL

SUGGESTION FORM:

1. Deben de Chequear personas que tienen Animales como perros que se Orinan en los Corredores / Unidades sin limpiar Deben de pagar la Seguridad esos Corredores

2. Deben de Chequear los Aparatos que se hacen falta Pintas Deben de hacer un poco mas de Mantenimientos hasta en los pisos de los Apartamentos

3. Muchas Gracias Por su Atención Espero que Por Bien Ayudarnos en estas Problemas Sueltay Aguar

4.

NAME: Enrique Rosado

APARTMENT: 4015 DATE: 6-7-12

COMMUNITY TOWERS RESIDENTS!

TENANT REPRESENTATIVE COUNCIL

SUGGESTION FORM:

1. Por lo menos yo soy una persona que padecía  
de fatiga (asma) y el humo del cigarrillo  
me molesta (en los pasillos y el elevador)  
deben asignar un área para fumar.

2. Cuando uno pasa por la grama lo primero  
que pisa es una caca de perro también  
deberían tener un área donde llevarlos  
y así uno no se ensucia los pies.

4.

3.

NAME: Luz M. Valentin

APARTMENT: 1002

DATE: 6/8/2012

APARTMENT: 804.5 DATE: 7/6/2012

NAME: Mrs. Mary Williams

[Blank lined area for writing]

4.

[Blank lined area for writing]

3.

[Blank lined area for writing]

2.

yo hecho que este cliente  
y necesito que me lo pongan  
una grilla que me lo pongan  
al otro lado de la calle

1.

[Blank lined area for writing]

**SUGGESTION FORM:**

**TENANT REPRESENTATIVE COUNCIL**

**COMMUNITY TOWERS RESIDENTS!**