

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Auburn Housing Authority</u> PHA Code: <u>ME007</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2012</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>177</u> Number of HCV units: <u>590</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.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:																										
<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>UPDATE:</b> Auburn Housing will explore the rental assistance demonstration for our 177 Public Housing units.																										
<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:  Auburn Housing Authority has revised the following plan elements #1 since April 2010. 1. Chapter (5) Subsidy Standards  (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.  The Main Office of Auburn Housing Authority located at 20 Great Falls Plaza Auburn ME 04210																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																										
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <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.																										

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>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>



**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 4-1-2012 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 and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

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

AUBURN HOUSING AUTHORITY

ME007

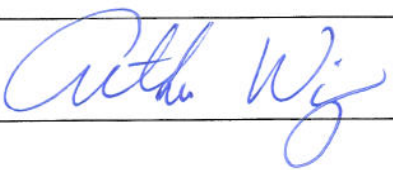
PHA Name

PHA Number/HA Code

\_\_\_\_ 5-Year PHA Plan for Fiscal Years 20 \_\_\_\_ - 20 \_\_\_\_

Annual PHA Plan for Fiscal Years 20 12 - 20 13

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  ARTHUR WING	Title  CHAIRMAN
Signature 	Date  12.07.2011



**Civil Rights Certification**

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

**Civil Rights Certification****Annual Certification and Board Resolution**

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

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

AUBURN HOUSING AUTHORITY

ME007

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 PHA Name

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 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)

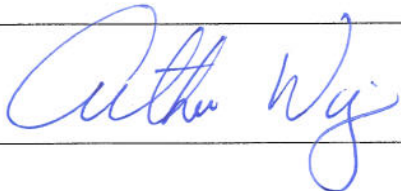
Name of Authorized Official

ARTHUR WING

Title

CHAIRMAN

Signature



Date

12.07.2011

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

AUBURN HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

FIVE YEAR ANNUAL PLAN/CAPITAL FUND

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 Federalagency 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.)

Lake Auburn Towne House 74 Lake Auburn Auburn ME 04210  
Family Development 100 Valerie Circle Auburn ME 04210  
Merrill Estates 8-10 Spring Street Mechanic Falls ME 04256  
Lincoln School 56 Sixth Street Auburn ME 04210  
Broadview Acres 456 Broad Street Auburn ME 04210

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 Richard S. Whiting	Title Executive Director, Auburn Housing Authority
Signature 	Date 12-09-11

X



# Certification of Payments to Influence Federal Transactions

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

Applicant Name

AUBURN HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

FIVE YEAR ANNUAL PLAN/CAPITAL FUND

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

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


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

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

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

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

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

Name of Authorized Official Richard S. Whiting	Title Executive Director, Auburn Housing Authority
Signature 	Date (mm/dd/yyyy) 12/07/11

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: AUBURN HOUSING AUTHORITY 20 GREAT FALLS PLAZA AUBURN ME 04210  <b>Congressional District, if known:</b> 4c 2nd	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b> U.S. Department of Housing & Urban Development	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>Richard S. Whiting</u> Title: <u>Executive Director, Auburn Housing Authority</u> Telephone No.: <u>207-784-7351</u> Date: <u>12/7/11</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



**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  
OMB# 2577-0226  
Expires 08/30/2011**

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

I, Reine Mynahan the Community Development Dir certify that the Five Year and  
Annual PHA Plan of the Auburn Housing Authority is consistent with the Consolidated Plan of  
City of Auburn Maine prepared pursuant to 24 CFR Part 91.

  
\_\_\_\_\_ 12-15-11

Signed / Dated by Appropriate State or Local Official

DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET

Approved by OMB  
0348-0046

Reporting Entity: Auburn Housing Authority Page 1 of 1

N/A



11.0 (f)

RESIDENT ADVISORY BOARD (RAB) COMMENTS:

Auburn Housing Authority has not received any comments from the Resident Advisory Board for the annual PHA Plan for fiscal year beginning April 1, 2012.

11.0 (g)

CHALLENGED ELEMENTS

Auburn Housing Authority has no challenged elements of the PHA plan for fiscal year beginning April 1, 2012.

**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: Auburn Housing Authority ME007		Locality (City/County & State): Auburn, Androscoggin County, Maine			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 2	
Development Number and Name	Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2015</u>	Work Statement for Year 5 FFY <u>2016</u>	
B. Physical Improvements Subtotal	Approved Statement	202,940.00	202,940.00	202,940.00	133,440.00	
C. Management Improvements		7,000.00	7,000.00	7,000.00	32,000.00	
D. PHA-Wide Non-dwelling Structures and Equipment		2,000.00	2,000.00	2,000.00	46,500.00	
E. Administration		1,000.00	1,000.00	1,000.00	1,000.00	
F. Other						
G. Operations/Audit		1,500.00	1,500.00	1,500.00	1,500.00	
H. Demolition						
I. Development						
J. Capital Fund Financing – Debt Service						
K. Total CFP Funds		214,440.00	214,440.00	214,440.00	214,440.00	
L. Total Non-CFP Funds						
M. Grand Total		214,440.00	214,440.00	214,440.00	214,440.00	



**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 I: Summary (Continuation)**

PHA Name/Number	Locality (City/county & State)				<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 2
A. Development Number and Name	Work Statement for Year 1 FFY <u>2012</u>	Work Statement for Year 2 FFY <u>2013</u>	Work Statement for Year 3 FFY <u>2014</u>	Work Statement for Year 4 FFY <u>2015</u>	Work Statement for Year 5 FFY <u>2016</u>
	Annual Statement				

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

Work Statement for Year 1 FFY 2012	Work Statement for Year: 2			Work Statement for Year: 3		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Annual	ME007000001 - 1460 Replace Fire Alarm System - T.H.	1	75,463.00	ME007000001 - 1460 Refurbish Burners and Boilers - T.H.		21,000.00
Statement	Re-Caulk Doors, Windows and Control Joints - T.H.		45,000.00	Refurbish Kitchens as Needed - F.D.	13	91,000.00
Statement	Paint Dwell Structures - F.D.		15,477.00	Convert 5BR Units to 4BR on Vacancy - F.D	1	3,000.00
Statement	Convert 5BR Units to 4BR on Vacancy - F.D.	1	4,000.00	Refurbish Kitchens as Needed - B.V.	8	56,000.00
Statement	Upgrade Heating - M.E.		15,000.00			
Statement						
Statement	ME007000001 - 1450 Seal Pavement and Fill Cracks - All		30,000.00	ME007000001 - 1450 Replace Dumpster Screens as Needed - All		10,000.00
Statement	ME007000001 - 1465.1 Replace Appliances as Needed - All		1,000.00	ME007000001 - 1465.1 Replace Stoves - B.V.	20	10,000.00
Statement	ME007000001 - 1470 Paint Common Buildings and Garage		5,000.00	ME007000001 - 1470		
Statement	ME007000001 - 1430 A& E Cost-Cap Projects		12,000.00	ME007000001 - 1430 A& E Cost-Cap Projects		11,940.00
	Subtotal of Estimated Cost		\$202,940.00	Subtotal of Estimated Cost		\$202,940.00



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

Work Statement for Year I FFY <u>2012</u>	Work Statement for Year: <b>4</b>			Work Statement for Year: <b>5</b>		
	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	ME007000001 - 1460 Refurbish Kitchens as Needed - F.D. and B.V.	5	35,000.00	ME007000001 - 1460 Electric Meter Enclosures – F.D.		80,440.00
Annual	Convert 5BR Units to 4 BR on Vacancy - F.D.	1	3,000.00	Apt. Entry/Common Area Doors/Hardware – L.S.		17,000.00
Statement	Replace Roofs – B.V.	3	99,000.00	Convert 5 BR Units to 4 BR on Vacancy – F.D.	1	3,000.00
	ME007000001 - 1450 Repave Walks – T.H. Landscape as Needed- All		15,000.00 5,000.00	ME007000001 - 1450 Repave Walks – B.V.		11,000.00
	ME007000001 - 1465.1 Replace Refrigerators – F.D.	50	30,000.00	ME007000001 - 1465.1 Replace Appl as Needed		1,000.00
	ME007000001 - 1470 Replace Garage Roof – B.V.	1	2,000.00	ME007000001 - 1470 Electric Meter Enclose – Comm Bldg – F.D.		9,000.00
	ME007000001 - 1430 A&E Cost-Cap Projects		13,940.00	ME007000001 - 1430 A&E Cost-Cap Projects		12,000.00
	Subtotal of Estimated Cost		\$202,940.00	Subtotal of Estimated Cost		\$133,440.00



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

Work Statement for Year 1 FFY 2012	Work Statement for Year: 2 FFY: 2013		Work Statement for Year: 3 FFY: 2014		
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost	
ME007000001	General Description of Major Work Categories		ME007000001	General Description of Major Work Categories	
	1406 - Operations	1,000.00		1406 - Operations	1,000.00
	1408 - Mgmt Improve - Security	2,000.00		1408 - Mgmt Improve - Security	2,000.00
	1408 - Software/Training	5,000.00		1408 - Software/Training	5,000.00
	1410 - Administration	1,000.00		1410 - Administration	1,000.00
	1411 - Audit	500.00		1411 - Audit	500.00
	1475 - Replace Equip as Needed	2,000.00		1475 - Replace Equip as Needed	2,000.00
	1502 - Contingency			1502 - Contingency	
	Subtotal of Estimated Cost	\$11,500.00		Subtotal of Estimated Cost	\$11,500.00





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: Auburn Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: ME36P00750112 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval: 2012</b>	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	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-CFFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			1,000.00			
3	1408 Management Improvements			7,000.00			
4	1410 Administration (may not exceed 10% of line 21)			1,000.00			
5	1411 Audit			500.00			
6	1415 Liquidated Damages						
7	1430 Fees and Costs			10,000.00			
8	1440 Site Acquisition						
9	1450 Site Improvement			30,000.00			
10	1460 Dwelling Structures			151,440.00			
11	1465.1 Dwelling Equipment—Nonexpendable			11,500.00			
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment			2,000.00			
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of 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>		FFY of Grant: 2012	
PHA Name: Auburn Housing Authority		FFY of Grant Approval: 2012	
Grant Type and Number Capital Fund Program Grant No: ME36P00750112 Replacement Housing Factor Grant No: Date of CFFP:			

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$214,440.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	2,000.00			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

Signature of Executive Director **Richard S. Whiting**  
 Date **11/30/2011**  


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.

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2012			
PHA Name: Auburn Housing Authority		Capital Fund Program Grant No: ME36P00750112		CFPP (Yes/ No):			
		Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
PHA-Wide	Operations	1406		1,000.00			
PHA-Wide	Management Improvements - Security	1408		2,000.00			
PHA-Wide	Software/Training	1408		5,000.00			
PHA-Wide	Admin Costs - CFP Sals/Benefits	1410		1,000.00			
PHA - Wide	Audit Cost	1411		500.00			
PHA - Wide	Fees & Costs - A&E Services	1430		10,000.00			
ME00700001	Upgrade Exterior Lighting - F.D.	1450		30,000.00			
ME00700001	Replace Generator - T.H.	1460	1	40,000.00			
ME00700001	Replace Sprinkler Heads - T.H.	1460		20,967.00			
ME00700001	Replace Natural Gas Water Heater - T.H.	1460		20,000.00			
ME00700001	Refurbish Elevator Cabs - T.H.	1460		16,010.00			
ME00700001	Convert 5 BR Units to 4 BR on Vacancy - F.D.	1460	1	4,000.00			
ME00700001	Refurbish Kitchens - M.E.	1460	11	42,463.00			
ME00700001	Replace Sewer Pump Station - M.E.	1460	1	3,000.00			
ME00700001	Replace Toilets in Units - L.S.	1460	10	5,000.00			
ME00700001	Replace Stoves - M.E.	1465.1	11	5,500.00			
ME00700001	Replace Refrigerators - L.S.	1465.1	10	6,000.00			
PHA - Wide	Replace Equipment as Needed	1475		2,000.00			
	Totals			\$214,440.00			

<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  
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U.S. Department of Housing and Urban Development  
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<b>Part II: Supporting Pages</b>		<b>Grant Type and Number</b>		<b>Federal FFY of Grant:</b>				
<b>PHA Name:</b>		<b>Capital Fund Program Grant No:</b>		<b>CFRP (Yes/No):</b>				
		<b>Replacement Housing Factor Grant No:</b>						
<b>Development Number</b> <b>Name/PHA-Wide</b> <b>Activities</b>	<b>General Description of Major Work</b> <b>Categories</b>	<b>Development</b> <b>Account No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised<sup>1</sup></b>	<b>Funds</b> <b>Obligated<sup>2</sup></b>	<b>Funds</b> <b>Expended<sup>3</sup></b>	

<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.



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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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**Part III: Implementation Schedule for Capital Fund Financing Program**

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2012  Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	2014		2016		
ME007/00001	2014		2016		

<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.

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U.S. Department of Housing and Urban Development  
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**Part III: Implementation Schedule for Capital Fund Financing Program**

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date	All Funds Expended		Reasons for Revised Target Dates
			Original Expenditure End Date	Actual Expenditure End Date	
	Original Obligation End Date				

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

Annual Statement/Performance and Evaluation Report  
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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		<b>FFY of Grant: 2010</b>	
<b>PIA Name: Auburn Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: ME36P00750110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval: 2010</b>	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>
			Total Estimated Cost	Original	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		6,452.00	6,452.00	6,452.00
3	1408 Management Improvements		37,000.00	37,000.00	0.00
4	1410 Administration (may not exceed 10% of line 21)		6,452.00	6,452.00	6,452.00
5	1411 Audit		0.00	0.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs		32,900.00	32,900.00	8,875.00
8	1440 Site Acquisition				
9	1450 Site Improvement		0.00	0.00	0.00
10	1460 Dwelling Structures		125,285.00	125,285.00	5,997.00
11	1465.1 Dwelling Equipment—None:expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		50,000.00	50,000.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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



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

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

<b>Part I: Summary</b>		<b>FFY of Grant: 2010</b>	
<b>PHA Name:</b> Auburn Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: ME36P00750110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval: 2010</b>	

Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Expended	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
						Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA								
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment								
19	1502 Contingency (may not exceed 8% of line 20)								
20	Amount of Annual Grant: (sum of lines 2 - 19)	258,089.00		258,089.00			258,089.00	27,776.00	22,102.00
21	Amount of line 20 Related to LBP Activities								
22	Amount of line 20 Related to Section 504 Activities								
23	Amount of line 20 Related to Security - Soft Costs	2,000.00		2,000.00			2,000.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs							0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures								

Signature of Executive Director **Richard S. Whiting**  
 Date 11/30/2011

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: Auburn Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: ME36P00750110 CFPP (Yes/No): Replacement Housing Factor Grant No:	<b>Federal FFY of Grant: 2010</b>
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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>	
PHA-Wide	Operations	1406		6,452.00	6,452.00	6,452.00	6,452.00	
PHA-Wide	Management Improvements/ Security	1408		37,000.00	37,000.00	0.00	0.00	
PHA-Wide	Capital Needs Assessment	1408		0.00	0.00	0.00	0.00	
PHA-Wide	Admin Costs - CFP Sals/Benefits	1410		6,452.00	6,452.00	6,452.00	6,452.00	
PHA - Wide	Audit Cost	1411		0.00	0.00	0.00	0.00	
PHA - Wide	Fees & Costs - A&E Services	1430		32,900.00	32,900.00	8,875.00	3,201.00	
ME00700001	Landscape Impr ove as Needed - All	1450		0.00	0.00	0.00	0.00	
ME00700001	Boiler Replacements - Phase 1 - F.D.	1460		119,288.00	119,288.00	0.00	0.00	
ME00700001	Convert 5BR Units to 4BR on Vacancy - F.D.	1460	3	5,997.00	5,997.00	5,997.00	5,997.00	
PHA - Wide	Computer Hardware	1475		50,000.00	50,000.00	0.00	0.00	
PHA - Wide	Contingency	1502		0.00				
	Totals			\$258,089.00	258,089.00	27,776.00	22,102.00	

<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.

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**Part II: Supporting Pages**

PHA Name:		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost Original	Revised <sup>1</sup>	Total Actual Cost Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	Status of Work

<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.



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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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**Part III: Implementation Schedule for Capital Fund Financing Program**  
 PHA Name: Auburn Housing Authority

**Federal FFY of Grant: 2010**

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	Original Obligation End Date	Actual Obligation End Date	All Funds Expended (Quarter Ending Date)	Original Expenditure End Date	Actual Expenditure End Date	Reasons for Revised Target Dates
PHA-Wide		07/14/2012			07/14/2014		
ME00700001		07/14/2012			07/14/2014		

<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.

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**Part III: Implementation Schedule for Capital Fund Financing Program**

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant:	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		

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

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<b>Part I: Summary</b>		<b>FFY of Grant: 2011</b>	
<b>PHA Name: Auburn Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: ME36P00750111 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant Approval: 2011</b>	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2011	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>
			Total Estimated Cost	Obligated	
	Summary by Development Account		Original	Revised <sup>2</sup>	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		1,000.00,	1,000.00	0.00
3	1408 Management Improvements		27,000.00	27,000.00	0.00
4	1410 Administration (may not exceed 10% of line 21)		1,000.00,	1,000.00	0.00
5	1411 Audit		500.00	500.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs		7,500.00	7,500.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		160,940.00	160,940.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable		5,500.00	5,500.00	0.00
12	1470 Non-dwelling Structures		10,000.00	10,000.00	0.00
13	1475 Non-dwelling Equipment		1,000.00	1,000.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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



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<b>Part I: Summary</b>		FFY of Grant: 2011	
PHA Name: Auburn Housing Authority	Grant Type and Number: Capital Fund Program Grant No: ME36P00750111 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2011	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$214,440.00	\$214,440.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	2,000.00	2,000.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <b>Richard S. Whiting</b> Date 11/30/2011		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.

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2011		
PHA Name: Auburn Housing Authority		Capital Fund Program Grant No: ME36P00750111				
		CFPP (Yes/No):				
		Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
				Original	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
				Revised <sup>1</sup>		
PHA-Wide	Operations	1406		1,000.00	0.00	0.00
PHA-Wide	Management Improvements - Security	1408		2,000.00	0.00	0.00
PHA-Wide	Capital Needs Assessment	1408		25,000.00	0.00	0.00
PHA-Wide	Admin Costs - CFP Sals/Benefits	1410		1,000.00	0.00	0.00
PHA - Wide	Audit Cost	1411		500.00	0.00	0.00
PHA - Wide	Fees & Costs - A&E Services	1430		7,500.00	0.00	0.00
ME00700001	Crack/Fill & Seal Park Lot/Walks - M.E.	1450		0.00		
ME00700001	Boiler Replacements - Phase 2 - F.D.	1460		88,440.00	0.00	0.00
ME00700001	Convert 5BR Units to 4BR on Vacancy - F.D.	1460	1	3,000.00	0.00	0.00
ME00700001	Paint Trim or Cover All - F.D.	1460		30,000.00	0.00	0.00
ME00700001	Cover Soffit & Facia - L.S.	1460		20,000.00	0.00	0.00
ME00700001	Replace Entrance Doors - L.S.	1460		10,000.00	0.00	0.00
ME00700001	Replace Closet Doors - L.S.	1460		9,500.00	0.00	0.00
ME00700001	Repl Refrigerators-Energy Star - M.E.	1465.1	11	5,500.00	0.00	0.00
ME00700001	Replace Comm Bldg Windows - F.D.	1470		10,000.00	0.00	0.00
PHA-Wide	Replace Non-Dwell Equip as Needed	1475		1,000.00	0.00	0.00
	Totals			\$214,440.00	\$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.

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

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

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

<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  
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 Expires 4/30/2011

**Part III: Implementation Schedule for Capital Fund Financing Program**  
 PHA Name: Auburn Housing Authority

Federal FFY of Grant: 2011

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	
PHA-Wide	08/02/2013		08/02/2015		
ME00700001	08/02/2013		08/02/2015		

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

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

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

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

1 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.

## Chapter 5

### SUBSIDY STANDARDS

[24 CFR 982.54(d)(9)]

#### INTRODUCTION

HUD guidelines require that HA's establish subsidy standards for the determination of family unit size, and that such standards provide for a minimum commitment of subsidy while avoiding overcrowding. The standards used for the unit size selected by the family must be within the minimum unit size requirements of HUD's Housing Quality Standards. This Chapter explains the subsidy standards which will be used to determine the voucher size for various sized families when they are selected from the waiting list, as well as the HA's procedures when a family's size changes, or a family selects a unit size that is different from the voucher.

#### **A. DETERMINING FAMILY UNIT (VOUCHER) SIZE** [24 CFR 982.402]

1. The HA does not determine who shares a bedroom/sleeping room, but there must be at least one person per bedroom on the voucher. The HA's subsidy standards for determining voucher size shall be applied in a manner consistent with Fair Housing guidelines.
2. All standards in this section relate to the number of bedrooms on the voucher, not the family's actual living arrangements.
3. The unit size on the voucher remains the same as long as the family composition remains the same, regardless of the actual unit size rented.
4. One bedroom will generally be assigned for each two family members. Consideration will be given for medical reasons and the presence of a live-in aide
5. Generally, the HA assigns one bedroom to two people within the following guidelines:
  - a. Head of household or head of house hold with a spouse will have a separate bedroom.
  - b. Adults who have a spousal relationship shale share a bedroom. This includes a head of household in a spousal relationship.
  - c. Space will not be provided for a family member, other than a spouse, who will be absent most of the time, such as a member who is away in the military.
  - d. Foster children will be included in determining unit size only if they will be in the unit for more than 6 months.
  - e. Live-in attendants will generally be provided a separate bedroom. No additional bedrooms are provided for the attendant's family.
  - f. Space may be provided for a minor child who is away at school, but who lives with the family during school recesses, as long as the school records list that residence as the child's principal address.



- g. Space will be provided for children temporarily away (less than 180 days) from the household because of placement in foster care.
- h. A single pregnant woman with no other household members must be treated as a two person family.
- i. Separate bedrooms should be allocated for person of the opposite sex (other than adults who have a sposal relationship and children yournger then 3 years of age.

**GUIDELINES FOR DETERMINING VOUCHER SIZE**

Voucher Size	Persons in Household (Minimum #)	Persons in Household (Maximum #)
0 Bedroom	1	1
1 Bedroom	1	2
2 Bedrooms	2	4
3 Bedrooms	4	6
4 Bedrooms	6	8
5 Bedrooms	8	10
6 Bedrooms	10	12

**B. EXCEPTIONS TO SUBSIDY STANDARDS** (24 CFR 982.403(a) & (b) (amended 5/25/2011))

- 1. The HA may grant an exception approving on a case-by-case basis, upon request as an reasonable accommodation a payment standard up to 110% of the FMR to ensure that a family with a person with disabilities can rent a unit that meets the disabled person’s needs. Such payment standards must be requested by the family and subsequently approved, as necessary, by Auburn Housing Authority after a family with a disable person or an individual person with disabilites locates a unit. Circumstances may dictate an exception payment standard up to 110% than the subsidy standards permit when persons cannot share a bedroom because of a need, such as a:
  - a. Verified medical or health reason such as medical equipment (medical equipment does not include exercise equipment); Medical equipment in the extra bedroom will be verified by Auburn Housing Authority. If the extra bedroom is not being used for the intended purpose, Auburn Housing Authority will reducte the subsidy standard and corresponding payment standard at the family’s next annual recertification. Auburn Housing Authority may take further action, if it believes any family obligations under 24CFR Section 982.551 were violated.

- b. Elderly persons or persons with disabilities who may require a live-in attendant. Auburn Housing Authority will only approve one additional bedroom for a live-in-aide. Although a live-in attendant may have Auburn Housing Authority approved family members/s live with him/her in the assisted unit, no additional bedroom will be provided for the family members of the live-in aide. Auburn Housing Authority must ensure that housing quality standards (HQS) will not be violated and there will be not more than two people per bedroom or living/sleeping space in the unit in accordance with 24 CFR 982.401 (d) (2) (ii). If the approval of additional family members of a live-in aide would result in the violation of HQS, the additional family members of the live-in-aide may not be approved. Additional family members who are approved and meet HQS standard and are not the live-in-aide, will have their income counted. This member would not be considered a remaining family member if the voucher holder leaves the unit or has deceased.
  - c. For persons with disabilities if persons cannot share a bedroom because of a verified medical or health reason.
2. Request for Exceptions to Subsidy Standards
- a. The family may request an exception payment standard other than that indicated by the HA's subsidy standards. Such request must be made in writing within 14 calendar days of the HA's determination of bedroom size. The request must explain the need or justification for a larger bedroom. Documentation verifying the need or justification will be required as appropriate.
  - b. Requests based on health related reasons must be verified by a doctor, medical professional, or social service professional competent to render the opinion and knowledgeable about the person's situation.
3. **HA Error**  
If the HA errs in the bedroom size designation, the family will be issued a voucher of the appropriate size.
4. **Changes for Applicants**  
The voucher size is determined prior to the briefing by comparing the family composition to the HA subsidy standards. If an applicant requires a change in the voucher size, the above referenced guidelines will apply.
5. **Changes for Participants**
- a. The members of the family residing in the unit must be approved by the HA. The family must obtain approval of any additional family member before the new member occupies the unit except for additions by birth, adoption, or court-awarded custody, in which case the family must inform the HA within 14 calendar days. The above referenced guidelines will apply.
  - b. The housing authority will not add any household member other than additions by birth, adoption, court-ordered custody, or marriage which would result in a larger unit size except as allowed in other sections of paragraph B.
6. **Under-Housed and Over-Housed Families**
- a. If a unit does not meet HQS space standards\* due to an increase in family size, (unit too small), the HA will issue a new voucher of the appropriate size at the time of their next regularly scheduled annual reexamination, or at the time of a move, whichever comes first, provided funds are available and lease obligations have been fulfilled. In cases where the family composition grossly exceeds space standards for the current unit, a voucher will be issued immediately and the family will have 60 days to find a suitable unit before assistance is terminated.

- b. Those requiring a smaller bedroom size will be given notice that assistance will be downsized at the next annual reexamination, or at the time of a move, whichever happens first.

**C. FAMILY CHOICE OF UNIT SIZE SELECTED** [24 CFR 982.402(c)]

- 1. The Family will assign individual bedrooms as an internal family matter. The housing authority will not determine who, shall share a bedroom
- 2. **Size of unit occupied by family.**
  - a. The family may lease an otherwise acceptable dwelling unit with fewer bedrooms than the family unit size. However, the dwelling unit must meet the applicable HQS space requirements.
  - b. The family may lease an otherwise acceptable dwelling unit with more bedrooms than the family unit size.
  - c. There are three criteria to consider:
    - i. Subsidy Limitation: The family unit size as determined for a family under the HA subsidy standard for a family assisted in the voucher program is based on the HA's adopted payment standards. The payment standard for a family shall be the lower of:
      - 1. The payment standard amount for the family unit size, as stated on the voucher; or
      - 2. The payment standard amount for the unit size rented by the family.
    - ii. Utility Allowance: The Utility Allowance used to calculate the gross rent is based on the actual size of the unit the family selects, regardless of the size authorized on the family's voucher.
    - iii. Housing Quality Standards: The standards allow two persons per living/sleeping room and permit maximum occupancy levels (assuming a living room is used as a living/sleeping area) as shown in the table below. The levels may be exceeded if a room in addition to bedrooms and living room, such as a den or family room, is used for sleeping.

**\*HQS GUIDELINES FOR UNIT SIZE SELECTED**

Unit Size	Maximum Number in Household
0 Bedroom	1
1 Bedroom	4
2 Bedrooms	6
3 Bedrooms	8
4 Bedrooms	10
5 Bedrooms	12
6 Bedrooms	14



**3. Transfer Waiting List**

- a. When a change in family composition requires a larger voucher size and no funds are available, the family will be placed on a Transfer List.
- b. Families will be selected from the Transfer List before families are selected from the applicant waiting list. This assures that families who are already on the program are in the appropriate sized units.
- c. Families will be selected from this list, when there is available funding, in the following sequence:
  - i. A participant family (whose family composition has been approved by the HA) who requires a change in voucher size because they are living in a unit which is overcrowded according to Housing Quality Standards.
  - ii. A participant family (whose family composition has been approved by the HA) who requires a change in voucher size under the subsidy standards, but not under Housing Quality Standards.
  - iii. All others who require a transfer as determined by the HA.

## Chapter 21

### **VIOLENCE AGAINST WOMEN ACT (VAWA) PROVISION RE: DENIAL OR TERMINATION OF ASSISTANCE**

#### **INTRODUCTION**

An applicant or family that is or has been a victim of domestic violence, dating violence, or stalking, as defined below, will not be denied participation or terminated, if the victim of such violence otherwise qualifies for assistance.

“Domestic Violence” has the same meaning given the term in section 4002 of the Violence Against Women Act of 1994;

“Dating Violence” has the same meaning given the term in section 4002 of the Violence Against Women Act of 1994;

“Stalking” means: to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and, in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to; that person; or a member of the immediate family of that person; or the spouse or intimate partner of that person.

“Immediate Family Member” means, with respect to a person a spouse, parent, brother or sister, or child of that person, or an individual to whom that person stands in loco parentis; or any other person living in the household of that person and related to that person by blood and/or marriage.

1. Nothing in this Section shall be construed to supersede 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.

All information provided to an owner, manager, or Auburn Housing Authority pursuant to this Section, including the fact that an individual is a victim of domestic violence, dating violence, or stalking; shall be retained in confidence by Auburn Housing Authority; and shall neither be, entered into any shared database; nor provided to any related entity; except to the extent that disclosure is requested or consented to by the individual in writing, required for use in an eviction proceeding, or otherwise required by applicable law.

#### **A. INCIDENTS OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING**

In responding to an incident or incidents of actual or threatened domestic violence, dating violence, or stalking, Auburn Housing Authority may request that an individual certify via a HUD approved certification form that the individual is a victim of domestic violence, dating violence, or stalking; and that the incident or incidents in question are bona fide incidents of such actual or threatened abuse; and meet the requirements set forth above. Such certification shall include the name of the perpetrator.

The individual shall provide such certification within 14 business days of the date that the participant receives the written request for certification from the owner, manager, or public housing agency.

If the individual does not provide the certification within the 14 business days set forth above, nothing in this Section may be construed to limit the authority of a landlord to evict, or Auburn Housing Authority to terminate the Section 8 voucher for, any tenant or lawful occupant that commits violations of the Section 8 program. Auburn Housing Authority may extend the 14-day deadline at its sole discretion.

An individual may satisfy the certification requirement above by:

providing Auburn Housing Authority with documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of the abuse, in which the professional attests under the penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incident in questions are:

bona fide incidents of abuse; and

the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation; or

producing a Federal, State, tribal, territorial, or local police court record.

Nothing in this subsection shall be construed to require Auburn Housing Authority to demand that an individual produce official documentation or physical proof of the individual's status as a victim of domestic violence, dating violence, sexual assault, or stalking in order to receive any of the benefits provided in this section. At its discretion, Auburn Housing Authority may provide benefits to an individual based solely on the individual's statement or other corroborating evidence.