

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Cumberland Housing Authority</u> PHA Code: <u>RI010</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/01/2012</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>176</u> Number of HCV units: <u>384</u>												
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <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:  Not Applicable- Annual Plan												
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  Not Applicable- Annual Plan												

**PHA Plan Update**

- (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:
1. The Cumberland Housing Authority has not revised any policies that pertain to Eligibility or Selection and Admissions since the submission of our last annual plan.
  2. The Financial Resources of the Cumberland Housing Authority are as follows for 2011:

Public Housing Operating Fund	- \$374864
Public Housing Capital Fund	- \$162,288
Public Housing Dwelling Receipts	- \$696,112
Public Housing Other Income Antennas	- \$ 112,000
ACC for Section 8 Rental Assistance	- \$2,552,604
Administrative Fees for Sect 8	- \$ 290,320

6.0

3. The Cumberland Housing Authority has not changed any of our rent determination policies since the last annual and 5 year plan was submitted. The Cumberland Housing Authority updated our Section 8 Administrative Policy in 2011 but no rent determination policies were changed.
4. The Cumberland Housing Authority standards and policies with regards to maintenance management and pest eradication are at the standard encouraged by HUD. Pest infestation is treated as soon as it is recognized. Emergency repairs are always made within 24 hours. CHA has implemented a Bedbug Policy in 2011
5. The Cumberland Housing Authority's Grievance Policy is as follows: Applicants who are denied program access are entitled to an informal review with the staff and the Executive Director. A formal grievance hearing is available to residents who have been through the informal hearing procedure and are not satisfied with the results. A formal hearing recognizes a hearing officer from outside the authority.
6. The Cumberland Housing Authority applied for and was granted an 80% Elderly housing designation for 142 out of 176 units at Cumberland Manor on September 28, 2005. An application for the extension of this plan was filed in 2010 and was granted for an additional 2 years. This is applicable through September of 2012 when a renewal for the designation will be submitted.
7. The Community Service and Self Sufficiency is a requirement for any individual who is not elderly or disabled but is receiving housing at Cumberland Manor. The Cumberland Housing Authority also runs a Family Self Sufficiency Program for Section 8 participants. Currently there are 27 families participating.
8. The Cumberland Manor is located in a low to moderately low crime area. For the safety of the residents all entryways are opened only by electronic key and are monitored by security cameras. Additional security cameras for hallways and common areas are being considered with the Cumberland Housing Authority's future capital funds as noted in the 5 Year Plan. The Town of Cumberland Housing Authority works closely with the Cumberland Police Department and the Valley Falls Fire Department and yearly meetings are held with all the residents. New Resident and Management Emergency Policies were adopted by the housing authority in 2010.
9. The Cumberland Manor Admissions and Occupancy Policy (including the Pet Policy) were updated in 2008. All residents with pets must bring in proof of vaccinations and submit pictures and veterinary statements to the office before bringing a pet into the building. There is a dedicated walking spot for the animals outside the building. No animals are allowed off their leash outside of their apartments.
10. The Town of Cumberland Housing Authority examines its programs on a regular basis to identify any impediments to fair housing choice within those programs, and address any impediments in a reasonable fashion with the resources available to us. The plan for the Cumberland Housing Authority is consistent with the Town of Cumberland Consolidated Plan.
11. The results of the most recent fiscal year audit, Year Ending March 31, 2011 are available at the Main Office located at 573 Mendon Road, Suite #4, Cumberland RI. The report has no findings for that fiscal year.
12. The Cumberland Housing Authority has only 176 public housing units and is not required to implement asset management.
13. The Cumberland Housing Authority implemented the Violence Against Women Act Policy in November of 2007. This policy requires all participants of the HCV program (and their landlords) and the Public Housing Program to sign an informational brochure stating that they understand the VAWA Policy. The Cumberland Housing Authority will require and victim of domestic violence or stalking to certify that the abuse is bona fide, using HUD form 50066.

- (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.
- Copies of the Annual PHA Plan for the Cumberland Housing Authority can be found at the administrative office at 573 Mendon Road, Cumberland, RI 02864 and at the office at Cumberland Manor, One Mendon Road, Cumberland RI 02864.

7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><b>Hope IV – not applicable</b></p> <p><b>Mixed Finance Modernization or Development – not applicable</b></p> <p><b>Demo/Disposition-not applicable</b></p> <p><b>Conversion of Public Housing –not applicable</b></p> <p><b>Homeownership Programs-not applicable</b></p> <p><b>Project Based Vouchers</b> – The Cumberland Housing Authority currently has an agreement with a landlord for 28 project based units. The initial term of the contract will end October 31, 2014 for all of the units.</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See Attachments</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See Attachments</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input checked="" type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>

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

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

<b>Public Housing</b>	<b># of families</b>	<b>% of total families</b>
Wait list total	96	100%
Extremely low income	65	68%
Very low income	19	20%
Low income	2	2%
Families with children	5	4 %
Families with disabilities	79	82%
Elderly families	10	10%
Race – White	88	90%
- Black	7	8%
- American Indian	1	1%
- Asian	1	1%

The public housing list remains open.

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

<b>Project Based</b>	<b># of Families</b>	<b>% of total families</b>
Wait list total	130	100%
Extremely low income	113	77%
Very low income	29	19%
Low income	5	4%
Families with children	101	82%
Families with disabilities	22	15%
Elderly Families	10	7%
Race – White	72	55%
- Black	25	19%
- American indian	3	2%
- Asian	0	0%
- No Answer	30	23%

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

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

<b>Section 8 – HCV</b>	<b>#of Families</b>	<b>% of total families</b>
Wait List total	73	100%
Extremely low income	55	75%
Very Low income	15	21%
Low income	3	4%
Families with children	53	74%
Families with disabilities	11	15%
Elderly Families	5	8%
Race – White	61	84%
- Black	11	15%
- American Indian		0%
- Asian	1	1%

The Section 8 list remains closed since 4/1/2004. The list may be opened briefly during 2012/2013 Fiscal year.

9.0

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>The Cumberland Housing Authority in conjunction with the Town of Cumberland is trying to develop additional sources of affordable housing, including the acquisition of foreclosed properties. We continue to encourage new landlords in Cumberland to participate with the Section 8 program.</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>Cumberland Housing Authority is consistently 99%-100% occupied.</p> <p>2010 Physical Inspection score of 97. 2010 SEMAP score of 100.</p> <p>2010 Designated Housing Plan was approved for 2 years. The Plan calls for 80% Elderly and 20% Disabled at Cumberland Manor.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>The Cumberland Housing Authority defines the significant amendment and substantial deviation/modification to the PHA Annual Plan as:</p> <ul style="list-style-type: none"> <li>- Changes to rent or admissions policies or organization of the wait list;</li> <li>- Changes to Public Housing Admissions and Occupancy Policy;</li> <li>- Changes to Section 8 Housing Choice Voucher Administrative Plan;</li> <li>- Changes in the proposed uses of Capital Fund Grant dollars not included in the 5 year action plan;</li> <li>- Changes with regard to disposition, demolition, or conversion of Public Housing stock</li> </ul>

11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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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		Grant Type and Number		FFY of Grant: 2009 ARRA	
PHA Name: Cumberland Housing Authority		Capital Fund Program Grant No: R143S010501-09 (ARRA)		FFY of Grant Approval: 2009	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2011				<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>
		Original			Expended
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		12000.00	12000.00	12000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	230065.00	218065.00	218065.00	218065.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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<b>Part I: Summary</b>		FFY of Grant: 2009 ARRA	
PHA Name: Cumberland Housing Authority		FFY of Grant Approval: 2009	
Grant Type and Number Capital Fund Program Grant No: R143S010501-09 (ARRA) Replacement Housing Factor Grant No: Date of CFFP:			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2011		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Development Account			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	230065.00	230065.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>	
<i>[Signature]</i>		<i>[Signature]</i>	
<b>Date 10/19/2011</b>		<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
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<b>Part I: Summary</b>				FFY of Grant: 2010 FFY of Grant Approval: 2010	
PHA Name: Cumberland Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P010501-10 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16000.00		16000.00	11234.48
8	1440 Site Acquisition				
9	1450 Site Improvement	30000.00		30000.00	12615.00
10	1460 Dwelling Structures	90442.64		90442.64	68575.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

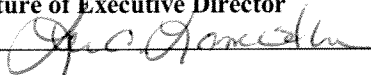
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Cumberland Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43P010501-10 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2011			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	57039.36		57039.36	33272.96
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	193482.00		193482.00	125697.44
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> 		<b>Date 10/19/2011</b>	<b>Signature of Public Housing Director</b>		<b>Date</b>

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

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

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<b>Part II: Supporting Pages</b>								
PHA Name: Cumberland Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43P010501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Cumberland Manor	Fees & Costs							
RI010-1,3	Architectural Engineering Fees	1430		15000.00		15000.00	10234.48	In Process
	Advertising	1430		1000.00		1000.00	1000.00	In Process
Cumberland Manor	Site Improvements							
RI010-1,3	Reseal & Restripe old parking area	1450		30000.00		30000.00	12615.00	In Process
Cumberland Manor	Dwelling Structures							
RI010-1,3	Cleaning and Weatherproofing of exterior masonry. Replace common area flooring on Floors 2-8. Electrical System upgrade. Push button handicapped accessible door for office and community room.	1460		90442.64		90442.64	68575.00	In Process
PHA Wide	Debt Service	9000		57039.36		57039.36	33272.96	In Process

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

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



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Part I: Summary						
PHA Name: Cumberland Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P010501-11 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2011 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2011 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	15000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	90248.00				
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

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<b>PHA Name:</b> Cumberland Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43P010501-11 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2011</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	57039.36		57039.36		
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	162288.00		57039.36		
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b> 		<b>Date 10/19/2011</b>		<b>Signature of Public Housing Director</b>  		
				<b>Date</b>		

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

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

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

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



<b>Part II: Supporting Pages</b>								
PHA Name: Cumberland Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43010501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Cumberland Manor RI010-1,3	Fees & Costs Architectural & Engineering	1430		12500.00				
	Advertising	1430		2500.00				
Cumberland Manor RI010-1,3	Site Improvement Replace old parking area lighting	1450		90248.64				
PHA Wide	Debt Service	9000		57039.36				

<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.



**Part I: Summary**

<b>PHA Name: Cumberland Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43P010501-12 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2012</b> <b>FFY of Grant Approval:</b>
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**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Period Ending:       Revised Annual Statement (revision no: )  
 Final Performance and Evaluation Report

Line	Summary by Development Account	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>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	95248.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

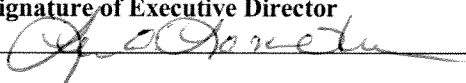
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> Cumberland <b>Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: RI43P010501-12 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2012</b> <b>FFY of Grant Approval:</b>

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	57039.36			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	162288.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> 	<b>Date 10/19/2011</b>	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Cumberland Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43010501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
Cumberland Manor RI010-1,3	Fees & Costs Architectural & Engineering	1430		9000.00				
	Advertising	1430		1000.00				
Cumberland Manor RI010-1,3	Dwelling Structures Building Exterior Clean/Repair/Weatherproof Electric and Water System Upgrades	1460		95248.64				
PHA Wide	Debt Service	9000		57039.36				

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

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



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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/20011

<b>Part I: Summary</b>						
PHA Name/Number		Locality (City/County & State)			<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____ 2012	Work Statement for Year 2 FFY _____ 2013	Work Statement for Year 3 FFY _____ 2014	Work Statement for Year 4 FFY _____ 2015	Work Statement for Year 5 FFY _____ 2016
B.	Physical Improvements Subtotal RI010-1 RI010-3	Annual Statement	20000.00 65248.64	56264.00 28984.64	56264.00 28984.64	56264.00 28984.64
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other – fees & costs		20000.00	20000.00	20000.00	20000.00
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service		57039.36	57039.36	57039.36	57039.36
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		162288.00	162288.00	162288.00	162288.00











<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2012	Work Statement for Year 2013 FFY 2013		Work Statement for Year: 2014 FFY 2014	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	RI010-1,3		RI010-1,3	
	Fees & Costs	20000.00	Fees & Costs	20000.00
	Debt Service	57039.36	Debt Service	57039.36
	Subtotal of Estimated Cost	\$77039.36	Subtotal of Estimated Cost	\$77039.36

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/20011

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY	Work Statement for Year <u>2015</u> FFY <u>2015</u>		Work Statement for Year: <u>2016</u> FFY <u>2016</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	RI010-1,3		RI010-1,3	
	Fees & Costs	20000.00	Fees & Costs	20000.00
	Debt Service	57039.36	Debt Service	57039.36
		Subtotal of Estimated Cost	\$77039.36	Subtotal of Estimated Cost

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

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

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

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

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

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

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