

PHAPlans

5YearPlanforFiscalYears2000 -2004
AnnualPlanforFiscalYear2002

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBEC OMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

PHA Plan Agency Identification

PHAName: Housing Authority of the City of Milford

PHANumber: CT030

PHAFiscalYearBeginning:(mm/yyyy) 04/2002

Public Access to Information: The Authority office at 75 DeMaio Drive,
Milford, CT 06460 -4356

Information regarding any activities outlined in this plan can be obtained by contacting:(select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

5-YEAR PLAN
PHAF ISCAL YEARS 2000 -2004
 [24CFRPart903.5]

A. Mission

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. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

The mission of the Housing Authority of the City of Milford is to assist low -income families with safe, decent, and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives. The Housing Authority is committed to operating in a fiscally prudent, efficient, ethical, and professional manner. The Housing Authority will strive to provide a suitable living environment for the families we serve without discrimination.

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD -suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURE OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include target sets such as: numbers of families served or PHA scores achieved.) PHAs should identify these measures in the space to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- PHA Goal: Expand the supply of assisted housing
 Objectives:
 - Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)

- PHAGoal:Improvethethequalityofassistedhousing
- Objectives:
- Improvepublichousingmanagement:(PHASscore) *Recognizedasahigh performerby2004*
 - Improvevouchermanagement:(SEMAPscore) *Recognizedasahigh performerby2004*
 - Increasecustomersatisfaction:
 - Concentrateoneffortstoimprovespecificmanagementfunctions: (list;e.g.,publichousingfinance;voucherunitinspections)
 - Renovateormodernizepublichousingunits: *Onanongoingbasis*
 - Demolishordisposeofobsoletepublichousing:
 - Providereplacementpublichousing:
 - Providereplacementvouchers:
 - Other:(listbelow)

- PHAGoal:Increaseassistedhousingchoices
- Objectives:
- Providevoucher mobilitycounseling:
 - Conductoutreacheffortstopotentialvoucherlandlords. *Annually*
 - Increasevoucherpaymentstandards. *ToassureparticipationofSection8 landlordswithqualityproperty.*
 - Implementvoucherhomeownershipprogram:
 - Implementpublichousingorotherhomeownershipprograms:
 - Implementpublichousing site -basedwaitinglists:
 - Convertpublichousingto vouchers:
 - Other:(listbelow)

HUDStrategicGoal:Improvecommunityqualityoflifeandeconomicvitality

- PHAGoal:Provideanimprovedlivingenvironment
- Objectives:
- Implementmeasures todecon centratepovertybybringinghigherincome publichousinghouseholdsin tolowerincomedevelopments: *By2003*
 - Implementmeasures to promoteincomemixinginpublichousingby assuringaccessforlowerincomefamiliesinto higherincome developments:
 - Implementpublichousingsecurityimprovements:
 - Designateddevelopmentsorbuildingsforparticularresidentgroups (elderly, personswith disabilities)
 - Other:(listbelow)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistancerecipients' employability: *On an ongoing basis*
- Provide or attract supportive services to increase independence for the elderly or families with disabilities. *On an ongoing basis*
- Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability: *On an ongoing basis*
- Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability: *On an ongoing basis*
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- Other: (list below)

Other PHA Goals and Objectives: (list below)

The goals and objectives adopted by the Milford Housing Authority are:

Goal One: Manage the Milford Housing Authority's existing public housing program in an efficient and effective manner thereby qualifying as at least a standard performer.

Objectives:

- 1.) HUD will recognize the Milford Housing Authority as a high performer by 12/31/2004.*

- 2.) *The Milford Housing Authority shall promote a motivating work environment with a capable and efficient team of employees to operate as a customer -friendly and fiscally prudent leader in the affordable housing industry.*

Goal two: Provide a safe and secure environment in Milford Housing Authority's public housing developments.

Objectives:

- 1.) *The Milford Housing Authority shall reduce crime in its developments so that the crime rate is less than their surrounding neighborhood by December 31, 2004.*

Goal three: Expand the range and quality of housing choices available to participants in the Milford Housing Authority's tenant -based assistance program.

Objectives:

- 1.) *The Milford Housing Authority shall achieve and sustain a utilization rate of 95% by December 31, 2004, in its tenant -based program.*
- 2.) *The Milford Housing Authority shall attract 25 new landlords who want to participate in the program by December 31, 2004.*

Goal four: Enhance the image of public housing in our community .

Objective:

- 1.) *The Milford Housing Authority shall implement an outreach program to inform the community of what good managers of the public's dollar the Housing Authority is by December 31, 2001. This has been accomplished.*

AnnualPHAPlan
PHAFisca lYear2000

[24CFRPart903.7]

i. AnnualPlanType:

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

StandardPlan

StreamlinedPlan:

- HighPerformingPHA**
- SmallAgency(<250PublicHousingUnits)**
- AdministeringSection8Only**

TroubledAgencyPlan

ii. ExecutiveSummaryoftheAnnualPHAPlan

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,includinghighlightsofmajorinitiativesanddiscretionarypoliciesthePHAhasincludedintheAnnualPlan.

iii. AnnualPlanTableofContents

[24CFRPart903.79(r)]

ProvideatableofcontentsfortheAnnualPlan,includingattachments,andalistofsupportingdocumentsavailableforpublicinspection

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a SEPARATE file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

Required Attachments:

- Admissions Policy for Deconcentration
- FY2000 Capital Fund Program Annual Statement
- Most recent board - approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- FY2000 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

Flat Rents

Deconcentration Policy

Implementation of Public Housing Resident Community Service Requirements

Progress and Meeting the Five Year Mission and Goals

Resident Membership of the PHA Governing Board

Membership of the Resident Advisory Board

Summary of Pet Policy

1996 Comprehensive Grant Program

1997 Comprehensive Grant Program

1998 Comprehensive Grant Program

1999 Comprehensive Grant Program

2001 Capital Fund

2000 Capital Fund

Voluntary Conversion Component

Resident Assessment Follow Up Plan 2001

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52 825) for any active CIAP grant	Annual Plan: Capital Needs
	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self -Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self -Sufficiency
	Most recent self -sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self -Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi -annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1.StatementofHousingNeeds

[24CFRPart903.79(a)]

A.HousingNeedsofFamiliesinthe Jurisdiction/sServedbythePHA

BasedupontheinformationcontainedintheConsolidatedPlan/sapplicabletothejurisdiction,and/orother dataavailabletothePHA,provideastatementofthehousingneedsinthejurisdictionbycompletingthe followingtable.Inthe“Overall”Needscolumn,providetheestimatednumberofrenterfamiliesthathave housingneeds.Fortheremainingcharacteristics,ratetheimpactofthatfactoronthehousingneedsfor eachfamilytype,from1to5,with1being“no impact”and5being“severeimpact.”UseN/Atoindicate thatnoinformationisavailableuponwhichthePHAcannmakethisassessment.

HousingNeedsofFamiliesintheJurisdiction byFamilyType							
FamilyType	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income<=30%of AMI	683	N/A	N/A	N/A	N/A	N/A	N/A
Income>30%but <=50%ofAMI	481	N/A	N/A	N/A	N/A	N/A	N/A
Income>50%but <80%ofAMI	458	N/A	N/A	N/A	N/A	N/A	N/A
Elderly	707	N/A	N/A	N/A	N/A	N/A	N/A
Familieswith Disabilities	75	N/A	N/A	N/A	N/A	N/A	N/A
BlackNon -Hispanic	184	N/A	N/A	N/A	N/A	N/A	N/A
Hispanic	324	N/A	N/A	N/A	N/A	N/A	N/A
WhiteNon -Hispanic	1114	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity							

WhatsourcesofinformationdidthePH Ausetoconductthisanalysis?(Checkallthat apply;allmaterials mustbemadeavailableforpublicinspection.)

- ConsolidatedPlanoftheJurisdiction/s
Indicateyear: 2001
- U.S.Censusdata:theCompre hensiveHousingAffordabilityStrategy(“CHAS”) dataset
- AmericanHousingSurveydata
Indicateyear:
- Otherhousingmarketstudy
Indicateyear:
- Othersources:(listandindicateyearofinformation)

B. HousingNeedsofFamiliesonthePublicHousingandSection8 Tenant-BasedAssistanceWaiting Lists

StatethehousingneedsofthefamiliesonthePHA’swaitinglist/s .Completeonetableforeachtypeof
PHA-widewaitinglistadministeredbythePHA. PHAsmayprovideseperatetablesforsite -basedor
sub-jurisdictionalpublichousingwaitingl istsattheiroption.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant -based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site -Based or sub -jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	276		50
Extremely low income <= 30% AMI	202	73%	
Very low income (>30% but <=50% AMI)	74	27%	
Low income (>50% but <80% AMI)	0	0	
Families with children	216	78%	
Elderly families	60	22%	
Families with Disabilities	75	27%	
Black Non -Hispanic	146	53%	
White Hispanic	62	22%	
White Non -Hispanic	47	17%	
Other	21	8%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2BR			
3BR			
4BR			
5BR			
5+BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 5 Months			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant -based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site -Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	325		41
Extremely low income <= 30% AMI	209	64%	
Very low income (> 30% but <= 50% AMI)	50	16%	
Low income (> 50% but < 80% AMI)	66	20%	
Families with children	181	56%	
Elderly families	60	19%	
Families with Disabilities	129	40%	
White Non-Hispanic	186	57%	
White-Hispanic	31	10%	
Black Non-Hispanic	82	25%	
Other	26	8%	
Characteristics by Bedroom Size (Public Housing Only)			
0BR	112	34%	17
1BR	32	10%	22
2BR	96	30%	2
3BR	68	21%	
4BR	14	4%	
5BR	3	1%	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 6 months			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C.StrategyforAddressingNeeds

ProvideabriefdescriptionofthePHA'sstrategyforaddressingthehousingneedsoffamiliesinthe jurisdictionandonthewaitinglist **INTHEUPCOMINGYEAR** ,andtheAgency'sreasonsforchoosing thisstrategy.

(1)Strategies

Need:Shortageofaffordablehousingforalleligiblepopulations

Strategy1.MaximizethenumberofaffordableunitsavailabletothePHAwithin itscurrentresourcesby:

Selectallthatapply

- Employeffectivemaintenanceandmanagementpoliciestominimizethenumber ofpublichousingunitsoff -line
- Reduceturnovertimeforvacatedpublic housing units
- Reducetimetorenovatepublichousingunits
- Seekreplacementofpublichousingunitslosttotheinventorythroughmixed financedevelopment
- Seekreplacementofpublichousingunitslost totheinventorythroughsection8 replacementhousingresources
- Maintainorincreasesection8lease -upratesbyestablishingpaymentstandards thatwillenablefamieliestorentthroughoutthejurisdiction
- Undertakemeasuresstoensureaccesstoaffordablehousingamongfamilies assistedbythePHA,regardlessofunitsizerequired
- Maintainorincreasesection8lease -upratesbymarketingtheprogramtoowners, particularlythoseoutsideofareasofminorityandpovertyconcentration
- Maintainorincreasesection8lease -upratesbyeffectivelyscreeningSection8 applicantstoincreaseowneracceptanceofprogram
- ParticipateintheConsolidatedPlandevelopmentprocess toensurecoordination withbroadercommunitystrategies
- Other(listbelow)

Strategy2:Increasethenumberofaffordablehousingunitsby:

Selectallthatapply

- Applyforadditionalsection8unitsshouldtheybecome available
- Leverageaffordablehousingresourcesinthecommunitythroughthecreation ofmixed -financehousing
- PursuehousingresourcesotherthanpublichousingorSection8tenant -based assistance.
- Other:(listbelow)

Need:SpecificFamilyTypes:Familiesatorbelow30%ofmedian

Strategy1:Targetavailableassistancetofamiliesatorbelow30%ofAMI

Selectallthatapply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with the economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

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

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special -purpose voucher targeted to the elderly, should they become available
- Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special -purpose voucher targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- Affirmatively market to races/ethnicities show to have disproportionate housing needs
- Other:(list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty/minority concentrations
- Other:(list below)

Other Housing Needs & Strategies:(list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other:(list below)

2. Statement of Financial Resources

[24CFR Part 903.79(b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant-based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing support services, Section 8 tenant-based assistance, Section 8 support services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2000 grants)		
a) Public Housing Operating Fund	431,102.00	
b) Public Housing Capital Fund	443,667.00	
c) HOPEVI Revitalization	N/A	
d) HOPEVI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant -Based Assistance	1,705,397.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self - Sufficiency Grants	N/A	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)	N/A	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
CT26P030-009 Dev. Fund	2,479,452.00	Public Housing Acquisition/Rehabilitation 28 Units
CT26PO30704/705/706/707 Comp Grant	1,807,000.00	Public Housing Capital Improvements
CT26PO3050101 Capital Fund 01	459,130.00	Public Housing Capital Improvements
3. Public Housing Dwelling Rental Income	924,800.00	Public Housing Operations
4. Other income (list below)		
Estimated Investment Income	15,120.00	Public Housing Operations
Other Income	17,000.00	Public Housing Operations
4. Non -federal sources (list below)		
N/A		
Total resources	\$8,282,668.00	

3.PHAPoliciesGoverningEligibility,Selection,andAdmissions

[24CFRPart903.79(c)]

A.PublicHousing

Exemptions:PHAst hatdonotadministerpublichousingarenotrequiredto completesubcomponent3A.

(1)Eligibility

a. WhendoesthePHAverifyeligibilityforadmissiontopublichousing?(selectallthat apply)

- Whenfamiliesarewithinacertainnumbe rofbeingofferedaunit:(statenumber) 5
- Whenfamiliesarewithinacertaintimeofbeingofferedaunit:(statetime)
- Other:(describe)

b. Whichnon -income(screening)factorsdoesthePHAusetoestablisheligibil ityfor admissiontopublichousing(selectallthatapply)?

- CriminalorDrug -relatedactivity
- Rentalhistory
- Housekeeping
- Other(describe) *Credit,DisturbanceofNeighbors,Distruccio nofProperty*

c. Yes No:DoesthePHArequestcriminalrecordsfromlocallawenforcement agenciesforscreeningpurposes?

d. Yes No:DoesthePHArequestcriminalrecordsfrom Statelawenforcement agenciesforscreeningpurposes?

e. Yes No:DoesthePHAaccessFBIcriminalrecordsfromtheFBIfor screeningpurposes?(eitherdirectlyorthroughanNCIC - authorizedsource)

(2)WaitingList Organization

a. WhichmethodsdoesthePHAplantousetoorganizeitspublichousingwaitinglist (selectallthatapply)

- Community-widelist
- Sub-jurisdictionallists
- Site-basedwaitinglists
- Other(describe)

b. Wheremayinterestedpersonsapplyforadmissiontopublichousing?

- PHAmainadministrativeoffice
- PHAdevelopmentssitemanagementoffice
- Other(listbelow)

c. If the PHA plan to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment

1. How many site-based waiting lists will the PHA operate in the coming year?
2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously HUD-approved site-based waiting list plan)? If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously? If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
 - PHA main administrative office
 - All PHA development management offices
 - Management offices at developments with site-based waiting lists
 - At the development to which they would like to apply
 - Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One Removed
- Two
- Three or More

b. Yes No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admission to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfer take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused

- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Household that contributes to meeting income goals (broad range of incomes)
- Deconcentration*
- Household that contributes to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
 Victims of domestic violence
 Substandard housing
 Homelessness
 High rent burden

Other preferences (select all that apply)

- 2 Working families and those unable to work because of age or disability *Ranking Preference*
- Veterans and veterans' families
- 2 Residents who live and/or work in the jurisdiction *Ranking Preference*
- Those enrolled currently in educational, training, or upward mobility programs
- 1 Household that contributes to meeting income goals (broad range of incomes) *Local Preference*
- 1 Household that contributes to meeting income requirements (targeting) *Local Preference*
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preference to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA - resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal
- Anytime family composition changes
- At family request for revision
- Other (list)

(6) Deconcentration and Income Mixing

a. Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. Yes No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- Adoption of site based waiting lists
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments
If selected, list targeted developments below: *Harrison Avenue and Scattered Site*
- Other (list policies and development targeted below)

d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher -income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below: *Harrison Avenue and Scattered Sites*

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower -income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

B. Section 8

Exemptions: PHA that do not administer section 8 are not required to complete sub -component 3B.
Unless otherwise specified, all questions in this section apply only to the tenant -based section 8
assistance program (vouchers, and until complete ly merged into the voucher program, certificates).

(1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug -related activity only to the extent required by law or regulation
 - Criminal and drug -related activity, more extensively than required by law or regulation
 - More general screening than criminal and drug -related activity (list factors below)
 - Other (list below)
- b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC - authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug -related activity
 - Other (describe below) *Rental History*

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant -based assistance waiting list merged? (select all that apply)
- None
 - Federal public housing
 - Federal moderate rehabilitation
 - Federal project -based certificate program
 - Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant -based assistance? (select all that apply)
- PHA main administrative office
 - Other (list below)

(3) Search Time

- a. Yes No: Does the PHA give extensions on standard 60 -day period to search for a unit?

If yes, state circumstances below:

Document search for housing and unable to find a unit, medical emergencies and disabled families.

(4) Admissions Preferences

a. Income targeting

Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissionsto thesection 8 program of families at or below 30% of median area income?

b. Preferences

1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Household that contribute to meeting income goals (broad range of incomes) (*Deconcentration*)
- Household that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisal or hate crimes
- Other preference(s) (list below)
 - Ranking preference for families or individuals displaced by MHA acquisition of their rental unit.
 - Ranking preference for families or individuals whom must move because they no longer meet minimum or maximum occupancy standards for their public housing units and no right-size units are available.

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represent your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- 1 Household that contributes to meeting income goals (broad range of incomes) *Local Preference*
- 1 Household that contributes to meeting income requirements (targeting) *Local Preference*
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)
 - 2 Ranking preference for families or individuals displaced by MHA acquisition of their rental units.
 - 3 Ranking preference for families or individuals whom must move because they no longer meet minimum or maximum occupancy standards for their public housing units or no right-size units are available.

4. Among applicants on the waiting list with the equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preference to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
 Not applicable: the pool of applicant families ensure that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admission to any special purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan
 Briefing sessions and written materials
 Other (list below)

b. How does the PHA announce the availability of any special purpose section 8 program to the public?

- Through published notices
 Other (list below)

4. PHA Rent Determination Policies

[24CFR Part 903.79(d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent setting policies for income based rent in public housing. Income based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

2. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent -setting policy)
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent -setting policy)
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
- Yes but only for some developments
- No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments

- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95th percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent determination:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Anytime the family experiences an income increase
- Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) _____
- Other (list below)
Annual recertification or any decrease in income.

g. Yes No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12-month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below) *Based on published fair market rent (F.M.R.)*

B. Section 8 Tenant -Based Assistance

Exemptions: PHA that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant**

(1) Payment Standards

Describe the voucher payment standards and policies .

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- d.
- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
 - Reflects market or submarket
 - To increase housing options for families
 - Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

- b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24CFR Part 903.79(e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	312	36
Section 8 Vouchers	214	50
Section 8 Certificates	138	10
Section 8 Mod Rehab	N/A	N/A
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	N/A
Public Housing Drug Elimination Program (PHDEP)	N/A	N/A
Other Federal Programs (list individually)		
Comp Grant Program	312	N/A

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

Admissions and Continuous Occupancy
Blood Borne Disease Policy
Capitalization Policy
Check Signing Policy
Criminal Records Management Policy
Disposition Policy
Drug Free Policy
Equal Housing Opportunity Policy
Ethics Policy
Facilities Use Policy
Funds Investment Policy
Funds Transfer Policy
Grievance Procedure
Hazardous Materials Policy
Maintenance Policy
Natural Disaster Response Guidelines
Personnel Policy
Pest Control Policy
Procurement Policy
Rent Collection Policy
Sexual Harassment Policy – Part of Personnel Policy
Travel Policy – Part of Personnel Policy

(2) Section 8 Management: (list below)

Administrative Policy

6. PHA Grievance Procedures

[24CFR Part 903.79(f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA offices should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office
- PHA development management offices
- Other (list below)

B. Section 8 Tenant -Based Assistance

1. Yes No: Has the PHA established in formal review procedures for applicants to the Section 8 tenant -based assistance program and informal hearing procedures for families assisted by the Section 8 tenant -based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list addition to federal requirements below:

2. Which PHA offices should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office
- Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.79(g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub -component 7A: PHA that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long -term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD -52837.

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan as Attachment (state name)

-or-

- The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert there)

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the Town of Milford		Grant Type and Number Capital Fund Program Grant No: CT26PO3050302 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<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: 9/30/01		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds	0.00			
2	1406 Operations	0.00			
3	1408 Management Improvements	30,000.00			
4	1410 Administration	44,000.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	50,000.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	70,000.00			
10	1460 Dwelling Structures	235,000.00			
11	1465.1 Dwelling Equipment — Nonexpendable	0.00			
12	1470 Non dwelling Structures	10,000.00			
13	1475 Non dwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1499 Development Activities	0.00			
19	1501 Collateralization or Debt Service	0.00			
20	1502 Contingency	10,024.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHAName: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3050302 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 9/30/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 22-26)	449,024.00			
22	Amount of line 21 Related to LBP Activities	0.00			
23	Amount of line 21 Related to Section 504 compliance	30,000.00			
24	Amount of line 21 Related to Security – Soft Costs	0.00			
25	Amount of Line 21 Related to Security – Hard Costs	0.00			
26	Amount of line 21 Related to Energy Conservation Measures	0.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Milford Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO3050302 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT30 -2 Catherine McKeen Village	Resurface parking area	1450	50 units	50,000.00				
	Install GFCI sink kitchen and bathroom	1460	50 units	15,000.00				
	Upgrade boilers	1460	50 units	35,000.00				
CT30 -5 Island View Park	Replace front walkway	1450	109 units	20,000.00				
	Upgrade hallway lighting	1460	109 units	50,000.00				
	Replace main water heater	1460	109 units	95,000.00				
	Install anti-scald valves	1460	109 units	40,000.00				
CT30 -6 Joseph DeMaio Gardens	Community Room bathroom ADA upgrades	1470	109 units	10,000.00				
PHA-Wide Management Improvements	Staff Training	1408	100%	30,000.00				
PHA-Wide Administration	Staff salary prorated for Capital Fund Administration	1410	100%	44,000.00				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName:MilfordHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: CT26PO3050302 ReplacementHousingFactorGrantNo:				FederalFYofGrant:2002		
DevelopmentNumber Name/HA-WideActivities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide FeesandCos ts	Architectural/Engineeringand Consultingfees	1430	100%	50,000.00				
PHA-Wide Contingency	Contingency	1502	100%	10,024.00				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: Milford Housing Authority		Grant Type and Number Capital Fund Program No: CT26PO3050302 Replacement Housing Factor No:					Federal FY of Grant: 2 002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
CT30 -2 Catherine McKeen Village	12/31/2003			6/30/2005				
CT30-5 Island View Park	12/31/2003			6/30/2005				
CT30 -6 Joseph DeMaio Gardens	12/31/2003			6/30/2005				
PHA-Wide	12/31/2003			6/30/2005				

(2)Optional5 -YearActionPlan

Agenciesareencouragedtoincludea5 -YearActionPlancoveringcapitalworkitems.Thisstatementcan becompletedbyusingthe5YearActionPlantableprovidedinthetablelibraryattheendofthePHAPlan template **OR**bycompletingandattachingaproperlyupdatedHUD -52834.

a. Yes No: IsthePHAprovidinganoptional5 -YearActionPlanfortheCapital Fund?(ifno,skiptosub -component7B)

b.Ifyes toquestiona,selectone:

TheCapitalFundProgram5 -YearActionPlanisprovidedasanattachmenttothe PHAPlanatAttachment(statename

-or-

TheCapitalFundProgram5 -YearActionPlanisprovidedbelow:(ifselected, copytheCFPOptional5YearActionPlanfromthe TableLibraryandinsertthere)

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHAName: MilfordHousingAuthority					<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:2003	WorkStatementforYear3 FFYGrant:2004 PHAFY:2004	WorkStatementforYear4 FFYGrant:2005 PHAFY:2005	WorkStatementfor Year5 FFYGrant:2006 PHAFY:2006	
	Annual Statement					
CT30 -1 HarrisonAve.		0.00	0.00	0.00	0.00	
CT30 -2 CatherineMcKeen Village		120,000.00	0.00	0.00	210,000.00	
CT30 -4 ForanTowers		200,000.00	0.00	240,000.00	0.00	
CT30 -5 IslandViewPark		0.00	165,000.00	0.00	100,000.00	
CT30 -6 DeMaioDrive		0.00	160,000.00	90,000.00	0.00	
PHA-Wide		129,024.00	124,024.00	119,024.00	139,024.00	
CFPFundsListedfor 5-yearplanning		449,024.00	449,024.00	449,024.00	449,024.00	
ReplacementHousing FactorFunds						

CapitalFundProgramFive -YearActionPlan						
PartII:SupportingPages —WorkActivities						
Activitiesfor Year1	ActivitiesforYear: <u>2</u> FFYGrant:2003 PHAFY:2003			ActivitiesforYear: <u>3</u> FFYGrant:2004 PHAFY:2004		
	Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
See	CT30 -2 CatherineMcKeenVillage	Windows	120,000.00	CT30 -5 IslandViewPark	Replacelavatories	45,000.00
Annual		<i>Subtotal</i>	120,000.00		CommunityRoom bathroomupgrades	10,000.00
Statement					Upgradelaundry room	10,000.00
	CT30 -4 ForanTowers	Kitchencabinets	90,000.00		Securitysystem	100,000.00
		Hallwayventilation	110,000.00		Subtotal	165,000.00
		Subtotal	200,000.00			
				CT30 -6 DeMaioGardens	Hallwayventilation	160,000.00
	PHA-Wide	Management Improvements	30,000.00		Subtotal	160,000.00
		Administration	44,000.00			
		FeesandCosts	50,000.00	PHA-Wide	Management Improvements	30,000.00
		Contingency	5,024.00		Administration	44,000.00
		Subtotal	129,024.00		FeesandCosts	45,000.00
					Contingency	5,024.00
					Subtotal	124,024.00
	TotalCFPEstimatedCost		\$449,024.00			\$449,024.00

CapitalFundProgramFive -YearActionPlan					
PartII:SupportingPages —WorkActivities					
ActivitiesforYear: <u>4</u> FFYGrant:2005 PHAFY:2005			ActivitiesforYear: <u>5</u> FFYGrant:2006 PHAFY:2006		
Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
<i>CT30 -4</i> ForanTowers	<i>Elevator</i>	240,000.00	<i>CT30 -2</i> CatherineMcKeenVillage	<i>Bathrooms</i>	175,000.00
	<i>Subtotal</i>	240,000.00		<i>Generator</i>	35,000.00
				<i>Subtotal</i>	210,000.00
CT30 -6 DeMaioGardens	Electricalupgrades	90,000.00			
	<i>Subtotal</i>	90,000.00	CT30 -5 IslandViewPark	Elevatordupgrade	100,000.00
				Subtotal	100,000.00
PHA-Wide	Management Improvements	25,000.00			
	Administration	40,000.00	PHA-Wide	Management Improvements	30,000.00
	Feesand Costs	45,000.00		Administration	44,000.00
	Contingency	9,024.00		FeesandCosts	55,000.00
	Subtotal	119,024.00		Contingency	10,024.00
				Subtotal	139,024.00
TotalCFPEstimatedCost		\$449,024.00			\$449,024.00

B. HOPE VI and Public Housing Development and Replacement Activities (Non -Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund and Program Annual Statement.

- Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plans submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

- Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

- Yes No: d) Will the PHA be engaging in any mixed -financed development activities for public housing in the Plan year?
- If yes, list developments or activities below:

- Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:
- Build, acquire and rehabilitate up to 28 additional public housing units.*

8. Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to

component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

Yes No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:	

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24CFR Part 903.79 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or

only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHA completing streamlined submissions may skip to component 10.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 10. If "No", complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name: DeMaio Gardens 1b. Development (project) number: CT030006
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (01/07/02)
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously approved Designation Plan?
6. Number of units affected: 65 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description	
1a. Development name: Foran Towers	
1b. Development (project) number: CT030004	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/>	
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (01/07/02)	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously -approved Designation Plan?	
6. Number of units affected: 43	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	

Designation of Public Housing Activity Description	
1a. Development name: Island View Park	
1b. Development (project) number: CT030005	
2. Designation type:	
Occupancy by only the elderly	<input checked="" type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/>	
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input checked="" type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (01/07/02)	
5. If approved, will this designation constitute a (select one)	
<input checked="" type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously -approved Designation Plan?	
6. Number of units affected: 55	
7. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

10. Conversion of Public Housing to Tenant -Based Assistance

[24CFR Part 903.79(j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessment of Reasonable Revitalization Pursuant to Section 202 of the HUD FY1996 HUD Appropriations Act

1. Yes No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the optional Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plans submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD -approved Conversion Plan underway

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24CFR Part 903.79(k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. Yes No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z -4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPEI <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- Yes No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants
 26- 50 participants
 51 to 100 participants
 more than 100 participants

b. PHA established eligibility criteria

- Yes No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

12. PHA Community Service and Self -sufficiency Programs

[24 CFR Part 903.79(l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8 - Only PHAs are not required to complete sub -component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- Yes No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

- Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PH main office/ other provider name)	Eligibility (public housing or section 8 participants or both)
Meals on Wheels	All Homebound	Specific Criteria	MHA Main Office	BOTH
Visiting Nurse Services	All Homebound	Specific Criteria	VNA	BOTH
VNA Home Makers	All Homebound	Specific Criteria	MHA Main Office	BOTH
Legal Services	All	Other	Legal Service Office	BOTH
Family Support/Parenting Skills	All	Specific Criteria	Main Office	BOTH
Adult Basic Ed	All	Specific Criteria	Main Office	BOTH
Drug and Alcohol Outreach and Prevention	All	Specific Criteria	Main Office	BOTH
Y.SPOT (Summer Youth Recreation and Counseling Program)	All	Specific Criteria	Main Office	Public Housing

(2) Family Self Sufficiency program /s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: 15/11/01)
Public Housing	2	2
Section 8	20	20

- b. Yes No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24CFR Part 903.79(m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug -related crime in some or all of the PHA's developments
- High incidence of violent and/or drug -related crime in the area surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower -level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into new or more developments due to perceived and/or actual level of violent and/or drug -related crime
- Other (describe below)

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports

- Policereports
- Demonstrable,quantifiablesuccesswithpreviousorongoinganticrime/antidrug programs
- Other(describewhatbelow)

3.Whichdevelopmentsaremostaffected?(listbelow)

HarrisonAve .

B.CrimeandDrugPreventionactivitiesthePHAhasundertakenorplansto undertakeinthenextPHAfiscalyear

1.ListthecrimepreventionactivitiesthePHAhasundertakenorplanstoundertake:(selectallthatapply)

- Contractingwithoutsideand/orresidentorganizationsforthe provisionofcrime and/or drug -preventionactivities
- CrimePreventionThroughEnvironmentalDesign
- Activitiestargetedtoat -riskyouth,adults,orseniors
- VolunteerResidentPatrol/BlockWatchersProgram
- Other(describewhatbelow)

2.Whichdevelopmentsaremostaffected?(listbelow)

HarrisonAve.

C.CoordinationbetweenPHAandthepolice

1.DescribethecoordinationbetweenthePHAandtheappropriatepoliceprecinctsfor carryingoutcrimepreventionmeasuresandactivities:(selectallthatapply)

- Policeinvolvementindevelopment,implementation,and/orongoingevaluation ofdrug -eliminationplan
- Policeprovidocrimedatatohousingauthoritystaffforanalysisandaction
- Policehaveestablishedaphysicalpresenceonhousingauthorityproperty(e.g., communitypolicingoffice,officerinresidence)
- Policeregularlytestifyinandotherwisesupportevictioncases
- PoliceregularlymeetwiththePHAmangementandresident s
- AgreementbetweenPHAandlocallawenforcementagencyforprovisionof above-baselinelawenforcementservices
- Otheractivities(listbelow)

2. Whichdevelopmentsaremostaffected?(listbelow)

HarrisonAve.

D. Additional information as required by PHDEP/PHDEP Plan

PHA eligible for FY2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY2000 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: _____)

14. RESERVED FOR PET POLICY

[24CFR Part 903.79(n)]

15. Civil Rights Certifications

[24CFR Part 903.79(o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24CFR Part 903.79(p)]

1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes No: Were there any findings as the result of that audit?
4. Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? _____
5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24CFR Part 903.79(q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. Yes No: Is the PHA engaging in any activities that will contribute to the long term asset management of its public housing stock, including how the Agency will plan for long term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)

- Not applicable
- Privatemanagement
- Development-basedaccounting
- Comprehensivestockassessment
- Other:(listbelow)

3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- Attached as Attachment (Filename)
- Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments
List change s below:
- Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. Yes No: Was there a resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations

- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant assistance) -based
- Representatives of all PHA resident and assisted family organizations
- Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) *City of Milford*

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners

Attachments

Use this section to provide any additional attachments referenced in the Plans.

- CT030a01 Goals and Accomplishments
- CT030b01 Flat Rents
- CT030c01 Organizational Structure
- CT030d01 Deconcentration and Income Mixing
- CT030e01 Resident Member of the PHA Governing Board
- CT030f01 Membership of the Resident Advisory Board
- CT030g01 Pet Policy Summary
- CT030h01 Implementation of Public Housing Resident Community Service Requirements
- CT030i01 Voluntary Conversion Component
- CT030j01 96 Comprehensive Grant Program
- CT030k01 97 Comprehensive Grant Program
- CT030l01 98 Comprehensive Grant Program
- CT030m01 99 Comprehensive Grant Program
- CT030n01 2000 Capital Fund
- CT030o01 2001 Capital Fund
- CT30p01 Resident Assessment Follow Up Plan 2001

Component 10(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? 1
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly, and/or disabled developments not general occupancy projects)? 4
- c. How many Assessments were conducted for the PHA's covered developments? 1 One for each covered development
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

NONE

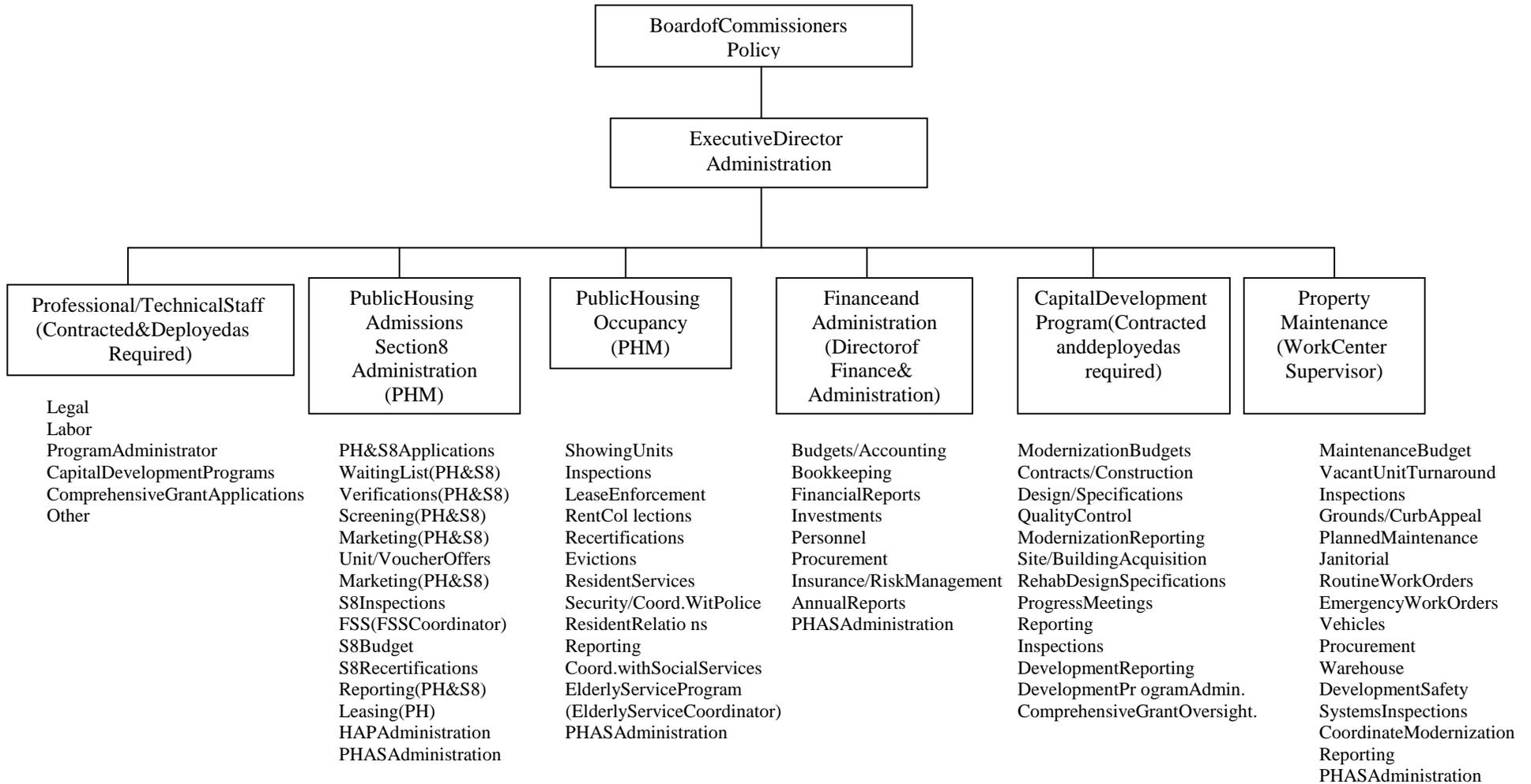
Development Name	Number of Units

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:

Summary of Flat Rents = FMR By Project & Bedroom Size

	<u>Project</u>	<u>0BR</u>	<u>1BR</u>	<u>2BR</u>	<u>3BR</u>
Harrison Development (Harrison Ave.)	30-1			\$782.00	\$978.00
Catherine McKeen (Jepson Drive)	30-2	\$499.00	\$649.00		
Foran Towers (High Street)	30-4	\$499.00	\$649.00	\$782.00	
Island View Park (Viscount Drive)	30-5	\$499.00	\$649.00	\$782.00	
DeMaio Gardens (DeMaio Drive)	30-6		\$649.00		

MILFORD HOUSING AUTHORITY ORGANIZATIONAL STRUCTURE



Attachment G Deconcentration and Income Mixing

a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

RESIDENTMEMBEROFTHEPHAGOVERNINGBOARD

JackJ.Tucciarone
109JagoeCourt
Milford,CT06450
Office: AssistantSecretary

TermDate 4/4/00-11/30/04

List of Resident Committee Members for the Milford Housing Authority

Olive Beaulieu
73-3 Jepson Drive
Milford, CT 06460

Phyllis Morgillo
170 D Harrison Avenue
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Stanley Vlantes
100 Viscount Drive
Apt. B24
Milford, CT 06460

Carmela Micik
264 High Street
Apt. 2J
Milford, CT 06460

Viola Ruddock
264 High Street
Apt. 1E
Milford, CT 06460

Marcella Schmidt
75 DeMaio Drive
Apt. B11
Milford, CT 06460

Chris Pirelli
75 DeMaio Drive
Apt. C13
Milford, CT 06460

Pet Policy Summary

A. Pet Rules

1. Residents may have common household pets. Common household pets as authorized by this policy means a domesticated animal, such as cats, dogs, fish, birds, rodents (including rabbits) and turtles, that are traditionally kept in the home for pleasure rather than for commercial purposes.
2. Residents will register their pet with the Authority **BEFORE** it is brought onto the Authority premises, and will update the registration annually.
3. Cats and dogs shall be limited to small breeds where total weight shall not exceed twenty (20) pounds and total height at the shoulder shall not exceed twelve (12) inches. These size limitations do not apply to service animals.
4. No chows, pit bulls, German police dogs, dobermans, rotweilers, or any other known fighter breed will be allowed on the premises.
5. All cat and dog pets shall be neutered or spayed, and verified by a veterinarian, cost to be paid by the owner. Pet owners will be required to present a certificate of health from their veterinarian verifying all required annual vaccines, initially and at re-examination.
6. A non-refundable pet fee of \$100 per bedroom in the pet owner's unit shall be made to the Housing Authority. Such fee will be a one-time fee (perpet) and shall be used to help cover the cost of damages to the unit caused by the pet.
7. Pets shall be quartered in the Resident's unit.
8. Dogs and cats shall be kept on a leash and controlled by a responsible individual when taken outside.
9. No doghouses will be allowed on the premises.
10. Pets (dogs and cats), shall be allowed to run only on the owner's lawn and owners shall clean up after pets after each time the animal eliminates.
11. The City Ordinance concerning pets will be complied with.
12. Pets shall be removed from the premises when their conduct or condition is duly determined to constitute a nuisance or a threat to the health and safety of the pet owner or other occupants of the Authority.
13. Birds must be kept in regular bird cages and not allowed to fly throughout the unit.
14. Each resident family will be allowed to house only one (1) animal at a time. Visiting guests with pets will not be allowed.
15. Dishes or containers for food and water will be located within the owner's apartment. Food and/or table scraps, will not be deposited on the owners porch or yard.

16. Residents will not feed or water stray animals or wild animals.
17. Pets will not be allowed on specified common areas (under clotheslines, social rooms, office, maintenance space, etc.).
18. Each resident family will be responsible for the noise or odor caused by their pet. Obnoxious odors can cause health problems and will not be tolerated.
19. Action may be taken by the Housing Authority for violation of any of the above rules.

Implementation of Public Housing Resident Community Service Requirements

The Housing Authority will send letters to all family units outlining the requirements for each adult member to provide eight (8) hours of community service or economic self-sufficiency activities a month. The letter will list the exemptions for individuals who need not fulfill the requirement, but will also provide the notice that, unless advised otherwise, the Authority will presume all adult family members will be required to complete and provide verification of the obligation.

In the meantime, the Housing Authority will make the required changes to the Lease and issue same for the 30-day comment period.

Tenants will be advised that they will be required to submit evidence of community service 30 days prior to annual recertification (or for those on flat rents, when the recertification would have occurred). The Housing Authority will conduct third-party verification of the statements received regarding community service and proceed with any required action.

The community service requirements are detailed in full in the Housing Authority's Admissions and Continued Occupancy Policy.

Housing Authority of the City of Milford
Goals and Accomplishments – FY2000

HUD Strategic Goal: Goal #1

Acquire or build units or developments: In order to increase the quality and quantity of public housing units, the Milford Housing Authority has acquired five duplexes and two single family homes and a six unit building for a total of eighteen additional units.

Improve public housing management (PHAS Scores): All efforts of the Housing Authority are being directed to improve the quality of life for residents in both the Public Housing Program and Section 8 Program. As a direct result of those efforts, the Milford Housing Authority is anticipated to achieve high performer status by year 2004.

Renovate or modernize public housing units: The Housing Authority continues to upgrade and improve the Public Housing inventory through both the Comprehensive Grant Program and the Capital Fund Program.

Conduct outreach efforts to potential voucher landlords: To date the Housing Authority has expanded its efforts to recruit new Section 8 Landlords through various advertisements in local and regional newspapers and by conducting a Comprehensive Landlord Workshop, which was attended by local HUD Staff. Both landlord advertisements and the landlord workshop have become a yearly activity for the Section 8 Program.

Increase voucher payment standards: The Authority has increased the payment standard to 110% of the Fair Market Rent and will review the standard yearly in order to provide the appropriate standard amount for the clients to lease decent, safe and affordable units.

HUD Strategic Goal #2:

Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: The rehabilitation of the Harrison Ave. property will provide the Authority with a family development that is competitive with units in the private sector and will attract higher income, qualified families.

Implement public housing security improvements: In order to provide further security for elderly residents in public housing, the Authority has alarmed all side entrances in all of the elderly developments.

HUD Strategic Goal: Goal#3

Provide or attract supportive services to improve assistance recipients' families : The current FS S Program will be expanded so more Section 8 recipients will be able to participate.

Provide or attract supportive services to increase independence for the elderly or families with disabilities : In an effort to provide a wider range of support services for elderly and families with disabilities, the Authority has created a Resident Service Coordinator position. This staff person will enable the elderly/families with disabilities to access various support services needed to achieve independent living.

HUD Strategic Goal: Goal#4

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability : The Housing Authority is committed to a regional advertising approval for Section 8 Landlords and Tenants.

Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability : Upgrade facilities for persons with disabilities and comply with PHA Sexigent and fire safety requirements

Other PHA Goals and Objectives

PHA Goal#1

The Authority has done the following:

Implemented an updated and improved automated accounting system to manage fiscal responsibilities.

Provided employees with access to web based information

Contracted with a qualified Housing Quality Standard Inspection Service who is trained on the most recent HQS revisions including the Lead Based Paint revisions.

Initiated a Departmentalized Budget Process.

Implemented a work center concept to improve responsiveness and delivery of service to the clients.

Achieved and maintained all GAP Requirements.

PHAGoal#2

TheMilfordHousingAuthorityshallreducecrimeinits developmentssothatthecrime rateislessthantheirsurroundingneighborhoodsbyDecember31,2004:Improved securityatelderlydevelopmentsandtheAuthorityalsoperformsapplicantcriminal backgroundinvestigationreports.

PHAGoal#3

TheMilford HousingAuthorityisworkingforwardattainingthegoalofa95%utilization rateinitstenantbasedprogramsandisattractingnewlandlordsthroughnewsreleases andlandlordworkshops.

PHAGoal#4

TheMilfordHousingAuthorityhasimplementedano utreachprogramtoinformthe communityofwhatgoodmanagersofthepublic'sdollarstheHousingAuthorityis:It activelyparticipatesincommunityorganizationssuchastheRotary,andtheNetworkof ExecutiveWoman,attendsmonthlymeetingsoftheSocialServiceNetwork.The Authorityalsoprovidespromptresponsetoallmediarequests.

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the Town of Milford		Grant Type and Number Capital Fund Program Grant No: CT26PO3070496 Replacement Housing Factor Grant No:			Federal FY of Grant: 1996
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	10,000.00	10,000.00	10,000.00	10,000.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	25,000.00	63,475.74	63,475.74	63,475.74
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	363,778.00	348,302.26	348,302.26	912.00
11	1465.1 Dwelling Equipment — Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	23,000.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHAName: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3070496 Replacement Housing Factor Grant No:	Federal FY of Grant: 1996
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 9/30/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 20-26)	421,778.00	421,778.00	421,778.00	74,387.74
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 Compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Milford Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO3070496 Replacement Housing Factor Grant No:				Federal FY of Grant: 1996		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT30 -1 Harrison Ave.	Unit Renovation	1460	45 units	363,778.00	348,302.26	348,302.26	912.00	
PHA-Wide Fees and Costs	Architectural/Engineering and Consulting Fees	1430	100%	25,000.00	62,765.40	62,765.40	62,765.40	
	Sundry Fees	1430	100%	0.00	710.34	710.34	710.34	
PHA-Wide Management Improvements	Upgrade Computer System and Software	1408	100%	10,000.00	10,000.00	10,000.00	10,000.00	
PHA-Wide Non-Dwelling Equipment	Purchase Truck	1475	100%	23,000.00	0.00	0.00	0.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: Milford Housing Authority		Grant Type and Number Capital Fund Program No: CT26PO3070496 Replacement Housing Factor No:				Federal FY of Grant: 1996	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
CT30 -1 Harrison Ave.	9/30/2001	9/30/2001	9/30/2001	9/30/2002	9/30/2002		
PHA-Wide	9/30/2001	9/30/2001	9/30/2001	9/30/2002	9/30/2002		

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the Town of Milford		Grant Type and Number Capital Fund Program Grant No: CT26PO3070597 Replacement Housing Factor Grant No:			Federal FY of Grant: 1997
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	20,118.00	21,595.58	21,595.58	21,595.58
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	363,686.00	379,935.39	379,935.39	0.00
11	1465.1 Dwelling Equipment — Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	25,000.00	7,273.03	7,273.03	7,273.03
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHAName: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3070597 Replacement Housing Factor Grant No:	Federal FY of Grant: 1997
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 1)
 Final Performance and Evaluation Report
 Performance and Evaluation Report for Period Ending: 9/30/01

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	408,804.00	408,804.00	408,804.00	28,868.61
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Milford Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO3070597 Replacement Housing Factor Grant No:				Federal FY of Grant: 1997		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT30 -1 Harrison Ave.	Unit Renovation	1460	45 Units	363,686.00	379,935.39	379,935.39	0.00	
PHA-Wide Fees and Costs	Architectural/Engineering and Consulting Fees	1430	100%	20,118.00	17,259.78	17,259.78	17,259.78	
	Sundry Fees	1430	100%	0.00	4,335.80	4,335.80	4,335.80	
PHA-Wide Non-Dwelling Equipment	Purchase Two -Way Radios	1475	100%	5,000.00	7,273.03	7,273.03	7,273.03	
	Replace Power Tools	1475	100%	20,000.00	0.00	0.00	0.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: Milford Housing Authority		Grant Type and Number Capital Fund Program No: CT26PO3070597 Replacement Housing Factor No:				Federal FY of Grant: 1997	
Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
CT30 -1 Harrison Ave.	9/30/2001	9/30/2001	9/30/2001	9/30/2002	9/30/2002		
PHA-Wide	9/30/2001	9/30/2001	9/30/2001	9/30/2002	9/30/2002		

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the Town of Milford		Grant Type and Number Capital Fund Program Grant No: CT26PO3070698 Replacement Housing Factor Grant No:			Federal FY of Grant: 1998
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	30,000.00	30,000.00	30,000.00	30,000.00
4	1410 Administration	41,000.00	41,000.00	41,000.00	41,000.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	37,691.00	37,691.00	37,691.00	37,691.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	42,150.00	6,482.58	6,482.58	6,482.58
10	1460 Dwelling Structures	252,045.00	297,712.42	10,647.00	10,647.00
11	1465.1 Dwelling Equipment — Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	10,000.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHAName: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3070698 Replacement Housing Factor Grant No:	Federal FY of Grant: 1998
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 9/30/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 22 - 26)	412,886.00	412,886.00	125,820.58	125,820.58
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	5,000.00	5,000.00	0.00	0.00
24	Amount of line 21 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Milford Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO3070698 Replacement Housing Factor Grant No:				Federal FY of Grant: 1998		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT30 -1 Harrison Ave.	Unit Renovation	1460	45 units	0.00	287,065.42	0.00	0.00	
CT30 -2 Catherine McKeen Village	Resurface parking area and drive	1450	50 units	31,250.00	0.00	0.00	0.00	
	Kitchen and bathroom GFCI's	1460	50 units	11,250.00	0.00	0.00	0.00	
CT30 -4 Foran Towers	Replace mailboxes	1460	43 units	3,870.00	10,647.00	10,647.00	10,647.00	
	Repoint exterior	1460	43 units	64,500.00	0.00	0.00	0.00	
	Exploratory Brick Repair	1450	43 units	0.00	6,482.58	6,482.58	6,482.58	
CT30 -5 Island View Park	Replace front walkway	1450	109 units	10,900.00	0.00	0.00	0.00	
	Upgrade hallway lighting	1460	109 units	37,000.00	0.00	0.00	0.00	
	Replace main water heater	1460	109 units	95,000.00	0.00	0.00	0.00	
	Install anti-scald devices	1460	109 units	35,425.00	0.00	0.00	0.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: MilfordHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: CT26PO3070698 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 1998		
DevelopmentNumber Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT30 -6 JosephDeMaio Gardens	CommunityRoombathroomhandicap upgrades	1460	65units	5,000.00	0.00	0.00	0.00	
PHA-Wide Management Improvements	Revampcomputersystemsincludingnew softwareandtraining	1408	100%	30,000.00	30,000.00	30,000.00	30,000.00	
PHA-Wide Administration	Administrativefunds formodernizationand administrativestaff,includingtrainingand legalexpenses	1410	100%	41,000.00	41,000.00	41,000.00	41,000.00	
PHA-Wide FeesandCosts	Architectural/EngineeringandConsulting Fees	1430	100%	37,691.00	37,691.00	37,691.00	37,691.00	
PHA-Wide Contingency	Contingency	1502	100%	10,000.00	0.00	0.00	0.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: Milford Housing Authority	Grant Type and Number Capital Fund Program No: CT26PO3070698 Replacement Housing Factor No:	Federal FY of Grant: 1998
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Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
CT30 -1 Harrison Ave.	9/30/2002	9/30/2002		9/30/2003	9/30/2003		
CT30 -2 Catherine McKeen Village	9/30/2002	9/30/2002		9/30/2003	9/30/2003		
CT30 -4 Foran Towers	9/30/2002	9/30/2002		9/30/2003	9/30/2003		
CT30 -5 Island View Park	9/30/2002	9/30/2002		9/30/2003	9/30/2003		
CT30 -6 Joseph DeMaio Gardens	9/30/2002	9/30/2002		9/30/2003	9/30/2003		
PHA-Wide	9/30/2002	9/30/2002		9/30/2003	9/30/2003		

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the Town of Milford		Grant Type and Number Capital Fund Program Grant No: CT26PO3070799 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)		<input type="checkbox"/> Final Performance and Evaluation Report
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/01					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	35,000.00	35,000.00	35,000.00	28,128.70
4	1410 Administration	47,000.00	47,000.00	47,000.00	5,103.06
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	52,699.00	52,699.00	17,808.02	17,808.02
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	56,250.00	1,895.00	1,895.00	1,895.00
10	1460 Dwelling Structures	262,000.00	296,855.00	16,767.46	16,767.46
11	1465.1 Dwelling Equipment — Nonexpendable	0.00	15,000.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	26,000.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	21,500.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 -20)	474,449.00	474,449.00	118,470.48	69,702.24

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHAName: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3070799 Replacement Housing Factor Grant No:	Federal FY of Grant: 1999
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 9/30/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities	0.00			
23	Amount of line 21 Related to Section 504 compliance	65,000.00			
24	Amount of line 21 Related to Security – Soft Costs	0.00			
25	Amount of Line 21 Related to Security – Hard Costs	0.00			
26	Amount of line 21 Related to Energy Conservation Measures	7,500.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Milford Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO3070799 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT30 -1 Harrison Ave.	Landscape barrier at rear of property	1450	45 units	56,250.00	1,895.00	1,895.00	1,895.00	
	Unit renovation	1460	45 units	0.00	280,087.54	0.00	0.00	
CT30 -2 Catherine McKeen Village	Replace windows	1460	50 units	82,500.00	0.00	0.00	0.00	
	Replace exits signs	1460	50 units	1,875.00	263.28	263.28	263.28	
	Upgrade boilers and water heaters	1460	50 units	27,000.00	0.00	0.00	0.00	
CT30 -4 Foran Towers	Replace exits signs	1460	43 units	1,875.00	1,441.06	1,441.06	1,441.06	
	Replace kitchen cabinets	1460	43 units	72,000.00	0.00	0.00	0.00	
CT30 -5 Island View Park	Replace exits signs	1460	109 units	1,875.00	1,441.06	1,441.06	1,441.06	
	Sprinkler system backflow valve	1460	109 units	4,000.00	3,036.00	3,036.00	3,036.00	
	Trash compactor	1465.1	109 units	0.00	15,000.00	0.00	0.00	
CT30 -6 Joseph DeMaio Gardens	Sprinkler system backflow valve	1460	65 units	4,000.00	3,036.00	3,036.00	3,036.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName:MilfordHousingAuthority		GrantTypeandNumber CapitalFundProgramGrant No:CT26PO3070799 ReplacementHousingFactorGrantNo:				FederalFYofGrant:1999		
DevelopmentNumber Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Status ofWork
				Original	Revised	Funds Obligated	Funds Expended	
	Handicapaccessibilityupgrades	1460	4units	65,000.00	6,109.00	6,109.00	6,109.00	
	Replaceexitsigns	1460	65units	1,875.00	1,441.06	1,441.06	1,441.06	
PHA-Wide Management Improvements	Revampcomputersystemincluding new softwareandtraining	1408	100%	35,000.00	35,000.00	35,000.00	28,128.70	
PHA-Wide Administration	Administrativefundsformodernizationand administrativestaff,includingtrainingand legalservices	1410	100%	47,000.00	47,000.00	47,000.00	5,103.06	
PHA-Wide Non-dwelling Equipment	Purchasetruckandplow	1475	100%	0.00	26,000.00	0.00	0.00	
PHA-Wide Contingency	Contingency	1502	100%	21,500.00	0.00	0.00	0.00	
PHA-Wide FeesandCosts	Architectural/Engineering andConsultingFees	1430	100%	52,699.00	52,699.00	17,808.02	17,808.02	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: Milford Housing Authority		Grant Type and Number Capital Fund Program No: CT26PO3070799 Replacement Housing Factor No:					Federal FY of Grant: 1999	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
CT30 -1 Harrison Ave.	9/30/2002	9/30/2002		9/30/2003	9/30/2003			
CT30 -4 Foran Towers	9/30/2002	9/30/2002		9/30/2003	9/30/2003			
CT30 -5 Island View Park	9/30/2002	9/30/2002		9/30/2003	9/30/2003			
CT30 -6 Joseph DeMaio Gardens	9/30/2002	9/30/2002		9/30/2003	9/30/2003			
PHA-Wide Management Improvements	9/30/2002	9/30/2002		9/30/2003	9/30/2003			

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the Town of Milford		Grant Type and Number Capital Fund Program Grant No: CT26PO305100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)		<input type="checkbox"/> Final Performance and Evaluation Report
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/01					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	0.00	0.00		
2	1406 Operations	0.00	0.00		
3	1408 Management Improvements	25,000.00	25,000.00		
4	1410 Administration	44,000.00	44,000.00		
5	1411 Audit	0.00	0.00		
6	1415 Liquidated Damages	0.00	0.00		
7	1430 Fees and Costs	31,000.00	31,000.00		
8	1440 Site Acquisition	0.00	0.00		
9	1450 Site Improvement	0.00	0.00		
10	1460 Dwelling Structures	317,100.00	323,024.00		
11	1465.1 Dwelling Equipment — Nonexpendable	0.00	0.00		
12	1470 Nondwelling Structures	0.00	0.00		
13	1475 Nondwelling Equipment	20,500.00	26,000.00		
14	1485 Demolition	0.00	0.00		
15	1490 Replacement Reserve	0.00	0.00		
16	1492 Moving to Work Demonstration	0.00	0.00		
17	1495.1 Relocation Costs	0.00	0.00		
18	1499 Development Activities	0.00	0.00		
19	1501 Collateralization or Debt Service	0.00	0.00		
20	1502 Contingency	11,424.00	0.00		
21	Amount of Annual Grant: (sum of lines 2 -20)	449,024.00	449,024.00		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHAName: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO305100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 9/30/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities	0.00	0.00		
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00		
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00		
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00		
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Milford Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO3050100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT30 -1 Harrison Ave	Unit renovation	1460	45 units	0.00	88,000.00			
CT30 -4 Foran Towers	Hallway and lobby ventilation	1460	43 units	125,000.00	0.00			
	Repair brick exterior	1460	43 units	0.00	235,024.00			
CT30 -5 Island View Park	Replace lavatories	1460	109 units	42,600.00	0.00			
CT30 -6 Joseph DeMaio Gardens	Hallway and lobby ventilation	1460	65 units	149,500.00	0.00			
PHA-Wide Management Improvements	Revamp computer systems including software and training	1408	100%	25,000.00	25,000.00			
PHA-Wide Administration	Administrative funds for modernization and administrative staff, including training and legal services	1410	100%	44,000.00	44,000.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName:MilfordHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo:CT26PO3050100 ReplacementHousingFactorGrantNo:				FederalFYofGrant:2000		
DevelopmentNumber Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Status ofWork
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide FeesandCosts	Architectural/EngineeringandConsulting fees	1430	100%	31,000.00	31,000.00			
PHA-Wide Non-dwelling Equipment	Purchasetruckandplow	1475	100%	20,500.00	26,000.00			
PHA-Wide Contingency	Contingency	1502	100%	11,424.00	0.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHAName: Milford Housing Authority			Grant Type and Number Capital Fund Program No: CT26PO3050100 Replacement Housing Factor No:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
CT30 -1 Harrison Ave.	9/30/2002	9/30/2002		9/30/2003	9/30/2003			
CT30 -4 Foran Towers	9/30/2002	9/30/2002		9/30/2003	9/30/2003			
CT30 -5 Island View Park	9/30/2002	9/30/2002		9/30/2003	9/30/2003			
CT30 -6 Joseph DeMaio Gardens	9/30/2002	9/30/2002		9/30/2003	9/30/2003			
PHA-Wide	9/30/2002	9/30/2002		9/30/2003	9/30/2003			

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the Town of Milford		Grant Type and Number Capital Fund Program Grant No: CT26PO3050201 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/01		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	0.00	0.00		
2	1406 Operations	0.00	0.00		
3	1408 Management Improvements	30,000.00	30,000.00		
4	1410 Administration	44,000.00	44,000.00		
5	1411 Audit	0.00	0.00		
6	1415 Liquidated Damages	0.00	0.00		
7	1430 Fees and Costs	40,024.00	50,000.00		
8	1440 Site Acquisition	0.00	0.00		
9	1450 Site Improvement	0.00	0.00		
10	1460 Dwelling Structures	290,000.00	289,024.00		
11	1465.1 Dwelling Equipment — Nonexpendable	0.00	0.00		
12	1470 Nondwelling Structures	15,000.00	0.00		
13	1475 Nondwelling Equipment	0.00	26,000.00		
14	1485 Demolition	0.00	0.00		
15	1490 Replacement Reserve	0.00	0.00		
16	1492 Moving to Work Demonstration	0.00	0.00		
17	1495.1 Relocation Costs	0.00	0.00		
18	1499 Development Activities	0.00	0.00		
19	1501 Collateralization or Debt Service	0.00	0.00		
20	1502 Contingency	30,000.00	10,000.00		
21	Amount of Annual Grant: (sum of lines 2 -20)	449,024.00	449,024.00		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHAName: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3050201 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 9/30/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Milford Housing Authority		Grant Type and Number Capital Fund Program Grant No: CT26PO3050201 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT30 -1 Harrison Ave.	Replace interior doors	1460	45 units	81,000.00	0.00			
CT30 -4 Foran Towers	Repair brick exterior	1460	43 units	0.00	289,024.00			
CT30 -5 Island View Park	Community Room bathroom upgrades	1470	109 units	5,000.00	0.00			
	Upgrade laundry room	1470	109 units	10,000.00	0.00			
	Upgrade security system	1460	109 units	109,000.00	0.00			
CT30 -6 DeMaio Drive	Elevator upgrades	1460	65 units	100,000.00	0.00			
PHA-Wide Management Improvements	Staff training	1408	100%	30,000.00	30,000.00			
PHA-Wide Administration	Staff salary prorated for Capital Fund Administration	1410	100%	44,000.00	44,000.00			
PHA-Wide Fees and Costs	Architectural/Engineering and Consulting fees	1430	100%	40,024.00	50,000.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName:MilfordHousingAuthority		Grant Type and Number CapitalFundProgramGrantNo: CT26PO3050201 ReplacementHousingFactorGrantNo:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide Non-dwelling Equipment	Vehicle	1475	100%	0.00	26,000.00			
PHA-Wide Contingency	Contingency for Capital Improvements overruns	1502	100%	30,000.00	10,000.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: Milford Housing Authority			Grant Type and Number Capital Fund Program No: CT26PO3050201 Replacement Housing Factor No:			Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
CT30 -1 Harrison Ave.	9/30/2003	9/30/2003		9/30/2004	9/30/2004		
CT30 -4 Foran Towers	9/30/2003	9/30/2003		9/30/2004	9/30/2004		
CT30 -5 Island View Park	9/30/2003	9/30/2003		9/30/2004	9/30/2004		
CT30 -6 DeMaio Drive	9/30/2003	9/30/2003		9/30/2004	9/30/2004		
PHA-Wide	9/30/2003	9/30/2003		9/30/2004	9/30/2004		

Housing Authority of the City of Milford
Resident Assessment Follow-up Plan --2001

I. Communication

- A.) Management will increase neighborhood walk throughs weekly;
- B.) The newsletter will be widely distributed;
- C.) Modernization projects will be better communicated through memorandums;
- D.) Board meetings will continue to rotate through each development.

II. Maintenance & Repair

- A.) Customer satisfaction surveys will be used to provide quality control;
- B.) Practice will continue during orientation sessions with new residents to familiarize them with annual survey;
- C.) Maintenance Department will use Work Orders to initiate all maintenance.

III. Safety

- A.) Security equipment and measures will increase;
- B.) Continue practice of obtaining local police incident reports for developments;
- C.) Continue resident educational programs on personal safety and property protection;
- D.) Explain to residents that fire doors, alarms and secured areas are required by local fire & safety codes.

IV.) Appearance

- A.) Continue to monitor all properties for trash & litter;
- B.) Encourage PHM's to more frequently tour properties,
- C.) Practice of exterior plantings will continue,
- D.) Strengthen lease and ACOP provisions to insure resident compliance with requirements to maintain grounds and common areas.