

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear:2002

LINDENHOUSINGAUTHORITY

Linden,Texas

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)I STOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan  
AgencyIdentification**

**PHAName:** LindenHousingAuthority

**PHANumber:** TX135v01

**PHAFiscalYearBeginning:(mm/yyyy)** 10/02

**PHAPlanContactInformation:**

Name:WaynePitts

Phone:903/756 -5901

TDD:

Email(ifavailable):lindenha@texramp.net

**PublicAccessToInformation**

**Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:(selectallthat apply)**

- Mainadministrativeof ficeofthePHA
- PHAdevelopmentmanagementoffices

**DisplayLocationsForPHAPlansandSupportingDocuments**

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectallthatapply)

- Mainadministrativeoffic eofthePHA
- PHAdevelopmentmanagementoffices
- Mainadministrativeofficeofthelocal,countyorStategovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPla nSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- MainbusinessofficeofthePHA
- PHAdevelopmentmanagementoffices
- Other(listbelow)

**PHAProgramsAdministered :**

PublicHousingandSectio n8      Section8Only      XPublicHousingOnly

**Annual PHA Plan**  
**Fiscal Year 2002**  
 [24CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For 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. 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.

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X Attachment E: Membership of Resident Advisory Board or Boards	
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X Other (List below, providing each attachment name)	
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X Attachment H: Voluntary Conversion Initial Assessments	
X Attachment I: Progress Report Update on Goals and Action Plan for the PHA Resident Survey	
X Attachment J: Performance and Evaluation Report	

## **ii. Executive Summary**

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

Optional

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

In the process of implementing the Income Disregard Policy and amending the One Strike Policy to meet with QHWRA, Passbook Interest Rate for Imputed Income From Assets will be as follows: 2 percent as that to be used to impute income from assets in excess of \$5,000.

Procurement Policy increased construction bid to meet with the current standards \$25,000.00

## **2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A.  Yes: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 89,151.00

C.  Yes: Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment B

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment C

## **3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

1.  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 next component; if "yes", complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
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. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

A. X 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 24CFR part 982? (If "No", skip next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## **5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A.  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$  
\_\_\_\_\_

C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24CFR Part 903.79(r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHAR response**

1. Yes Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached as Attachment (Filename) E

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

The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included

Yes  No: below or

No: at the end of the RAB Comments in Attachment \_F

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_\_.

Other: (list below)

## B. 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)

State of Texas

2. The PHA has taken the following steps to ensure consistency of the \_\_\_\_\_ is 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 specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

- A. Promote adequate and affordable housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination.

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5 \_\_\_\_\_ -year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is \_\_\_\_\_ important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5 -year Plan:**

Substantial Deviation from the 5 -year Plan:

Any change to Mission statements such as:

50% deletion from or addition to the goals and objectives as a whole

50% or more decrease in the quantifiable measurement of any individual goal or objective.

Due to the presence of asbestos in the units the 5 -year plan had to be revised to abate this hazardous material. All work items that were scheduled in the plan will be completed as funds become available.

**B. Significant Amendment or Modification to the Annual Plan:**

50% variance in the funds projected in the Capital Fund Program Annual Statement.

Any increase or decrease over 50% in the funds projected in the Financial Resource statement and/or the Capital Fund Program annual Statement

Any change in a policy or procedure that requires a regulatory 30 -day posting

Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, designated Housing or Homeownership programs.

2000 CFP has been revised to add security patrol. This item will be added to all future CFP's. There is a serious drug and/or hangout problem that will be resolved with the presence of security patrolling the area.

Due to the presence of asbestos in the units; the 2001 CFP had to be revised to abate this hazardous material. All work items that were scheduled in the plan will be completed as funds become available.

**Attachment A**

**Supporting Documents Available for Review**

PHAs are to 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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
X	Fair Housing Documentation Supporting Fair Housing Certifications: 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	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located 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/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method 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 checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input 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
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input 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 any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI revitalization plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	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, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of 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)

**ATTACHMENT B**

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHAName: Linden Housing Authority	Grant Type and Number TX21P13550202 Capital Fund Program: CFP Capital Fund Program 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:     
  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				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	16,316.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	23,058.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	49,777.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	89,151.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				







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

PHAName:LindenHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P13550202 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: 2002			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX135-HA								
	Providefundsforsecurity	1410		10,000.00				
	Hireontechnicalhelp	1410		5,316.00				
	Providefundsforundryitems	1410		1,000.00				
	Hireanonsiteinspector	1430		3,357.00				
	Hireanarchitecttodevelopplansand specifications	1430		5,401.00				
	Providefundsforconsultanttoassistin annualplan	1430		1,500.00				
	Providefundsforreproducti onofprints	1430		800.00				
	Providefundsforstatecertification	1430		2,000.00				
	Providefundsforairmonitoringduring abatement	1430		10,000.00				



# CapitalFundProgramFive -YearActionPlan

## PartI:Summary

PHALindenHousingAuthority		<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	WorkStatementforYear5 FFYGrant:2006 PHAFY:2006
	Annual Statement				
<i>TX135-001</i>		46,777.00	46,777.00	1,500.00	1,500.00
<i>TX135-002</i>		1,500.00	1,500.00	46,777.00	46,777.00
<i>TX135-003</i>		1,500.00	1,500.00	1,500.00	1,500.00
<i>TX135-HA</i>		39,374.00	39,374.00	39,374.00	39,374.00
CFPFundsListedfor 5-yearplanning		89,151.00	89,151.00	89,151.00	89,151.00
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2003 PHAFY:2003			ActivitiesforYear:3 FFYGrant:2004 PHAFY:2004		
	<b>Development Name/Number</b>	<b>MajorWorkCategories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>MajorWorkCategories</b>	<b>EstimatedCost</b>
<b>See</b>						
<b>Annual</b>						
Statement	TX135-001			TX135-001		
		Abatematerialcontainingasbestos	21,777.00		Abatematerialcontainingasbestos	21,777.00
		Refurbishunitsafterabatementis completed	25,000.00		Refurbishunitsafterabatementis completed	25,000.00
	TotalCFPEstimatedCost		46,777.00			46,777.00

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activities for Year1	ActivitiesforYear:4 FFYGrant:2005 PHAFY:2005			ActivitiesforYear:5 FFYGrant:2006 PHAFY:2006		
	Development Name/Number	MajorWorkCategories	Estimated Cost	Development Name/Number	MajorWorkCategories	Estimated Cost
<b>See</b>						
<b>Annual</b>						
Statement	TX135-001	Rehabentireunit(electricalplumbing, painting,doors,cabinets,bathroomfixtures andetc.)andotheraccouterments.	1,500.00	TX135-001	Rehabentireunit(electricalplumbing , painting,doors,cabinets,bathroomfixtures andetc.)andotheraccouterments.	1,500.00
	TotalCFPEstimated Cost		1,500.00			1,500.00

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2003 PHAFY:2003			ActivitiesforYear:3 FFYGrant:2 004 PHAFY:2004		
	<b>Development Name/Number</b>	<b>MajorWorkCategories</b>	Estimated Cost	<b>Development Name/Number</b>	<b>MajorWorkCategories</b>	<b>EstimatedCost</b>
<b>See</b>						
<b>Annual</b>						
Statement	TX135-002	Rehabentireunit(electricalplumbing, painting,doors,cabinets,ba throom fixturesandetc.)andother accouterments.	1,500.00	TX135-002	Rehabentireunit(electricalplumbing, painting,doors,cabinets,bathroom fixturesandetc.)andother accouterments.	1,500.00
	TotalCFPEstimatedCost		1,500.00			1,500.00

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesf or Year1	ActivitiesforYear:4 FFYGrant:2005 PHAFY:2005			ActivitiesforYear:5 FFYGrant:2006 PHAFY:2006		
	Development Name/Number	MajorWorkCategories	Estimated Cost	Development Name/Number	MajorWorkCategories	EstimatedCost
<b>See</b>						
<b>Annual</b>						
Statement	TX135-002	Abatematerialcontainingasbestos	21,777.00	TX135-002	Abatematerialcontainingasbestos	21,777.00
		Refurbishunitsafterabatementis completed	25,000.00		Refurbishunitsafterabatementis completed	25,000.00
	TotalCFPEstimatedCost		46,777.00			46,777.00

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkA ctivities**

Activitiesfor Year1	ActivitiesforYear:2 FFYGrant:2003 PHAFY:2003			ActivitiesforYear:3 FFYGrant:2004 PHAFY:2004		
	<b>Development Name/Number</b>	<b>MajorWorkCategories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>MajorWorkCategories</b>	<b>EstimatedCost</b>
<b>See</b>						
<b>Annual</b>						
Statement	TX135-003	Rehabentireunit(electricalplumbing, painting,doors,cabinets,bathroom fixturesandetc.)andother accouterments.	1,500.00	TX135-003	Rehabentireunit(electricalplumbing , painting,doors,cabinets,bathroom fixturesandetc.)andother accouterments.	1,500.00
	TotalCFPEstimated	Cost	1,500.00			1,500.00

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

Activitiesfor Year1	ActivitiesforYear:4 FFYGrant:2005 PHAFY:2005			ActivitiesforYear:5 FFYGrant:2006 PHAFY:2006		
	Development Name/Number	MajorWorkCategories	Estimate dCost	Development Name/Number	MajorWorkCategories	Estimated Cost
<b>See</b>						
<b>Annual</b>						
Statement	TX135-003			TX135-003		
		Rehabentireunit(electricalplumbing, painting,doors,ca binets,bathroomfixtures andetc.)andotheraccouterments.	1,500.00		Rehabentireunit(electricalplumbing, painting,doors,cabinets,bathroom fixturesandetc.)andother accouterments.	1,500.00
	TotalCFPEstimatedCost		1,500.00			1,500.00





# PHA Public Housing Drug Elimination Program Plan

**Note:** THIS PHDEPP lantemplate (HUD50075 -PHDEPPlan) istobecompletedinaccordancewithInstructionslocatedinapplicablePIHNotices.

**Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an "x")**                      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_                      **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

**D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

**E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

**F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

## Section 2: PHDEP Plan Goals and Budget

### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

### B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PH DEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	

9140 -VoluntaryTenantPatrol	
9150 -PhysicalImprovements	
9160 -DrugPrevention	
9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
<b>TOTALPHDEPFUNDING</b>	

**C. PHDEPPlanGoalsandActivities**

Inthetablesbelow, provideinformationonthePHDEPstrategy summarizedabovebybudgetlineitem. Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudget lineitem(whereapplicable). Useasmanyrowsasnecessarytolistproposedactivities(additionalrow maybeinsertedinthetables). PHAsarenotrequiredtoprovide informationinshadedboxes. Informationprovidedmustbeconcise —nottoexceedtwosentencesinanycolumn. TablesforlineitemsinwhichthePHAhasnoplannedgoalsor activitiesmay bedeleted.

<b>9110 –ReimbursementofLawEnforcement</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							
<b>9115 -SpecialInitiative</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9116 -GunBuybackTAMatch</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFund ing (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9120 -SecurityPersonnel</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9130 –EmploymentofInvestigators</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9140 – VoluntaryTenantPatrol</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9150 - PhysicalImprovements</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9160 -DrugPrevention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							

Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9180 -DrugTreatment</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

**Required Attachment D: Resident Member on the PHA Governing Board**

1. No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

Elected

Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

XX Other (explain): PHA is aware of state law (392.031) as well as 24 CFR Part 964. PHA did contact residents in writing requesting them to notify the office if they were interested in representing the residents. There were no responses.

B. Date of next term expiration of a governing board member: 9/30/02

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor Wilford Penny

## **Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Monday June 17, 2002 this authority did conduct a Resident Advisory Board Meeting in the Resident's Center 219 Frazier St., Linden, Texas. For the purpose of soliciting comments from our residents concerning the Maintenance and Management of four Projects. Attending this meeting were the following residents.

Shelby Littlejohn                      Frances Gadd                      Judy Moss

Others present at this meeting, Wayne Pitts, E.D., Truman Bradshaw, Maintenance

Resident's suggestions were as follows:

Increase parking area on Project St. between Site AC and Hospital and Clinic.

Repair damaged sidewalks in front of Units at all Sites.

Increase security at Site AC.

Remove old stained and damaged carpet and replace with floor tile.

Paint interior units.

**Attachment F:      EXPLANATION OF PHA RESPONSE TO COMMENTS OF  
RESIDENT ADVISORY**

The plan has been revised to include security at Site AC.

Sidewalks will be completed in the 2000 CFP.

All other items will be completed after the abatement of asbestos has been completed.

## **ATTACHMENT G: Deconcentration and Income Mixing**

In accordance with the final rule 903(2)(b)(2) exempts “public housing developments operated by a PHA with fewer than 100 public housing units”.

**ATTACHMENTH:VOLUNTARYCONVERSIONINITIALASSESSMENTS**

A. HowmanyofthePHA’sdevelopmentsaresubjecttotheRequiredInitial Assessments.

Project001 –15units

B. HowmanyofthePHA’sdevelopmentsarenotsubjecttotheRequiredInitial Assessmentsbasedonexemptions(e.g.,elderlyand/ordisableddevelopmentsnot generaloccupancyprojects)?

Project001 –3units  
 Project002 –22units  
 Project003 –12units

C. HowmanyAssessmentswereconductedforthePHA’scovereddevelopments?

OnebasedonCHASreport

D. IdentifyPHAdevelopmentsthatmaybeappropriateforconversionbasedonthe RequiredInitialAssessments:

NONE

DevelopmentName	NumberofUnits

E. IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestatusof theseassessments.

Conversiontovouchersatthistimewouldhaveadverseaffectontheavai labilityof affordablehousinginourcommunityatthistime.

**ATTACHMENT I: PROGRESS REPORT UPDATE ON GOALS AND ACTION PLAN FOR THE PHAS RESIDENT SURVEY**

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working toward the achievement of our mission.

**Progress Statement:**

On-going, through training, the PHA and board members will have the knowledge as needed for the new laws and regulations to better serve the needs of the residents.

On-going, existing policies and procedures will be reviewed and if warranted, develop written recommendations for policy revision to the Board and the Resident Advisory Board.

On-going, through the receipt of CFP funds we will continue to modernize as needed to promote a better living environment for our residents.

**Linden Housing Authority's Resident Survey Follow-up Plan Addressing problems, in sections on Communications, Safety and Neighborhood Appearance.**

**Communications** – Meet with residents to identify concerns with management. Train staff to be more responsive to resident needs and to communicate effectively and politely. Executive Director will notify the resident of any upcoming events and safety suggestions.

**Safety** - Our goal is to achieve a no open door policy and have the residents report criminal activities to the Linden Housing Authority and to the local police department. Executive Director has notified the local Sheriff's office to make rounds through the area on a nightly basis.

**Neighborhood Appearance** – The Authority and Maintenance personnel will work to make sure the appearance of the development is well maintained. An effort is still being made to get residents involved in maintaining their own development, which will have a renewed respect for the development.

**ATTACHMENTJ**  
**AnnualStatement/PerformanceandEvaluationReport**  
**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary**

PHAName:LindenHousingAuthority	GrantTypeandNumberTX21P13550101 CapitalFundProgram: CFP CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2001
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OriginalAnnualStatement  ReserveforDisasters/EmergenciesXRevisedAnnualStatement(revisionno: 1 )  
XPerformanceandEvaluationReportforPeriodEnding:3/31/02  FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration	6,316.00	16,316.00	10,000.00	
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	31,058.00	16,670.00	3,112.00	
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	55,062.00	59,450.00	34,853.00	
11	1465.1DwellingEquipment —Nonexpendable	3,495.00	3,495.00		
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	95,931.00	95,931.00	95,931.00	
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures				

<b>ATTACHMENT J</b> <b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Linden Housing Authority			<b>Grant Type and Number</b> Capital Fund Program#: TX21P13550101 Capital Fund Program Replacement Housing Factor#:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX135 -001								
	Add insulation in the walls	1460	18	35,062.00	0.00			
	Rehab or refurbish units as needed, (paint, flooring, kitchen work, and bathroom work.)	1460	3	6,000.00	3,000.00	3,000.00		
	Abate material containing asbestos	1460	3	0.00	35,000.00	15,000.00		
	Refurbish units after abatement is completed	1460	3	0.00	16,450.00	11,853.00		
	<b>TOTAL 135 -001</b>			<b>41,062.00</b>	<b>54,450.00</b>	<b>29,853.00</b>		

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

PHAName:LindenHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgram#: TX21P13550100 CapitalFundProgram ReplacementHousingFactor#:				<b>FederalFYofGrant:</b> 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX135 -002								
	Rehaborrefurbishunitsasneeded, (paint,flooring,kitchenwork,and bathroomwork.)	1460	5	10,000.00	3,000.00	3,000.00		
	<b>TOTAL135 -002</b>			<b>10,000.00</b>	<b>3,000.00</b>	<b>3,000.00</b>		

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

PHAName:LindenHousingAuthority		<b>Grant Type and Number</b> Capital Fund Program#: TX21P13550100 Capital Fund Program Replacement Housing Factor#:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX135 -003								
	Rehab or refurbish units as needed, (paint, flooring, kitchen work, and bathroom work.)	1460	2	4,000.00	2,000.0	2,000.00		
	<b>TOTAL 135 -003</b>			<b>4,000.00</b>	<b>2,000.00</b>	<b>2,000.00</b>		

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

PHAN Name: Linden Housing Authority		<b>Grant Type and Number</b> Capital Fund Program#: TX21P13550101 Capital Fund Program Replacement Housing Factor#:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX135 -HA								
	Hire part time help during CFP	1410		5,316.00	5,316.00			
	Provide sundry items	1410		1,000.00	1,000.00			
	Hire security guard	1410		0.00	10,000.00	10,000.00		
	<b>SUBTOTAL</b>	<b>1410</b>		<b>6,316.00</b>	<b>16,316.00</b>	<b>10,000.00</b>		
	Hire an architect to develop plans and specifications	1430		9,401.00	9,401.00			
	Hire an on-site inspector	1430		3,357.00	3,357.00			
	Provide funds for reproduction of prints	1430		800.00	800.00			
	Hire a consultant to assist with annual plan	1430		1,500.00	1,500.00	1,500.00		
	Test for asbestos	1430		16,000.00	1,612.00	1,612.00		
	<b>SUBTOTAL</b>	<b>1430</b>		<b>31,058.00</b>	<b>16,670.00</b>	<b>3,112.00</b>		
	Purchase ranges and refrigerators	1465	3ea	3,495.00	3,495.00			
	<b>SUBTOTAL</b>	<b>1465</b>		<b>3,495.00</b>	<b>3,495.00</b>			
	<b>HAWIDE TOTAL</b>			<b>40,869.00</b>	<b>36,481.00</b>	<b>13,112.00</b>		

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

PHAName:LindenHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgra m#: TX21P13550101 CapitalFundProgramReplacementHousingFactor#:					<b>FederalFYofGrant:</b> 2001
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuartEndingDate)			AllFundsExpended (QuarterEndin gDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
TX135	12/31/03			12/31/04			

**ATTACHMENT J Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHAName:LindenHousingAuthority	GrantTypeandNumberTX21P13550100 CapitalFundProgram: CFP Capital FundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2000
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Original Annual Statement  Reserve for Disasters/Emergencies XX Revised Annual Statement (revision no: 1 )  
 X Performance and Evaluation Report for Period Ending: 3/31/02  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				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	6,000.00	6,000.00	6,000.00	
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	21,594.00	21,594.00	21,594.00	
8	1440 Site Acquisition				
9	1450 Site Improvement	23,766.00	66,430.00	66,430.00	
10	1460 Dwelling Structures	42,664.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	<b>\$94,024.00</b>	<b>\$94,024.00</b>	<b>\$94,024.00</b>	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**ATTACHMENTJ**  
**AnnualStatement/PerformanceandEvaluationReport**  
**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**  
**PartII:SupportingPages**

PHAName:LindenHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgram#: TX21P13550100 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2000		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.Ac ct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX135 -001								
135 -001 -1	Numeroussidewalksarebroken andshiftingreplacewithnew	1450		8,414.00	45,478.00	45,478.00		
	<b>SUBTOTAL</b>	<b>1450</b>		<b>\$8,414.00</b>	<b>\$47,478.00</b>	<b>\$47,478.00</b>		
135 -001 -2	Repairerexistingroofs	1460	8	10,264.00				
135 -001 -3	Removeexistingsidingandreplace withnew	1460	16	28,800.00				
	<b>SUBTOTAL</b>	<b>1460</b>		<b>\$39,064.00</b>				
	<b>TX135 -001TOTAL</b>			<b>\$47,478.00</b>	<b>\$47,478.00</b>	<b>\$47,478.00</b>		

**ATTACHMENTJ**  
**AnnualStatement/PerformanceandEvaluationReport**  
**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor (CFP/CFPRHF)**  
**PartII:SupportingPages**

PHAName:LindenHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgram#: TX21P13550100 CapitalFundProgram ReplacementHousingFactor#:			FederalFYof Grant: 2000			
Development Number  Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed  Work
				Original	Revised	Funds Obligated	Funds Expended	
TX135 -002								
135 -002 -1	Numeroussidewalksarebroken andshifting,replacewithnew	1450		8,414.00	12,014.00	12,014.00		
	<b>SUBTOTAL</b>	<b>1450</b>		<b>\$8,414.00</b>	<b>12,014.00</b>	<b>12,014.00</b>		
135 -002 -2	Removeexistingsidingand replacewithnew	1460		3,600.00				
	<b>SUBTOTAL</b>	<b>1460</b>		<b>\$3,600.00</b>				
	<b>TX-135-002TOTAL</b>			<b>\$12,014.00</b>	<b>12,014.00</b>	<b>12,014.00</b>		



**ATTACHMENTJ**  
**AnnualStatement/PerformanceandEvaluationReport**  
**CapitalFundProgramandCapitalFundProgramReplacementHousingFact or(CFP/CFPRHF)**  
**PartII:SupportingPages**

PHAName:LindenHousingAuthority		<b>GrantTypeandNumber</b> CapitalFundProgram#: TX21P13550100 CapitalFundProgram ReplacementHousingFactor#:			<b>FederalFY ofGrant: 2000</b>			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev. AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		StatusofProposed  Work
				Original	Revised	Funds Obligated	Funds Expended	
TX135 -HA								
135 -HA -1	Hireparttimehelp	1410		5,000.00	5,000.00	5,000.00		
135 -HA -2	Providefundsforsundry items	1410		1,000.00	1,000.00	1,000.00		
	<b>SUBTOTAL</b>	<b>1410</b>		<b>\$6,000.00</b>	<b>\$6,000.00</b>	<b>\$6,000.00</b>		
135 -HA -3	Hirea narchitect	1430		8,514.00	8,514.00	8,514.00		
135 -HA -4	Hireanonsiteinspector	1430		2,280.00	2,280.00	2,280.00		
135 -HA -5	Hireparttimesecurityguard	1430		10,000.00	10,000.00	10,000.00		
135 -HA -6	Providefundsfor reproduction	1430		800.00	800.00	800.00		
	<b>SUBTOTAL</b>	<b>1430</b>		<b>\$21,594.00</b>	<b>\$21,594.00</b>	<b>\$21,594.00</b>		
	<b>HA WIDENEEDSTOTAL</b>			<b>\$27,594.00</b>	<b>\$27,594.00</b>	<b>\$27,594.00</b>		

