

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

**Winchendon Housing Authority
Small PHA Plan Update
Annual Plan for Fiscal Year: 2004**

MA039v04

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Winchendon Housing Authority

PHA Number: MA039

PHA Fiscal Year Beginning: 10/2003

PHA Plan Contact Information:

Name: David P. Connor

Phone: 978-297-2280 Ext. 302

TDD: 1-800-545-1833 Ext. 163

Email: wha@net1plus.com

Public Access to Information

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

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
- Main administrative office of the local, county or 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)

PHA Programs Administered:

Public Housing and Section 8 Section 8 Only Public Housing Only

Annual PHA Plan Fiscal Year 2003

[24 CFR 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 file name in parentheses in the space to the right of the title.

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ii. Executive Summary

[24 CFR Part 903.7 9 ®]

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

The WHA will continue to work to meet the needs of our community and residents. Our goal as always is to provide decent, safe, sanitary housing that is in good repair.

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.

With our CFP funding we will be allotting 33% of it for a capital bond that will be used to implement 504 compliance in our federal housing stock. This will make time changes in the other work that has been scheduled.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHA's are not required to complete this component.

- A. Yes No: 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? \$ 202,224.00
- C. Yes No 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 **YES**
 - (2) Capital Fund Program Annual Statement
The Capital Fund Program Annual Statement is provided as Attachment **YES**

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: 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 next component ; if "yes", complete one activity description for each development.)
- 2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
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: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

<p>7. Relocation resources (select all that apply)</p> <p><input type="checkbox"/> Section 8 for units</p> <p><input type="checkbox"/> Public housing for units</p> <p><input type="checkbox"/> Preference for admission to other public housing or section 8</p> <p><input type="checkbox"/> Other housing for units (describe below)</p>
<p>8. Timeline for activity:</p> <p>a. Actual or projected start date of activity:</p> <p>b. Actual or projected start date of relocation activities:</p> <p>c. Projected end date of activity:</p>

4. Voucher Homeownership Program
[24 CFR Part 903.7 9 (k)]

A. 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 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
[24 CFR Part 903.7 (m)]

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

A. Yes 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
[24 CFR Part 903.7 9 ®]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

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 Attached at Attachment (F) RAB Comments

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

Yes 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 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: (**Commonwealth of Massachusetts**)
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 specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency
 Yes 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: **By allowing the WHA to administer is Housing Stock to meet the needs of our community as a whole.**

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions
24 CFR Part 903.7@ PHA's 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:

1. The following are deviations to the Capital Fund Items Not Listed in Plan
 - New Appliances in Pearl Drive.
 - Bond to fund 504 Compliance project
 - New Lawn Tractor

2. This year there were no WHA policies that must be changed.

B. Significant Amendment or Modification to the Annual Plan:

If we were to have any removal of existing Housing Stock from inventory. This would be considered a significant amendment to the plan.

Attachment A

Supporting Documents Available for Review

PHA's 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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related 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 (not required for this update)	5 Year and Annual Plans
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 jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	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
	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	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
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
	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
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	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 type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	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
	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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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, 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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	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
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	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	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X 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)

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

PHA Name: Winchendon Housing Authority 108 Ipswich Drive Winchendon, MA 01475	Grant Type and Number Capital Fund Program Grant No: : MA06P03950103 Replacement Housing Factor Grant No:	Federal FY of Grant: FY 2003
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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	20,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	51,000			
11	1465.1 Dwelling Equipment—Nonexpendable	15,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	13,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	62,541			
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	161,541			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	62,541			
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 III: Implementation Schedule

PHA Name: Winchendon Housing Authority 108 Ipswich Drive Winchendon, MA 01475		Grant Type and Number Capital Fund Program #: MA06P03950103 Capital Fund Program Replacement Housing Factor #:					Federal FY of Grant: 2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MA039-001	09-30-2005			09-30-2007			Allowable time frame by CFP program
MA039-002	09-30-2005			09-30-2007			Allowable time frame by CFP program
MA039-003	09-30-2005			09-30-2007			Allowable time frame by CFP program

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement		<input type="checkbox"/> Revised statement
Development Number	Development Name (or indicate PHA wide)	
Ma039-001	Ipswich Drive	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
		Planned Start Date (HA Fiscal Year)
Kitchen Counter Tops and Ceramic Backsplash		60,000
Closet Shelving		20,000
Roofing Replacement		33,000
Sidewalk Repairs		50,000
Exterior Painting		10,000
Roofing Replacement		55,000
Total estimated cost over next 5 years		228,000

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement	<input type="checkbox"/> Revised statement	
Development Number	Development Name (or indicate PHA wide)	
MA039-002	Pearl Drive	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Building Drainage	5,000	FY 2004
Repair Front Apartment Steps	15,000	FY 2004
Privacy Walls and Outside Faucets	10,000	FY 2004
Interior Doors and Medicine Cabinets	20,000	FY 2005
Sidewalk Repairs	15,000	FY 2006
Painting	5,000	FY 2007
Total estimated cost over next 5 years	70,000	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Ma039-003	Scattered Sites	
Description of Needed Physical Improvements or Management Improvements		Estimated Cost
		Planned Start Date (HA Fiscal Year)
Siding Repairs 35/37 Cottage Street		25,000
Siding Repairs 29-31 Oak Street		35,000
Retaining Wall at 244 Front Street		20,000
Site Drainage at 71/ 77 Maple Street		18,000
Total estimated cost over next 5 years		98,000

Required Attachment __D__: Resident Member on the PHA Governing Board

1. Yes 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: **Ms. Helen Sullivan**

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

Elected Appointed

C. The term of appointment is (include the date term expires): **5 years and expires on 5/2007**

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.

Other (explain):

B. Date of next term expiration of a governing board member: **5-2005**

C. Name and title of appointing official(s) for governing board. **Governor of Massachusetts for one member and Voters of the Town of Winchendon for the other 4 members. Each member is voted in for a 5 year term.**

Required Attachment E:

Membership of the Resident Advisory Board

Resident Board Members

(39-1 Ipswich Drive)

Ms. Jackie Flynn
93-A Ipswich Drive
Winchendon, MA. 01475

(39-3 Scattered Sites)

Ms. Sheryl Murphy
190 Maple Street
Winchendon MA 01475

(39-2 Pearl Drive)

Ms. Carolyn Breau
50 Pearl Drive
Winchendon, MA 01475

(Section 8 Choice Voucher Program)

Ms. Beverly Cox Ms. Sheryl Murphy
114 Main Street Apt #10
Athol, MA. 01331

Attachment F

RAB Committee Comments:

1. Improve Sidewalks at our elderly and family sites

Answer. In FY 2003, 2004 and 2005 we have scheduled to replace sidewalks at our elderly site

2. Replace Counter Tops and add Ceramic Backsplash

Answer. Fy 2003 install new counter tops and Ceramic Backsplash in all units that are not up for rehab

3. Install Shelving in Closet areas

Answer. In FY 2004 install new shelving in our storage closets at Ipswich Drive

4. Update and Improve the exterior of the scattered sites

Answer. Over the next 3 years replace all exterior siding on all of our scattered sites

5. Improve front hall lighting and vision during day.

Answer. Replaced front door with new door that has a 9 light configuration. This improves the light and view in this hallway.

Attachment G Deconcentration Analysis - In accordance with PIH Notice 2001-4 and 24 CFR Part 903

Covered Developments	Total Annual Income	Average Income Per Dev.	Average Income of Covered Devs.	Income Range	Percentage of Median Income	Exempt
039-002	512,950	17,098	15,759	108%	30%	Y
039-003	227,737	13,396		85%	23%	Y

FY	2003
Median Family Income	57,200
HUD Bedroom Adjustment Factors	
0 BR	0.70
1 BR	0.85
2 BR	1.00
3 BR	1.25
4 BR	1.40
5 BR	1.61
6 BR	1.82

Analysis Based on Bedroom Adjustment Factor

Occupied Units (Step 1)									Bedroom Adjustment Factor Per Development Based on Occupied Units											
Covered Developments	0 Br	1 BR	2 BR	3 BR	4BR	5 BR	6 BR	Total Occupied Units	0 Br	1 BR	2 BR	3 BR	4BR	5 BR	6 BR	Adjustment Factor	(Step 2) Development Average Income	3) Percentage of Average Income	Percentage of Median Income	Exempt
039-002				18	12			30				22.50	16.80			1.31	13,052	101%	23%	Y
039-003		5	7	3	2			17		4.25	7.00	3.75	2.80			1.05	12,794	99%	22%	Y
Computed HUD Adj. Factor	0.00	4.25	7.00	26.25	19.60	0.00	0.00	47												
Wide Bedroom Adjustment Factor	1.21	Area-wide Adjusted Average Income		12,972																

Annual Statement/Performance and Evaluation Report

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

PHA Name: Winchendon Housing Authority 108 Ipswich Drive Winchendon, MA 01475	Grant Type and Number Capital Fund Program: MA06P03950102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: <p style="text-align: center;">2002</p>
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 X Performance and Evaluation Report for Period Ending: 9/2003
 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	20,224	20,224	20,224	20,224
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	40,000	50,179		
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000	36,250		
10	1460 Dwelling Structures	112,000	67,827		
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	20,000	27,744	27,744	27,744
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)	202,224	202,224		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	40,000	50,179		
23	Amount of line 20 Related to Security	20,000	27,744		
24	Amount of line 20 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: Winchendon Housing Authority 108 Ipswich Drive Winchendon, MA 01475		Grant Type and Number Capital Fund Program #: MA06P03950102 Capital Fund Program Replacement Housing Factor #:				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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MA039-001	Kitchen Lighting	1460	1	32,000	12,716	12,716	12,716	C
MA039-002	Fire Stops and Attic Doors	1460	30 units	50,000	29,254	-0-		P
MA039-003	Siding and Trim Replacement	1460	1 Building	50,000	25,857	25,857		I
MA039-001 and MA039-002	Design 504 Compliant Units in both Elderly and Family	1430	1	40,000	50,179	50,179		I
MA039-003	Site Improvements	1450	1	10,000	36,250	9,450		I
MA039-001,002,003	Install Security Cameras And Local Police Patrol	1475	1	20,000	27,744	27,744	27,744	C

