

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:2003

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDINACCORDANCEWITH
INSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan
AgencyIdentification**

PHAName: MiddletownHousingAuthority

PHANumber: NJ081

PHAFiscalYearBeginning: 07/2003

PHAPlanContactInformation:

Name:ErnestE.Miller
Phone:(732)671-2990
TDD:
Email(ifavailable):elissa@mycomcast.com

PublicAccessToInformation

Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:(selectallthat apply)

- X MainadministrativeofficeofthePHA
- X PHAdevelopmentmanagementoffices

DisplayLocationsforPHAPlansandSupportingDocuments

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectallthatapply)

- X MainadministrativeofficeofthePHA
- X PHAdevelopmentmanagementoffices
- Mainadministrativeofficeofthelocal,countyorStategovernment
- Publiclibrary
- PHAwebsite
- Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- X MainbusinessofficeofthePHA
- X PHAdevelopmentmanagementoffices
- Other(listbelow)

PHAProgramsAdministered :

- X PublicHousingandSection8
- Section8Only
- PublicHousingOnly

**AnnualPHAPlan
FiscalYear2003
[24CFRPart903.7]**

i.TableofContents

ProvideatableofcontentsforthePlan ,includingattachments,andalistofsupportingdocumentsavailableforpublicinspection . For Attachments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providetheattachment'sname(A,B,etc.)inthe spacetotheleftofthenameoftheattachment.Iftheattachmentisprovidedasa **SEPARATE**filessubmissionfromthePHAPlans file,providethefilenameinparenthesesinthespacetotherightofthetitle.

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Attachments

- X Attachment A: Supporting Documents Available for Review (See individual attachments, end of report)
- X Attachment B: Capital Fund Program Annual Statement (See Page 10, Table Library)
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- X Attachment D: Resident Membership on PHA Board or Governing Body (See Page 23, Table Library)
- X Attachment E: Membership of Resident Advisory Board or Boards (See Page 24, Table Library)
- Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- X Other (List below, providing each attachment name)
- Attachment F: Annual Statement/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

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.

NONE

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenorequiredtocompletethiscomponent.

A.XYesNo:IsthePHAeligibletoparticipateintheCFPinthefiscalyearcoveredbythisPHAPlan?

B.WhatistheamountofthePHA'sestimatedoractual(ifknown)CapitalFundProgramgrantforthe upcomingyear?\$ 123,619

C.XYesNo DoesethePHAplantoparticipateintheCapitalFundProgramintheupcomingyear?If yes,completetherestofComponent7.Ifno,skiptonextcomponent.

D.CapitalFundProgramGrantSubmissions

(1)CapitalFundProgram5-YearActionPlan

TheCapitalFundProgram5-YearActionPlanisprovidedasanAttachment

(2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasanAttachment

3.DemolitionandDisposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenorequiredtocompletethissection.

1. YesXNo: DoesethePHAplantconductanydemolitionordispositionactivities(pursuantto section18oftheU.S.HousingActof1937(42U.S.C.1437p))intheplanFiscalYear? (If“No”,skiptonextcomponent;if“yes”,completeoneactivitydescriptionforeach development.)

2.ActivityDescription

Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities)	
1a.Developmentname:	
1b.Development(project)number:	
2.Activitytype:Demolition Disposition	
3.Applicationstatus(selectone) Approved Submitted,pendingapproval Plannedapplication	
4.Dateapplicationapproved,submitted,orplannedforsubmission:	<u>(DD/MM/YY)</u>
5.Numberofunitsaffected:	
6.Coverageofaction(selectone) Partofthedevelopment Totaldevelopment	
7.Relocationresources(selectallthatapply) Section8forunits Publichousingforunits Preferenceforadmissiontootherpublichousingorsection8 Otherhousingforunits(describebelow)	
8.Timelineforactivity: a. Actualorprojectedstartdateofactivity: b. Actualorprojectedstartdateofrelocationactivities: c. Projectedenddateofactivity:	

4.VoucherHomeownershipProgram

[24CFRPart903.79(k)]

A. YesXNo: Does the PHA planto 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 to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B.CapacityofthePHAtoAdministeraSection8HomeownershipProgram

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

Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment 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

Demonstratingthatithasorwillacquireotherrelevantexperience(listPHAexperience,oranyother organizationtobeinvolvedanditsexperience,below):

5.SafetyandCrimePrevention:PHDEPPlan

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmaykiptotheneftcomponentPHAseligibleforPHDEPfundsmustprovideaPHDEPPlan meetingspecifiedrequirementspriortoreceiptofPHDEPfunds.

A. YesXNo: IsthePHAeligibletoparticipateinthePHDEPinthefiscalyearcoveredbythisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)PHDEPgrantfortheupcomingyear?

N/A

C. YesXNo Does thePHAplantoparticipateinthePHDEPintheupcomingyear?Ifyes,answer questionD.Ifno,skiptonextcomponent.

D. YesXNo: ThePHDEPPlanisattachedatAttachment_____

6.OtherInformation

[24CFRPart903.79(r)]

A. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse

1. YesXNo: DidthePHAreceiveanycommentsonthePHAPlanfromtheResidentAdvisoryBoard/s? Residentswereintricallyinvolvedintheformationoftheoriginalplan.

2. Ifyes,thecommentsareAttachedatAttachment(Filename)

3. InwhatmannerdidthePHAaddressthosecomments?(selectallthatapply)N/A

ThePHAchangedportionsofthePHAPlaninresponsetocomments

Alistofthesechangesisincluded

YesNo:belowor

YesNo:attheendoftheRABCommentsinAttachment_____.

Consideredcomments,butdeterminedthatnochangestothePHAPlanwerenecessary.An explanationofthePHA'sconsiderationisincludedattheendoftheRABCommentsin Attachment_____.

Other:(listbelow)

B.StatementofConsistencywiththeConsolidatedPlan

ForeachapplicableConsolidatedPlan,makethefollowingstatement(copyquestionsasmanytimesasnecessary).

1. Consolidated Plan jurisdiction: Middletown Township, Monmouth County

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)

- X The PHA has based its statement of needs of families in the jurisdiction on the need 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.
- X 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

X 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:

PHA residents receive non-monetary (social services) support from the local governmental body.

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

In preparing the Consolidated Plan, Middletown Township's Department of Planning and Development and the Department of Community Development consulted the Township Department of Welfare, Middletown Housing Corporation, as well as the management agency responsible for the public and private housing agencies. In addition, the Township solicited comments from local organizations responsible for housing and supportive services on the use of funds.

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: Relative to Capital Improvements, any deviation valued at more than 30% of a five-year physical improvement grant amount, other than emergencies or code related improvements, would be considered a substantial deviation.

B. Significant Amendment or Modification to the Annual Plan: A significant amendment or modification would be changes to rent or admissions policies or organization of the waiting list.

Attachment A

Supporting Documents Available for Review nj081a03

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.

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
N/A	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 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
X	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	Annual Plan: Rent Determination
		HUD50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

	A&OPolicy	
X	Scheduleofflatrentsofferedateeachpublichousingdevelopment X checkhereifincludedinthepublichousing A&OPolicy	AnnualPlan:Rent Determination
X	Section8rentdetermination(paymentstandard)policies X checkhereifincludedinSection8Administrative Plan	AnnualPlan:Rent Determination
N/A	Publichousingmanagementandmaintenancepolicydocuments, includingpoliciesfortheventionoreradicationofpest infestation(includingcockroachinfestation)	AnnualPlan: Operationsand Maintenance
X	ResultsoflatestbindingPublicHousingAssessmentSystem (PHAS)Assessment	AnnualPlan: Managementand Operations
N/A	Follow-upPlantoResultsofthePHASResidentSatisfaction Survey(ifnecessary)	AnnualPlan: Operationsand Maintenanceand CommunityService& Self-Sufficiency
X	ResultsoflatestSection8ManagementAssessmentSystem (SEMAP)-	AnnualPlan: Managementand Operations
N/A	AnyrequiredpoliciesgoverninganySection8specialhousing types checkhereifincludedinSection8AdministrativePlan	AnnualPlan: Operationsand Maintenance
X	Publichousinggrievanceprocedures X checkhereifincludedinthepublichousing A&OPolicy	AnnualPlan:Grievance Procedures
X	Section8informalreviewandhearingprocedures X checkhereifincludedinSection8Administrative Plan	AnnualPlan: GrievanceProcedures
X	TheHUD-approvedCapitalFund/ComprehensiveGrantProgram AnnualStatement(HUD52837)foranyactivegrantyear	AnnualPlan:Capital Needs
N/A	MostrecentCIAPBudget/ProgressReport(HUD52825)forany activeCIAPgrants	AnnualPlan:Capital Needs
N/A	ApprovedHOPEVIapplicationsor,ifmorerecent,approvedor submittedHOPEVIREvitalizationPlans,oranyotherapproved proposalfordevelopmentofpublichousing	AnnualPlan:Capital Needs
N/A	Self-evaluation,NeedsAssessmentandTransitionPlanrequired byregulationsimplementing §504oftheRehabilitationActand theAmericanswithDisabilitiesAct.See,PIH99-52(HA).	AnnualPlan:Capital Needs
N/A	Approvedorsubmittedapplicationsfordemolitionand/or dispositionofpublichousing	AnnualPlan: Demolitionand Disposition
N/A	Approvedorsubmittedapplicationsfordesignationofpublic housing(DesignatedHousingPlans)	AnnualPlan: DesignationofPublic Housing
N/A	Approvedorsubmittedassessmentsofreasonablevitalizationof publichousingandapprovedorsubmittedconversionplans	AnnualPlan: ConversionofPublic

	preparedpursuanttosection202ofthe1996HUDAppropriations Act,Section22oftheUSHousingActof1937,orSection33of theUSHousingActof1937	Housing
N/A	Approvedorsubmittedpublichousinghomeownership programs/plans	AnnualPlan: Homeownership
N/A	PoliciesgoverninganySection8Homeownershipprogram (section_____oftheSection8AdministrativePlan)	AnnualPlan: Homeownership
N/A	CooperationagreementbetweenthePHAandtheTANFagency andbetweenthePHAandlocalemploymentandtrainingservice agencies	AnnualPlan: CommunityService& Self-Sufficiency
N/A	FSSActionPlan/sforpublichousingand/orSection8	AnnualPlan: CommunityService& Self-Sufficiency
N/A	Section3documentationrequiredby24CFRPart135,SubpartE	AnnualPlan: CommunityService& Self-Sufficiency
N/A	Mostrecentself-sufficiency(ED/SS,TOPorROSSorother residentservicesgrant)grantprogramreports	AnnualPlan: CommunityService& Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	AnnualPlan: Safety and Crime Prevention
N/A	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. 	AnnualPlan: 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) 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	AnnualPlan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Others supporting documents (optional)	(specify as needed)

(listindividually;useasmanylinesasnecessary)

**AnnualStatement/PerformanceandEvaluationReportnj081b03
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part**

PHAName: MIDDLETOWNHOUSINGAUTHORITY	GrantTypeandNumber CapitalFundProgram: NJ39PO8150103 CapitalFundProgram ReplacementHousingFactorGrantNo:
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**OriginalAnnualStatementReserveforDisasters/EmergenciesXRevisedAnnualStatement(revisionno:
PerformanceandEvaluationReportforPeriodEnding:FinalPerformanceandEvaluationReport**

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		Obligated
		Original	Revised	
1	Totalnon-CFPFunds			
2	1406Operations			
3	1408ManagementImprovements			
4	1410Administration			
5	1411Audit			
6	1415liquidatedDamages			
7	1430FeesandCosts	4,000*		
8	1440SiteAcquisition			
9	1450SiteImprovement			
10	1460DwellingStructures	119,619**		
11	1465.1DwellingEquipment—Nonexpendable			
12	1470NondwellingStructures			
13	1475NondwellingEquipment			
14	1485Demolition			
15	1490ReplacementReserve			
16	1492MovingtoWorkDemonstration			
17	1495.1RelocationCosts			
18	1498ModUsedforDevelopment			
19	1502Contingency			
20	AmountofAnnualGrant:(sumoflines2-19)	123,619		
21	Amountofline20RelatedtoLBPActivities			
22	Amountofline20RelatedtoSection504Compliance			
23	Amountofline20RelatedtoSecurity			
24	Amountofline20RelatedtoEnergyConservation Measures	\$6,000		

*A/Econstruction,administrationonly**Renovate32oftheremaining35PhaseIIIbathroomsataperunitcostofapproximately\$3,770. Renovationofremaining3of35unitswillbechargedagainst2003-2004OperatingBudget,ifnecessary.

**AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**

PartII:SupportingPages

PHAName: MIDDLETOWNHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram#: NJ39PO81501023CapitalFund Program ReplacementHousingFactor#:			FederalFY	
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		Totals Funds Obligate
				Original	Revised	
NJ081	Phase3of3-PhaseBathroom RenovationProject,including: installationofnewvinylfloorcovering, floorleveling,newbaseboard,handicap modifications,plumbingupgrades, electricalupgrades,vanity,vanitytop& medicincabinetreplacement,caulking, painting,etc.	1460		119,619		
	A/EFees(Phase3of3,Administration only)	1430		4,000		
NJ081	BathroomRenovations(Phase3of3)		32	119,619		

<p><u>YEAR2</u> 1)Design&constructcommonareaairconditioningsystem(Phase1). 2)InstallAnnunciatorPanelIlluminationLights&relatedwiringforindividual residentialdwellingunits.. 4)FinancerelatedDesignandInspectionCosts.</p>	<p>\$123,619</p>	<p>7/1/2004</p>
<p><u>YEAR3</u> 1) Constructcommonareaairconditioningsystem(Phase2of2-phase program). 2) FinancerelatedA&EInspectionCosts.</p>	<p>\$123,619</p>	<p>7/1/2005</p>
<p><u>YEAR4</u> 1) Replaceroof-Phase1of2-PhaseProgram 2) FinancerelatedDesign&InspectionCosts</p>	<p>\$123,619</p>	<p>7/1/2006</p>
<p><u>Year5</u> 1)ReplaceRoof-Phase2of2-PhaseProgram 2)FinancerelatedA&EInspectionCosts</p>	<p>\$123,619</p>	<p>7/1/2007</p>
<p>Totalestimatedcostovernext5years</p>	<p>\$494,476.00</p>	

PHA Public Housing Drug Elimination Program Plan

N/A

Note: THIS PHDEP Plan template (HUD50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

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

mayincludeadescriptionoftheexpectedoutcomes.Thesummarymustnotbemorethanfive(5)sentenceslong

E.TargetAreas

ComplethefollowingtablebyindicatingeachPHDEPTargetArea(developmentorsitewhereactivitieswillbeconducted),thetotal numberofunitsineachPHDEPTargetArea,andthetotalnumberofindividualsexpectedtoparticipateinPHDEPsponsored activitiesineachTargetArea.UnitcountinformationsshouldbeconsistentwithataavailableinPIC.

PHDEPTargetAreas (Nameofdevelopment(s)orsite)	Total#ofUnitswithin thePHDEPTarget Area(s)	TotalPopulation tobeServed withinthePHDEP TargetArea(s)

F.DurationofProgram

Indicatetheduration(numberofmonthsfunswillberequired)ofthePHDEPProgramproposedunderthisPlan(placean“x”to indicatethelengthofprogramby#ofmonths.For“Other”,identifythe#ofmonths).

12Months _____ **18Months** _____ **24Months** _____

N/A

G. PHDEPProgramHistory

IndicateeachFYthatfundinghasbeenreceivedunderthePHDEPProgram(placean“x”byeachapplicableYear)andprovide amountoffundingreceived.Ifpreviouslyfundedprograms havenot beenclosedoutatthetimeofthissubmission,indicatethefund balanceandanticipatedcompletiondate.TheFundBalanceshouldreflectthebalanceasofDateofSubmissionofthePHDEPPlan. TheGrantTermEndDateshouldincludeanyHUD-approvedextensionsorwaivers.Forgrantextensionsreceived,place“GE”in columnor“W”forwaivers.

FiscalYear	PHDEP	Grant#	FundBalance	Grant	GrantStart	Grant

offFunding	Funding Received	asofDateof thisSubmission	Extensions orWaivers	Date	TermEnd Date
FY1995					
FY1996					
FY1997					
FY1998					
FY1999					

Section2:PHDEPPlanGoalsandBudget

A.PHDEPPlanSummary

Inthespacebelow,summarizethePHDEPstrategytoaddresstheneedsofthetargetpopulation/targetarea(s).Yoursummaryshould brieflyidentify:thebroadgoalsandobjectives,theroleofplanpartners, andyoursystemorprocessformonitoringandevaluating PHDEP-fundedactivities .Thissummaryshouldnotexceed5-10sentences.

B.PHDEPBudgetSummary

EnterthetotalamountofPHDEPfundingsallocatedtoeachlineitem.

FFY____PHDEPBudgetSummary	
Originalstatement	
Revisedstatementdated:	
BudgetLineItem	TotalFunding
9110-ReimbursementofLawEnforcement	
9115-SpecialInitiative	
9116-GunBuybackTAMatch	
9120-SecurityPersonnel	
9130-EmploymentofInvestigators	
9140-VoluntaryTenantPatrol	
9150-PhysicalImprovements	
9160-DrugPrevention	
9170-DrugIntervention	
9180-DrugTreatment	
9190-OtherProgramCosts	
TOTALPHDEPFUNDING	

N/A

C. PlanGoalsandActivities

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem.Eachgoalandobjective shouldbenumberedsequentiallyforeachbudgetlineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposed activities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequiredtoprovideinformationinshadedboxes.Information

provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110—Reimbursement of Law Enforcement						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	HEDE Funding	Other Funding (Amount/Source)	Performance
1.							
2.							
3.							

9115-Special Initiative						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance
1.							
2.							
3.							

9116-Gun Buyback TAMatch N/A						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance
1.							
2.							
3.							

N/A

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

9130-EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	Perf
1.							
2.							
3.							

9140- VoluntaryTenantPatrolN/A					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	Perf
1.							
2.							
3.							

9150- PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	Perf
1.							
2.							

3.							
----	--	--	--	--	--	--	--

N/A

9160-Drug Prevention						Total PHDEP Funding:\$	
Goal(s)							
Objectives							
Proposed Activities	# of Person Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance
1.							
2.							
3.							

9170-Drug Intervention						Total PHDEP Funding:\$	
Goal(s)							
Objectives							
Proposed Activities	# of Person Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance
1.							
2.							
3.							

9180-Drug Treatment						Total PHDEP Funding:\$	
Goal(s)							

Objectives							
Proposed Activities	# of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance
1.							
2.							
3.							

N/A

9190-Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board nj081d03

1. X 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: Robert J. Jaros

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

C. The term of appointment is (include the date term expires):
 Term: 5 years Expires: 12/31/2004

The Middletown Housing Authority was recently advised that its resident/commissioner is negotiating to purchase a private dwelling unit. Therefore, he plans to vacate his Middletown Housing Authority dwelling unit, in the near future. Nevertheless, he will remain a Middletown Housing resident throughout this planning process. A vacate notice has not been received to date. Once we receive same, we can better project the date on which he will no longer be a resident/commissioner. Even so, he will continue to serve on the Middletown Board of Commissioners through the completion of the aforementioned term.

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: 12/31/03

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

Rosemarie Peters, Mayor of Middletown

Of these seven-member board, five members are appointed by the Township Committee;
One member is appointed by the Mayor, and one member is appointed by the State.

nj081e03

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.)

Listed below are names of Public Housing Advisory Board Members:

Rose Kronyak
Lorriane McGuirl
Eileen Murphy
Carol Scully
Dolores Shortell
Grace Zaets

Pearl Lynch

Advisory Board Members were chosen by the Resident Council

Listed below are names of Section 8 Advisory Board Members:

Michael Simon
Sandra Velez

(All Section 8 residents were given a chance to volunteer for participation on this Advisory Board. Residents named above actually volunteered).

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part

PHAName: MiddletownHousingAuthority	GrantTypeandNumber CapitalFundProgram:X CapitalFundProgramGrantNo:NJ39P08150102 ReplacementHousingFactorGrantNo:
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**OriginalAnnualStatementReserveforDisasters/EmergenciesRevisedAnnualStatement(revisionno:)
PerformanceandEvaluationReportforPeriodEnding:12/31/02FinalPerformanceandEvaluationReport**

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		T
		Original	Revised	
1	Totalnon-CFPFunds			
2	1406Operations			
3	1408ManagementImprovementsSoftCosts			
	ManagementImprovementsHardCosts			
4	1410Administration			
5	1411Audit			
6	1415LiquidatedDamages			
7	1430FeesandCosts	7,300		7,300
8	1440SiteAcquisition			
9	1450SiteImprovement			
10	1460DwellingStructures	116,319		116,319
11	1465.1DwellingEquipment—Nonexpendable			
12	1470NondwellingStructures			
13	1475NondwellingEquipment			
14	1485Demolition			
15	1490ReplacementReserve			
16	1492MovingtoWorkDemonstration			
17	1495.1RelocationCosts			
18	1499DevelopmentActivities			
19	1502Contingency			
	AmountofAnnualGrant:(sumoflines.....)	123,619		123,619
	AmountoflineXXRelatedtoLBPActivities			
	AmountoflineXXRelatedtoSection504compliance			
	AmountoflineXXRelatedtoSecurity–SoftCosts			

**AnnualStatement/PerformanceandEvaluationReportnj081f03
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part**

PHAName: MiddletownHousingAuthority	GrantTypeandNumber CapitalFundProgram:X CapitalFundProgramGrantNo:NJ39P08150102 ReplacementHousingFactorGrantNo:
---	--

**OriginalAnnualStatementReserveforDisasters/EmergenciesRevisedAnnualStatement(revisionno:)
PerformanceandEvaluationReportforPeriodEnding:12/31/02FinalPerformanceandEvaluationReport**

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		T
		Original	Revised	
	AmountofLineXXrelatedtoSecurity--HardCosts			
	AmountoflineXXRelatedtoEnergyConservation Measures	6,000		
	CollateralizationExpensesorDebtService			

AnnualStatement/PerformanceandEvaluationReportnj081f03
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

PHAName: MiddletownHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: NJ39P08150102 ReplacementHousingFactorGrantNo:					
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		Tot FundsFun Obligated
					Original	Revised	
NJ081	Phase2of3-PhaseBathroom RenovationProject,inclusing installationofnewvinylfloorcovering, floorleveling,newbaseboard,handicap modifications,plumbingupgrades, vanity,vanitytop&medicynecabinet replacement,caulking,painting,etc.		1460	35	119,319		119,319
	A&EFees(Phase2of3)Design& Inspectioncosts		1430		7,300		7,300

AnnualStatement/PerformanceandEvaluationReportnj081f03
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

PHAName: MiddletownHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: NJ39P08150102 ReplacementHousingFactorGrantNo:					
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		Total FundsFun Obligated
					Original	Revised	
NJ081	BathroomRenovations(Phase2of3)			35	119,319		119,319

