

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: **04**

# ANNUAL PLAN

## PHA Plan: Agency Identification

**PHA Name:** Housing Authority of the Town of Winchester

**PHA Number:** CT025

**PHA Fiscal Year Beginning:** 07/2004

### **PHA Plan Contact Information:**

Name: Fred Newman

Phone (860) 375-4573 Ext.11

TDD:

Email: *fnewman@winhouseauth.org*

### **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

## Table of Contents

<b>PHA Plan: Agency Identification .....</b>	<b>2</b>
<b>Table of Contents .....</b>	<b>3</b>
<b>Summary of Policy or Program Changes for the Upcoming Year.....</b>	<b>4</b>
<b>Capital Improvement Needs .....</b>	<b>4</b>
<b>Demolition and Disposition .....</b>	<b>4</b>
<b>Voucher Homeownership Program.....</b>	<b>5</b>
<b>Safety and Crime Prevention: PHDEP Plan .....</b>	<b>6</b>
<b>Other Information .....</b>	<b>6</b>
A. RESIDENT ADVISORY BOARD (RAB) RECOMMENDATIONS AND PHA RESPONSE .....	6
B. STATEMENT OF CONSISTENCY WITH THE CONSOLIDATED PLAN .....	7
C. CRITERIA FOR SUBSTANTIAL DEVIATION AND SIGNIFICANT AMENDMENTS .....	7
<b>ATTACHMENTS .....</b>	<b>7</b>
Attachment A: Supporting Documents Available for Review .....	7
Attachment B: Capital Fund Program Annual Statement.....	12
Attachment C: Capital Fund Five-Year Action Plan .....	15
Attachment D: Resident Member on the PHA Governing Board.....	17
Attachment E: Membership of the Resident Advisory Board or Boards .....	18
Attachment F: Eligibility, Selection, and Admissions Policy, Public Housing.....	19
Attachment G: Eligibility, Selection, and Admissions Policy, Section Eight .....	20
Attachment H: Progress in Meeting the Five-Year Plan Mission and Goals .....	21
Attachment I: 2002 Performance and Evaluation Report .....	23
Attachment J: 2003 Performance and Evaluation Report, CT26PO2550103 .....	26
Attachment K: 2003 Performance and Evaluation Report, Grant #CT26PO2550203 .....	28

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

The Purpose of this plan is to equip the PHA to exercise optimum flexibility in meeting local housing needs within the community while meeting its own needs. This plan addresses the immediate operational concerns, resident concerns and needs, programs and services for the upcoming year. The PHA objective is to meet the needs of low and very low income, physically challenged and the aged in place communities as well as serves as a management, operational and accountability tool for the PHA.

Authority's Residents community leaders and organizations, and State and local authorities communicated with the Authority during the development of this Agency Plan Update.

## **Capital Improvement Needs**

A. **X 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? \$ 92,300.00

C. **X 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 C

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

The Capital Fund Program Annual Statement is provided as Attachment B

## **Demolition and Disposition**

1.  Yes **X 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</b> <b>(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: <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	
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:	

**Voucher Homeownership Program**

A.  Yes **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 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):

**Safety and Crime Prevention: PHDEP Plan**

- A.  Yes **X 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 \_\_\_\_\_

**Other Information**

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

1.  Yes **X No**: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Boards?
2. If yes, the comments are Attached at Attachment (File name)
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 \_\_\_\_\_.
  - 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**

1. Consolidated Plan jurisdiction: State of Connecticut, 2000-2005
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: (describe below)

**C. Criteria for Substantial Deviation and Significant Amendments**

1. **Amendment and Deviation Definitions:** 24 CFR Part 903.7(r)

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

No substantial deviations, amendments, or modifications have been made to the Housing Authority Agency Plan, which required the formal approval of the board of Commissioners.

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

Substantial deviations or significant amendments or modification are defined as discretionary changes in the plan or policies of the Housing Authority that fundamentally will change the mission statement, goals, and needs formal approval from the Board of Commissioners.

## ATTACHMENTS

### Attachment A: Supporting Documents Available for Review

<b>Attachment A: 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
	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
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
X	Any policy governing occupancy of Police Officers in Public Housing <div style="text-align: center;">X (check here if included in the public housing A&amp;O Policy)</div>	Annual Plan: Eligibility, Selection, and Admissions Policies

**Attachment A: List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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 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 X (check here if included in the public housing A & O Policy)	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X (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
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 X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures

<b>Attachment A: List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Section 8 informal review and hearing procedures X 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
X	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	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	Annual Plan: Homeownership
	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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

<b>Attachment A: List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	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"> <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) X check here if included in the public housing A & O Policy	Pet Policy

<b>Attachment A: List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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: Capital Fund Program Annual Statement**

**Annual Statement/Performance and Evaluation Report**

**Capital Funds Program and Capital Funds Program Replacement Housing Factors (CFP/CFPRHF)**

**Part I: Summary (cont'd)**

PHA Name:  Housing Authority of the Town of Winchester		Grant Type and Number Capital Funds Program Grant No. CT26PO2550104 Replacement Housing Factor Grant No.		Federal FY of Grant:  2004	
__x_ Original Annual Statement		__ Reserve for Disasters/Emergencies		__ Revised Annual Statement	
__ 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		\$9,521.00		
4	1410 Administration		\$2,500.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		\$20,479.00		
8	1440 Site Acquisition				
9	1450 Site Improvement		\$3,000.00		
10	1460 Dwelling Structures		\$51,800.00		
11	1465.2 Dwelling Equipment-Expendable		\$5,000.00		
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	1499 Development activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sum of Lines 2 - 20)		\$92,300.00		
22	Amount of Line 21 Related to LBP Activities				
23	Amount of Line 21 Related to 504 compliance		\$17,500.00		
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs		\$4,500.00		
26	Amount of Line 21 Related to Energy Conservation Measures		\$33,300.00		
Signature of Executive Director and Date			Signature of Public Housing Director of Native American Program Administrator and Date		

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

PHA Name		Grant Type and Number			Federal FY of Grant			
<b>Housing Authority of the Town of Winchester</b>		Capital Fund Program Grant No. CT26PO2550104			2004			
		Replacement Housing Factor Grant No.						
Development Number Name/HA wide Activities	General Description of Major Work Categories	Development Account #	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<u>Management Improvements</u>	1. Management Improvements	1408	Authority-wide	\$4,718.00				Chestnut Grove currently has one elevator. Given its elderly population, the Authority wishes to see if a 2nd elevator is viable.
	2. Purchase/lease new copier	1408	Authority-wide	\$4,803.00				
	<b>Total 1408 Account</b>			<b>\$9,521.00</b>				
	3. Capital Fund Accounting	1410	Authority-wide	\$1,300.00				
	4. Advertising	1410	Authority-wide	\$1,200.00				
	<b>Total 1410 Account</b>			<b>\$2,500.00</b>				
	5. Fees and Costs: A & E	1430	Authority-wide	\$17,479.00				
	6. Elevator Feasibility Study	1430	Authority-wide	\$3,000.00				
	<b>Total 1430 Account</b>			<b>\$20,479.00</b>				
<u>CT 25-2 Chestnut Grove</u>	7. Landscaping	1450	Authority-wide	\$3,000.00				
	<b>Total 1450 Account</b>			<b>\$3,000.00</b>				
	8. Replace Bath Lighting and Install Ceiling Fan	1460	79	\$15,800.00				
	9. Upgrade Main and South Vestibule heat.	1460	2	\$17,500.00				
	10. Upgrade 1st floor bathrooms bathroom to meet full ADA Standards: on-going	1460	2	\$14,000.00				
	11. Security System Upgrade	1460	Authority-wide	\$4,500.00				
	<b>Total 1460 Account</b>			<b>\$51,800.00</b>			Replace Cameras	
	12. Replace Fridges/Ranges	1465.2	15	\$5,000.00				
	<b>Total 1465.2 Account</b>			<b>\$5,000.00</b>				
	<b>TOTAL CAPITAL GRANT FUND</b>			<b>\$92,300.00</b>				

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

PHA Name Housing Authority of the Town of Winchester		Grant Type and Number Capital Fund Program No. CT26PO2550104 Replacement Housing Factor No.				Federal FY of Grant 2004	
Development Number Name/HA Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Date
General Description of Work Categories	Original	Revised	Actual	Original	Revised	Actual	
<u>Management Improvements</u>							
1. Management Improvements	06/30/06			06/30/07			
2. Purchase/lease new copier	06/30/06			06/30/07			
3. Capital Fund Accounting	06/30/06			06/30/07			
4. Advertising	06/30/06			06/30/07			
5. Fees and Costs: A & E	06/30/06			06/30/07			
6. Elevator Feasibility Study	06/30/06			06/30/07			
<u>Chestnut Grove</u>							
7. Landscaping	06/30/06			06/30/07			
8. Replace Bath Lighting and Install Ceiling Fan	06/30/06			06/30/07			
9. Upgrade Main and South Vestibule heat.	06/30/06			06/30/07			
10. Upgrade 1st floor bathrooms bathroom to meet full ADA Standards: on-going	06/30/06			06/30/07			
11. Security System Upgrade	06/30/06			06/30/07			
12. Replace Fridges/Ranges	06/30/06			06/30/07			

### Attachment C: Capital Fund Five-Year Action Plan

Capital Fund Program Five Year Action Plan

Part I: Summary

PHA Name: Housing Authority of the Town of Winchester		<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2005	Work Statement for Year 3 FFY Grant: PHA FY: 2006	Work Statement for Year 4 FFY Grant: PHA FY: 2007	Work Statement for Year 5 FFY Grant: PHA FY: 2008
Management Improvements	SEE ANNUAL STATEMENT	\$18,034.00	\$4,718.00	\$4,718.00	\$4,718.00
Administration		\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00
A and E Fees		\$17,679.00	\$17,679.00	\$17,679.00	\$17,679.00
CT 25-2		\$54,087.00	\$67,403.00	\$67,403.00	\$67,403.00
CFP Funds Listed for 5-year Planning		\$92,300.00	\$92,300.00	\$92,300.00	\$92,300.00
Replacement Housing Factor Funds			\$0.00	\$0.00	\$0.00

Part II: Supporting Pages - Work Activities

Activities for Year 1	Activity For Year 2 FFY Grant: 2005 PHA FY: 2005			Activity For Year 3 FFY Grant: 2006 PHA FY: 2006			
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost	
SEE ANNUAL STATEMENT	<i>CT 25-2</i>	1. Upgrade 1st floor bathrooms bathroom to meet full ADA Standards: on-going	\$14,000.00	<i>CT 25-2</i>	1. Upgrade 1st floor bathrooms bathroom to meet full ADA Standards: on-going	\$14,000.00	
		2. Install back-up elevator: Phase Two	\$10,681.00		2. Carpet Halls/Community Rm.	\$13,225.00	
		3. Replace fridges/ranges	\$8,906.00		3. Replace fridges/ranges	\$5,507.00	
		4. Upgrade Main and South Vestibule Heat	\$20,500.00		4. Install back-up elevator: Phase Two	\$31,671.00	
					5. Landscaping	\$3,000.00	
	Total CFP Estimated Cost			\$54,087.00	Total CFP Estimated Cost		
	Activity For Year 4 FFY Grant: 2007 PHA FY: 2007				Activity For Year5 FFY Grant: 2008 PHA FY: 2008		
	<i>CT 25-2</i>	1. Renovate Upper level bathrooms: Phase One	\$34,500.00	<i>CT 25-2</i>	1. Renovate Upper level bathrooms: Phase One	\$29,070.00	
		2. Replace fridges/ranges	\$8,507.00		2. Replace fridges/ranges	\$13,225.00	
		4. Landscaping, walks, and parking renovations	\$24,396.00		3. Cogen Control Upgrade	\$25,108.00	
Total CFP Estimated Cost			\$67,403.00	Total CFP Estimated Cost			
Total CFP Estimated Cost			\$67,403.00	Total CFP Estimated Cost			

**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: **Stephen K. Lee**

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

Elected

**Appointed**

C. The term of appointment is (include the date term expires): **01/07/02 to 05/01/05**

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: **05/01/99 – 05/01/04**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Board of Selectmen, Town of Winchester**

**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.)

Kay Millard  
80 Chestnut St, Apt 4U  
Winsted CT

Jean Zeigler  
80 Chestnut St., Apt. 4A  
Winsted CT

Carol Franz  
80 Chestnut St, Apt 4X  
Winsted CT

Isabelle Moore  
92 Gay Street  
Winsted CT

Joan DellaValle  
29 Wetmore Avenue  
Winsted CT

Lisa Halnon  
Nanni Drive, Unit D-3  
Winsted CT

## **Attachment F: Eligibility, Selection, and Admissions Policy, Public Housing**

On July 28, 2003, the Board of Commissioners, Winchester Housing Authority, passed a Resolution to change it's Preference System for its Public Housing admissions in the Auhtority's *Admissions and Occupancy Plan* as follows:

1. Sec. 2.4, *The Preference System*, sub title 2.4.1, Para. 2.4.1.1 to read:

“Residents of Winchester - Proof of residency must be provided at the time of application and again when offered a unit in Public Housing...”

2. Sec. 2.4, *The Preference System* , Para. 2.4.1.2 to read:

“Veteran with an honorable discharge - Winchester resident - documentation of honorable discharge must be provided...”

3. Sec. 2.4, *The Preference System*, Para. 2.4.1.3 to read:

“Individuals displaced through natural disaster i.e. flood, fire, tornado, hurricane, etc.- Winchester Resident. Completed public housing application must be received by WHA within three (3) months of said disaster. Applicant must provide documentation from a local agency i.e. police, fire department of said disaster.”

## **Attachment G: Eligibility, Selection, and Admissions Policy, Section Eight**

On July 28, 2003, the Board of Commissioners, Winchester Housing Authority, passed a Resolution to change it's Preference System for its Section Eight admissions in the Auhtority's *Administrative Plan* as follows:

1. *Sec. 4.4, The Preference System, sub title 4.4.1, Para. 4.4.1.1 to read:*

***“Residents of Winchester - Proof of residency must be provided at the time of application and again when offered a unit in Public Housing”***

2. *Sec. 4.4, The Preference System, sub title 4.4.1,Para. 4.4.1.2 to read:*

***“Veteran with an honorable discharge - Winchester resident - documentation of honorable discharge must be provided”***

3. *Sec. 4.4, The Preference System, sub title 4.4.1,Para. 4.4.1.3 to read:*

***“Individuals displaced through natural disaster i.e. flood, fire, tornado, hurricane, etc.- Winchester Resident - Completed public housing application must be received by WHA within three (3) months of said disaster. Applicant must provide documentation from a local agency i.e. police, fire department of said disaster.”***

## **Attachment H: Progress in Meeting the Five-Year Plan Mission and Goals**

The Winchester Housing Authority has completed the following with respect to their 5-Year mission and goals:

1. The Authority is in full compliance with all phases of its Maintenance Plan as indicated by a review of the Army Corps of Engineers.
2. The Authority has upgraded its computer software management software for managing all agency data needs.
3. The authority continues to invest in staff training and productivity tools.
4. The Authority maintains quarterly meetings for sharing information with residents that also allows for their direct input for “A Better Idea”.
5. The Authority continues to renovate Chestnut Grove with Capital Fund dollars.
6. The Authority has increased its base of Section 8 landlords.
7. The Authority has created working relationships with neighboring communities that have passed a resolution authorizing the WHA to provide rental assistance to their residents in the form of Section 8 vouchers.
8. The Authority continues HQS Initiatives that has reduced callbacks on inspections; thus, achieving more efficient rent-ups of Section 8 housing.
9. The Authority has applied for, and received, grants for funding a 5 - year Strategic Plan.
10. The Authority has the largest waiting list of elderly seeking housing in its history. To that end, the Authority has secured state development funds to build a new forty-four elderly complex that will address 95-98% of the current waiting list.
11. The Authority continues Police Patrols for the checking the grounds and street traffic. It plans to install upgraded security cameras, and security data management infrastructure, over the next fiscal year.
12. The Authority administers an SRO program in partnership with the Northwest Connecticut YMCA of Winsted, Connecticut.



**Attachment I: 2002 Performance and Evaluation Report**

**Annual Statement/Performance and Evaluation Report  
Capital Funds Program and Capital Funds Program Replacement Housing Factors (CFP/CFPRHF)  
Part I: Summary**

PHA Name: Housing Authority of the Town of Winchester		Grant Type and Number Capital Funds Program Grant No. CT26PO2550102 Replacement Housing Factor Grant No.			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (Revision #3) <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$4,718.00	\$4,718.00	\$4,718.00	\$4,718.00
4	1410 Administration	\$2,500.00	\$465.00	\$465.00	\$465.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$17,479.00	\$17,479.00	\$17,479.00	\$17,479.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$11,956.00	\$18,650.37	\$18,650.37	\$2,262.26
10	1460 Dwelling Structures	\$61,500.00	\$56,840.63	\$56,840.63	\$56,840.63
11	1465.2 Dwelling Equipment-Expendable				
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	1499 Development activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant (sum of Lines 2 - 20)</b>	<b>\$98,153.00</b>	<b>\$98,153.00</b>	<b>\$98,153.00</b>	<b>\$81,764.89</b>
22	Amount of Line 21 Related to LBP Activities				
23	Amount of Line 21 Related to 504 compliance	\$16,000.00	\$9,475.25	\$9,475.25	\$9,475.25
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs	\$13,000.00	\$5,453.25	\$5,453.25	\$5,453.25
26	Amount of Line 21 Related to Energy Conservation Measures	\$12,500.00	\$15,233.00	\$15,233.00	\$15,233.00
Signature of Executive Director and Date		Signature of Public Housing Director of Native American Program Administrator and Date			

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

PHA Name		Grant Type and Number				Federal FY of Grant				
<b>Housing Authority of the Town of Winchester</b>		Capital Fund Program Grant No. CT26PO2550102				2002				
		Replacement Housing Factor Grant No.								
		Development Number Name/HA wide Activities	General Description of Major Work Categories	Development Account No.	Quantity				Total Estimated Cost	
				Original	Revised	Funds Obligated	Funds Expended			
<u>Management Improvements</u>	1. Management Improvements	1408	Authority-wide	\$4,718.00	\$4,718.00	\$4,718.00	\$4,718.00	Complete		
	Total 1408 Account				\$4,718.00	\$4,718.00	\$4,718.00	\$4,718.00		
	2. Capital Fund Accounting	1410	Authority-wide	\$1,300.00	\$465.00	\$465.00	\$465.00	Partially used. Re-program to 1450 Acct.		
	3. Advertising	1410	Authority-wide	\$1,200.00	\$0.00	\$0.00	\$0.00	Not used. Re-program to 1450 Acct.		
	Total 1410 Account				\$2,500.00	\$465.00	\$465.00	\$465.00		
<u>CT 25-2 Chestnut Grove</u>	4. Fees and Costs: A & E	1430	Authority-wide	\$17,479.00	\$17,479.00	\$17,479.00	\$17,479.00	Design, Project Mgt., and CFP Mgt. fees.		
	Total 1430 Account				\$17,479.00	\$17,479.00	\$17,479.00	\$17,479.00		
	5. Sidewalk to parking lot	1450	90	\$11,956.00	\$18,650.37	\$18,650.37	\$2,262.26	Concrete repairs made to reaining walls.		
	Total 1450 Account				\$11,956.00	\$18,650.37	\$18,650.37	\$2,262.26		
	6. Convert 3rd Floor heat to hot water: Phase One	1460	79	\$0.00	\$0.00	\$0.00	\$0.00	Moved to CFP 2003.		
7. Hallway Make-up Air: Phase Two	1460	79	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	Complete.			
8. Enlarge South Vestibule and ADA Door	1460	79	\$6,500.00	\$5,453.25	\$5,453.25	\$5,453.25	Project scope reduced to keyless/ADA entry initiatives.			
9. Rooftop Exhaust System Replacement	1460	79	\$8,000.00	\$4,468.00	\$4,468.00	\$4,468.00	Complete. Revisit as part of 3rd Floor Heat Conversion in CFP 2004.			
10. Replace bathroom doors/hardware: Phase One	1460	79	\$4,022.00	\$4,022.00	\$4,022.00	\$4,022.00	Complete.			
11. Paint halls/stairwells and insatl handrails	1460	79	\$31,978.00	\$32,132.38	\$32,132.38	\$32,132.38	Continuation of work started in CFP 2001.			
12. Elevator Control Upgrade	1460	1	\$6,500.00	\$6,265.00	\$6,265.00	\$6,265.00	Complete.			
Total 1460 Account				\$61,500.00	\$56,840.63	\$56,840.63	\$56,840.63			
Total Chestnut Grove				\$73,456.00	\$75,491.00	\$75,491.00	\$59,102.89			
TOTAL CAPITAL GRANT FUND				\$98,153.00	\$98,153.00	\$98,153.00	\$81,764.89			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name <b>Housing Authority of the Town of Winchester</b>			Grant Type and Number Capital Fund Program No. CT26PO2550102 Replacement Housing Factor No.			Federal FY of Grant <b>2002</b>	
Development Number Name/HA Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Date
General Description of Work Categories	Original	Revised	Actual	Original	Revised	Actual	
1. Management Improvements	06/30/04	03/30/03	03/30/03	06/30/05	06/30/03	06/30/03	Complete.
2. Sundry Administrative Costs	06/30/04	12/31/03	12/31/03	06/30/05	03/30/04	03/30/04	Complete.
3. A & E Fees	06/30/04	12/31/03	12/31/03	06/30/05	03/30/04	03/30/04	Complete.
<b><u>CT 25-2 Chestnut Grove</u></b>							
4. Sidewalk to Parking Lot		06/30/04	12/31/03	06/30/05	06/30/04		
5. Convert 3rd Floor to hot water heat	06/30/04			06/30/05			Moved to CFP 2004
6. Enlarge South Vestibule and ADA Door	06/30/04	12/31/03	12/31/03	06/30/05	06/30/03	06/30/03	Complete.
7. Replace bathroom doors/hardware: Phase One	06/30/04	06/30/03	06/30/03	06/30/05	09/30/03	09/30/03	Complete.
8. Hallway Make-up Air: Phase Two	06/30/04	06/30/04	09/30/03	09/30/03	06/30/03	06/30/03	Complete.
9. Enlarge South Vestibule and ADA Door	06/30/04	06/30/04	03/30/03	03/30/03	06/30/03	06/30/03	Complete.
10. Rooftop Exhaust System Replacement	06/30/04	06/30/04	09/30/03	09/30/03	12/31/03	12/31/03	Complete.
11. Paint halls/stairwells and insatll handrails	06/30/04	06/30/04	06/30/03	06/30/03	09/30/03	09/30/03	Complete.
12. Elevator Control Upgrade	06/30/04	06/30/04	03/30/03	03/30/03	06/30/03	06/30/03	Complete.

**Attachment J: 2003 Performance and Evaluation Report, CT26PO2550103**

**Annual Statement/Performance and Evaluation Report**

**Capital Funds Program and Capital Funds Program Replacement Housing Factors (CFP/CFPRHF) Part I: Summary**

**Part I: Summary**

PHA Name: Housing Authority of the Town of Winchester		Grant Type and Number Capital Funds Program Grant No. CT26PO2550103 Replacement Housing Factor Grant No.		Federal FY of Grant: 2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (Revision #3) <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$4,718.00	\$4,718.00		
4	1410 Administration	\$2,500.00	\$2,500.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$17,479.00	\$17,479.00		
8	1440 Site Acquisition				
9	1450 Site Improvement		\$4,000.00		
10	1460 Dwelling Structures	\$48,828.00	\$43,488.00		
11	1465.2 Dwelling Equipment-Expendable	\$2,680.00	\$4,020.00		
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	1499 Development activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant (sum of Lines 2 - 20)</b>	<b>\$76,205.00</b>	<b>\$76,205.00</b>		
22	Amount of Line 21 Related to LBP Activities				
23	Amount of Line 21 Related to 504 compliance	\$14,000.00	\$9,128.00		
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	\$54,096.00	\$34,360.00		
Signature of Executive Director and Date			Signature of Public Housing Director of Native American Program Administrator and Date		

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

PHA Name		Grant Type and Number			Federal FY of Grant			
<b>Housing Authority of the Town of Winchester</b>		Capital Fund Program Grant No. CT26PO2550103			2003			
		Replacement Housing Factor Grant No.						
Development Number Name/HA wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<u>Management Improvements</u>	1. Management Improvements Total 1408 Account	1408	Authority-wide	\$4,718.00	\$4,718.00	\$0.00	\$0.00	
	2. Capital Fund Accounting 3. Advertising Total 1410 Account	1410 1410	Authority-wide Authority-wide	\$1,300.00 \$1,200.00		\$0.00	\$0.00	
	4. Fees and Costs: A & E Total 1430 Account	1430	Authority-wide	\$17,479.00	\$17,479.00	\$5,325.05	\$5,325.05	A/E & CFP consultants.
<u>CT 25-2 Chestnut Grove</u>	5. Sidewalk to parking lot Total 1450 Account	1430	Authority-wide	\$0.00	\$4,000.00	\$0.00	\$0.00	
	6. Convert 3rd Floor heat to hot water 7. Upgrade 1st floor bathrooms and kitchens for full ADA compliance Total 1460 Account	1460 1460	79 2	\$39,700.00 \$9,128.00	\$34,360.00 \$9,128.00	\$0.00	\$0.00	
	8. Replace Fridges Total 1465 Account	1465.2	15	\$2,680.00	\$4,020.00	\$0.00	\$0.00	
	Total Chestnut Grove			\$51,508.00	\$51,508.00	\$0.00	\$0.00	
	TOTAL CAPITAL GRANT FUND			\$76,205.00	\$73,705.00	\$5,325.05	\$5,325.05	

**Attachment K: 2003 Performance and Evaluation Report, Grant #CT26PO2550203**

**Annual Statement/Performance and Evaluation Report  
Capital Funds Program and Capital Funds Program Replacement Housing Factors (CFP/CFPRHF)  
Part I: Summary**

PHA Name:  Housing Authority of the Town of Winchester		Grant Type and Number Capital Funds Program Grant No. CT26PO2550203 Replacement Housing Factor Grant No.		Federal FY of Grant:  2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$3,451.00			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$12,644.00			
11	1465.2 Dwelling Equipment-Expendable				
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	1499 Development activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant (sum of Lines 2 - 20)</b>	<b>\$16,095.00</b>			
22	Amount of Line 21 Related to LBP Activities				
23	Amount of Line 21 Related to 504 compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures	\$12,644.00			
Signature of Executive Director and Date			Signature of Public Housing Director of Native American Program Administrator and Date		

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

PHA Name		Grant Type and Number			Federal FY of Grant			
<b>sing Authority of the Town of Winche</b>		Capital Fund Program Grant No. CT26PO2550203			2003			
		Replacement Hosing Factor Grant No.						
Development Number Name/HA wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<u>CT 25-2 Chestnut Grove</u>	1. Management Improvements	1408	Authority-wide	\$3,451.00				Auto lease
	<b>Total 1408 Account</b>			\$3,451.00	\$0.00	\$0.00	\$0.00	
	2. Convert 3rd Floor heat to hot water	1460	79	\$12,644.00				Moved from CFP Grant #CT26PO2550103
	<b>Total 1460 Account</b>			\$12,644.00	\$0.00	\$0.00	\$0.00	
<b>Total Chestnut Grove</b>			\$12,644.00	\$0.00	\$0.00	\$0.00		
	<b>TOTAL CAPITAL GRANT FUND</b>			\$16,095.00	\$0.00	\$0.00	\$0.00	

Annual Statement/Performance and Evaluation Report								
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part III: Implementation Schedule								
PHA Name Housing Authority of the Town of Winchester			Grant Type and Number Capital Fund Program No. CT26PO2550203 Replacement Housing Factor No.			Federal FY of Grant 2003		
Development Number Name/HA Wide Activities		All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for Revised Target Date
General Description of Work Categories		Original	Revised	Actual	Original	Revised	Actual	
1. Management Improvements		06/30/05			06/30/06			
<u>CT 25-2 Chestnut Grove</u>								
2. Convert 3rd Floor heat to hot water		06/30/05			06/30/06			