

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

PHA Plans

Annual Plan for Fiscal Year 2004

PHA Identification Section

Approved at the Board of Commissioners Meeting
October 2, 2003

**PHA Plan
Agency Identification**

PHA Name: Hialeah Housing Authority

PHA Number: FL066

PHA Fiscal Year Beginning: 01/01/2004

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
- PHA local offices

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHA FISCAL YEARS 2000 - 2004
[24 CFR Part 903.5]

A. Mission

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

The Hialeah Housing Authority is dedicated to providing this community with quality, affordable housing that is decent, sanitary and safe to eligible families. We shall serve our clients and all citizens with the highest level of professionalism, compassion and respect.

B. Goals

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:**
 1. **As NOFAs become available.**
 - Reduce public housing vacancies:**
 1. **Attain High Performer Status**
 2. **Increase customer satisfaction by conducting Resident Satisfaction Surveys.**
 3. **Initiate funding and land acquisition to provide additional affordable housing.**
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)**
 1. **Attain "High Performer" Status**

- Improve voucher management: (SEMAP score)**
 1. Achieve 80% score at 12/31/99
 2. Achieve 85% score at 12/31/2000
 3. Achieve 90% score at 12/31/2001
 4. Achieve 90% score at 12/31/2002
 5. **Achieve 90% score at 12/31/2003**
- Increase customer satisfaction:**
By monitoring customer satisfaction through Resident Satisfaction Surveys.
 - Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
FY 2000 = \$1,105,167fy
FY 2001 = \$1,070,000
FY 2002 = \$1,070,000
FY 2003 = \$1,486.312
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)

- PHA Goal: Increase assisted housing choices
Objectives:
 - Provide voucher mobility counseling:
 1. **When applicants are issued a voucher**
 - Conduct outreach efforts to potential voucher landlords
 1. **Annual mail-out to new landlords requesting participation in the Section 8 Program.**
 2. **Participate in local homeownership workshops sponsored by City of Hialeah and other housing authorities.**
 3. **HHA conducted a landlord summit on September 22, 2003. Landlords were informed of: (i) increase of fair market rents to 110%; (ii) direct deposit which facilitate record keeping for landlords and create an even more attractive incentive to potential landlords.**
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

PHA Goal: Provide an improved living environment

Objectives:

Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:

HHA will gather and analyze data, at least annually, on tenants' characteristics regarding income, for each development to assist in the HHA's deconcentration efforts. Ceiling rents are in place for all HHA's developments to help attract higher income families and create a broad range of incomes and a more diverse tenant body.

Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:

Implement public housing security improvements:

- 1. Strict screening of applicants.**
- 2. Strict enforcement of "One Strike" Policy.**
- 3. Continue safety and crime prevention activities through Public Housing operating fund at termination of PHDEP funding.**
- 4. Realize physical implements using CFP funds to implement crime prevention through environmental design principals.**

Designate developments or buildings for particular resident groups (elderly, persons with disabilities)

The application for Designation of Public Housing for Occupancy by Elderly Families and Near Elderly Families for FY2000 has been approved.

Other: (list below)

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

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

Objectives:

Increase the number and percentage of employed persons in assisted families: **Pursuing partnerships with technical schools, community college and job placement entities to provide employability skills, on-the-job training and basic skills for youth and adult seeking employment.**

Provide or attract supportive services to improve assistance recipients' employability: **Partner with local One Stop Centers and the South Florida Workforce to provide welfare-to-work services to residents.**

- Seek agreements with service providers of the Wages Program to provide Entrepreneurial Training to Wages Recipients residents in addition to the Services and Programs we are currently providing.**
- Provide or attract supportive services to increase independence for the elderly or families with disabilities. **HHA has developed interagency agreements with 3 social service agencies to provide services to this population. They are 1) the Citrus Health Network, Inc. 2)Spinal Cord Living Assistance Development, Inc. and the 3)Stein Gerontological Institute.**
- Other: (list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:
 - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: **HHA’s Admissions and Continued Occupancy Policies and the Section 8 Administrative Plan assures any family the opportunity to apply for housing, and any qualified applicant the opportunity to lease housing suitable to its needs.**
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: **HHA provides information to all applicants during the family briefing session, regarding discrimination and any recourse available to them if they are victims of discrimination. Fair Housing information and Discrimination Complaint Forms are made part of the applicant’s briefing packet.**
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: **HHA will grant exceptions to occupancy standards, upon request, to accommodate requests from persons with disabilities. HHA has units designated and constructed specifically to meet the needs of persons requiring the use of wheelchairs and persons requiring other modifications.**
 - Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2003
[24 CFR Part 903.7]

i. Annual Plan Type:

Standard Plan

Streamlined Plan:

- High Performing PHA**
- Small Agency (250 Public Housing Units)**
- Administering Section 8 Only**

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

The Hialeah Housing Authority's Plan has been designed based on an extensive needs' assessment drawn from analysis on data collected from tenants and applicants in our programs, criminal statistics, resident's surveys, and meetings with both our partners and residents. Based on this, we have drawn a five year plan that vows to maintain a dynamic and developmental approach that will be modified, if necessary, on a yearly basis as we continue to bring in new services to respond to any newly identified need. The Hialeah Housing Authority recognized that approaches might have to be modified in order to achieve our goals, and will constantly seek new avenues to respond to our resident's needs in these challenging times.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

Required Attachments:

- A.) Admissions Policy for Deconcentration
- B.) FY 2003 Capital Fund Program Annual Statement
- C.) Pet Policy – Elderly buildings and Family projects
- D.) Community Service Requirements
- E.) Public Housing Drug Elimination Program (PHDEP) Plan
- F.) Annual Statement Progress in Meeting 5 Year Plan Mission and Goals

G.) Capital Fund Progress Report on open projects.

B.) Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) Attachment

Other (List below, providing each attachment name)

Supporting Documents Available for Review

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local 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	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation:	Annual Plan: Eligibility, Selection, and Admissions

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Applicable Plan Component
	1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Policies Deconcentration Policy is attached
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination HHA has implemented Ceiling Rent Policy
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 HHA has implemented Ceiling Rent Policy
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Public housing grievance procedures <input checked="" 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 checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	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
N/A	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
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality % WITH Housing Problems	Acce-ss-ibility	Size	Loca-tion
Income <= 30% of AMI	8563	5	5	5	N/A	1 br=1986 2 br=403	Hialeah

**Housing Needs of Families in the Jurisdiction
by Family Type**

Family Type	Overall	Afford-ability	Supply	Quality % WITH Housing Problems	Acce-ss-ibility	Size	Loca-tion
						3 br=250	
Income >30% but <=50% of AMI	5815	5	5	5	N/A	1 br=1606 2 br=652 3 br=204	Hialeah
Income >50% but <80% of AMI	6942	2	1	2	N/A	1 br=8182 2 br=5500 3 br=782	Hialeah
Elderly	6141	5	5	5	N/A	0-1 br=3592	Hialeah
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity (Hispanics)	27,393	5	N/A	5	N/A	N/A	Hialeah
Race/Ethnicity (White)	1416	N/A	N/A	N/A	N/A	N/A	Hialeah
Race/Ethnicity (A)*	N/A	N/A	N/A	N/A	N/A	N/A	Hialeah
Race/Ethnicity (Blacks)	402	4	N/A	4	N/A	N/A	Hialeah

(*)Asian, Pacific Islanders & Native Americans

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s
Indicate year: **1995-2003**
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance
- Public Housing
- Combined Section 8 and Public Housing
- Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	949		264
Extremely low income <=30% AMI	806	84%	
Very low income (>30% but <=50% AMI)	85	8%	
Low income (>50% but <80% AMI)	58	8%	
Families with children	144	15%	
Elderly families	754	79%	
Families with Disabilities	51	6%	
Race/ethnicity- white/hispanic	427	44	
Race/ethnicity- white/non-hispanic	109	11	
Race/ethnicity – black/hispanic	12	1	
Race/ethnicity -black/non-hispanic	401	44	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			

Housing Needs of Families on the Waiting List			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 68 mos. Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Yes, we will open the waiting list for all applicants. Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes FUP (Family Unification Program) and 1915C			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/sub jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	3,077		115
Extremely low income <=30% AMI	2,480	80	
Very low income (>30% but <=50% AMI)	508	16	
Low income (>50% but <80% AMI)	89	2	
Families with children	1,730	56	
Elderly families	940	30	
Families with Disabilities	407	13	
Race/ethnicity -w/h	2,655	87	
Race/ethnicity-w/a	344	12	
Race/ethnicity- b/h	5	1	

Housing Needs of Families on the Waiting List

Race/ethnicity b/a	73	3	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	1,399	46	
2 BR	1,087	36	
3 BR	492	16	
4 BR	83	3	
5 BR	16	-0-	
5+ BR	-0-	- 0-	
<p>Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)? 8 months</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Efficiencies</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

C. Strategy for Addressing Needs

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

- Employ effective maintenance and management policies to minimize the number of public housing units off-line.
- Reduce turnover time for vacated public housing units. PHAS advisory scores, (PHAS scores will be posted October 31, 2003)
- Reduce time to renovate public housing units. N/A
- Seek replacement of public housing units lost to the inventory through mixed finance development N/A
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources. N/A

- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction by: **HHA will strive to maintain its Payment Standards at 110% of the FMR's on August 26, 2003, HHA passed a resolution (03-08) implementing FMR at 110%.**
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required by: **Maintaining policies that assure any family the opportunity to apply for housing and be placed on the jurisdiction-wide waiting list in sequence based upon date and time the application is received, the size and type of unit required. In filling a vacancy, HHA will offer the unit to an applicant in the appropriate sequence with the goal of accomplishing deconcentration of poverty and income-mixing objectives.**
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration by: **Performing an annual mail-out to new landlords or advertise in newspaper of general circulation requesting participation of landlords in the Section 8 program and by offering timely assistance payments.**
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program by: **HHA will screen applicants as thoroughly and fairly as possible and denying assistance to applicants with a history of drug-related and violent criminal behavior.**
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

Strategy 2: Increase the number of affordable housing units by:

- Apply for additional Section 8 units should they become available.**
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

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

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

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

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work. **HHA has implemented flat rents for all its projects aimed to assist families transitioning from welfare to work and families that desire to obtain better jobs. We have eighteen (18) residents with flat rents.**

- Other: (list below)

Hialeah Housing Authority has implemented Flat Rents implement Flat Rent Policy and Financial Hardship policy for Public Housing residents that will benefit from choosing Flat rents.

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

- Granted designation of public housing for the elderly.**
- Apply for special-purpose vouchers targeted to the elderly, should they become available**

- Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 needs assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available.

Grants

- 1) 208 Reallocated Vouchers – Reallocated Baseline Housing Choice Voucher Units and Annual Budget Authority submitted July 26, 2002.
- 2) 75 Mainstream Vouchers – Mainstream Housing Opportunities for Persons with Disabilities (Mainstream Program) submitted June 10, 2002.
- 3) \$77,943.20 of funding for (2) FSS Coordinators submitted July 26,2002.
- 4) \$931,184.50 of funding for Congregate and Homebound Meals Program (Older Americans Act Proposal) submitted October 4, 2002

Grants Funded

- 1) 189 Fairshare Vouchers – FY 2002 Fair Share Allocation of Incremental Voucher Funding.
- 2) 745 Fairshare Vouchers – FY 2001 Fair Share Allocation of Incremental Voucher Funding.
- 3) 148 Vouchers in support of designated housing plans – FY 2001 Rental Assistance for Non-Elderly Persons with Disabilities in Support of Designated Housing Plans.
- 4) Funding for (2) FSS Coordinators- FY 2001.

Affirmatively market to local non-profit agencies that assist families with disabilities **by notifying such agencies when HHA applications open.**

Public Housing

Other: (list below)

Applications for the Public Housing waiting list for 1, 2, 3, 4, and 5 bedrooms were distributed December 5 and 6, 2002 and a lottery was held December 22, 2002.

Applications for Patterson Pavilion Section 8 New Construction of 0 and 1 bedroom units were distributed November 12 and 13, 2002 and a lottery was held December 2, 2002.

Applications were distributed for the Public Housing waiting list 1 bedroom elderly were distributed November 12 and 13, 2002 and a lottery was held December 2, 2002.

Hialeah Housing Authority is planning to open the 0 bedroom Public Housing list waiting and the Section 8 waiting list in 2004.

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

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

Affirmatively market to races/ethnicities shown to have disproportionate housing needs by: **Noticing the opening of the waiting lists in a newspapers of general circulation, such as but not limited to: The Miami Herald, Sol De Hialeah and/or Nuevo Herald and Diario De Las Americas. The public notice for Public Housing waiting list opening was published on November 27, 2002, and for Patterson Pavilion on November 4 and November 8, 2002.**

Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units **by providing access to the list of participating landlords by section tracts.**

Market the section 8 program to owners outside of areas of poverty /minority concentrations **through annual mail-outs to new landlords. There were 3,200**

letters sent to landlords for HUD Section 8 Landlord Outreach Workshop held on September 22, 2003.

- Other: (list below) OR
 1. **Annually, publish an ad in a newspaper of general circulation requesting landlord participation.**
 2. **Using the Fair Housing logo in all HHA ads.**

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

(2) Reasons for Selecting Strategies

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

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

- Other: (list below)
 1. **HHA waiting lists analysis.**

There are presently 2,851 applicants in the Public Housing Waiting list and 948 applicants in the Section 8 Waiting List.

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2002 grants)		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
a) Public Housing Operating Fund	1,445,583	
b) Public Housing Capital Fund	1,222,916	
c) HOPE VI Revitalization	-0-	
d) HOPE VI Demolition	-0-	
e) Annual Contributions for Section 8 Tenant-Based Assistance	24,436,668	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	-0-	
g) Resident Opportunity and Self-Sufficiency Grants	-0-	
h) Community Development Block Grant	-0-	
i) HOME	-0-	
Other Federal Grants (list below) FSS Program Coordinator Sec.8	48,500	
2. Prior Year Federal Grants (unobligated funds only) (list below)	-0-	
3. Public Housing Dwelling Rental Income	2,364,476	PH Operations
4. Other income (list below)		
Interest	11,000	PH Operations
Portable admin fees	-0-	Sec 8 supportive servs
4. Non-federal sources (list below)		
City school bus	25,000	PH Operations
Total resources	29,554,143	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (Select all that apply)

When families are within a certain number of being offered a unit: (state number) **15**

When families are within a certain time of being offered a unit: (state time)

Other: (describe)

At the time of full interview. This occurs when tenants reach the eligibility pool at the top of the waiting list.

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

Criminal or Drug-related activity

Rental history

Housekeeping

Other (describe) **Credit Report**

c. **Yes** **No**: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. **Yes** **No**: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. **Yes** **No**: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2) Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

Community-wide list

Sub-jurisdictional lists

Site-based waiting lists

Other (describe)

b. Where may interested persons apply for admission to public housing?

PHA main administrative office

PHA development site management office

Other (list below)

At sites designated in Public Notice of list opening.

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

Hialeah Housing Authority has no plans to do site-based waiting lists.

1. How many site-based waiting lists will the PHA operate in the coming year? **None**

2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists? N/A

3. Yes No: May families be on more than one list simultaneously
If yes, how many lists? N/A

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)
N/A

(3) Assignment

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

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

- a. Income targeting:

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

YTD compliance at 66.06%

b. Transfer policies:

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

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

If necessary to help accomplish the Affirmative Housing goals of HHA

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

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

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

(6) Deconcentration and Income Mixing

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

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

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

- Adoption of site based waiting lists
If selected, list targeted developments below:
- Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

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

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

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

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

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

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

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

B. Section 8

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- Criminal or drug-related activity only to the extent required by law or regulation
 Criminal and drug-related activity, more extensively than required by law or regulation
 More general screening than criminal and drug-related activity (list factors below)
 Other (list below)

Credit Reports

Tenancy History

House Keeping

b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Criminal or drug-related activity
 Other (describe below) **In accordance with HUD requirements, HHA will furnish the family's current address as shown in HHA's records, and if known, the name and address of the landlord at the family's current and prior address.**

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting lists merged? (select all that apply)

- None

- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office
- Other (list below)

HHA will notice the date, time and location of the opening of its waiting list in a newspaper of general circulation.

(3) Search Time

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

The PHA grants extensions up to a total search time of 120 days. The Executive Director may grant additional extension to accommodate medical emergencies or ADA issues.

If yes, state circumstances below:

1. **Extenuating circumstances such as hospitalization or a family emergency. Verification is required.**
2. **The family was prevented from finding a unit due to disability accessibility requirements or larger size bedroom unit requirement.**

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences) **NONE**

Former Federal preferences

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

Other preferences (select all that apply)

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

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

Former Federal preferences - **None**

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

Other preferences (select all that apply) **None**

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

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

N/A

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

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

N/A

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
- Other (list below)
Except for the Family Unification Vouchers and 1915C Medicaid Waiver Vouchers.

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

(1) Income Based Rent Policies

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly

income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

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

b. Minimum Rent

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

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

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

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

HHA will offer a repayment agreement to the family for any minimum rent not paid during the temporary hardship period. HHA will evaluate each case individually and if HHA determines that there is a qualifying long-term or permanent hardship; HHA will then exempt the family from the minimum rent requirements.

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

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

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

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

- For the earned income of a previously unemployed household member
 For increases in earned income
 Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

- Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

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

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

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

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

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

f. Rent re-determinations:

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

- Never

- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) _____
- Other (list below)

Anytime income changes
Anytime there is a change in family composition

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

(2) Flat Rents

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

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

B. Section 8 Tenant-Based Assistance

(1) Payment Standards

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

- At or above 90% but below 100% of FMR Based on the new FMR rents published
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

- c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)
- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
 - Reflects market or submarket
 - To increase housing options for families
 - Other (list below)

- d. How often are payment standards reevaluated for adequacy? (select one)
- Annually
 - Other (list below)

- e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
- Success rates of assisted families
 - Rent burdens of assisted families
 - Other (list below)
 - Rent Reasonable Studies

(2) Minimum Rent

- a. What amount best reflects the PHA's minimum rent? (select one)
- \$0
 - \$1-\$25
 - \$26-\$50
- b. Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

HHA will offer a repayment agreement to the family for any minimum rent not paid during the temporary hardship period. HHA will evaluate each case individually and if HHA determines that there is a qualifying long-term or permanent hardship; HHA will then exempt the family from the minimum rent requirements. There has been no such repayments year to date.

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:
The management structure of the Hialeah Housing Authority consists of an Executive Director and a Board of Commissioners. The Mayor of the City of Hialeah appoints commissioners. A listing of the Board of Commissioners is attached to this Plan.

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	1,117	201
Section 8 Vouchers	3,602	264
Section 8 Certificates	-0-	-0-
Section 8 Mod Rehab	-0-	-0-
Special Purpose Section 8 Certificates/Vouchers (list individually)	1915 C - 38 Mainstream Disabled 362 PH Disabled 148 FUP 593	220
Public Housing Drug Elimination Program (PHDEP)	-0-	-0-
Other Federal Programs(list individually)	-0-	-0-

C. Management and Maintenance Policies

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

HHA Maintenance Plan

HHA Personnel Rules and Regulations
HHA Admissions and Continued Occupancy Manual

(2) Section 8 Management: (list below)

Hialeah Housing Authority Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

A. Public Housing

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

If yes, list additions to federal requirements below:

After exhausting the informal conference procedures, a complainant shall be entitled to a hearing before a hearing officer.

The Head of household or other adult household member must attend the hearing.

If re-scheduling of the hearing is necessary, the hearing must be re-scheduled at least 48 hours in advance of the scheduled hearing time or the complainant waives their right to a hearing.

If the complainant fails to appear within 15 Minutes of the scheduled time, the complainant waives their right to a hearing.

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

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

B. Section 8 Tenant-Based Assistance

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

As stated in our Administrative Plan:
Chapter 19

Complaints from families will be referred to the Section 8 Coordinator. If a complaint is not resolved it will be referred to the Executive Director.

Complaints from owners will be referred to the Section 8 Coordinator. If a complaint is not resolved it will be referred to the Executive Director.

Preference Denials:

The person who conducts the meeting will be:

The Admissions Supervisor or their designees.

Any officer or employee of the HA including the person who made the decision.

Any officer or employee of the HA except the person who made or approved the decision or a subordinate of those persons.

An employee of the HA who is at or above level of the Section 8 Coordinator

But not the employee who made the decision.

The Head of Household or other adult household member must attend the hearing.

If rescheduling of the hearing is necessary the hearing must be rescheduled at least (48) Hours in advance of the scheduled hearing time or the complainant waives their right to a hearing.

If the complainant fails to appear within (15) minutes of the scheduled time, the complainant waives their right to a hearing.

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

PHA main administrative office

Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

A. Capital Fund Activities

(1) Capital Fund Program Annual Statement

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan.

-or-

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

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR by completing and attaching a properly updated HUD-52834.**

a Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan.

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

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

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

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

1. Development name:

2. Development (project) number:

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

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

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

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

Will attempt to secure funding to develop Affordable Housing on 2 vacant lots located at Hoffman Gardens.

Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name: Hoffman Gardens (excess land)
1b. Development (project) number: FL29-PO66-01-004
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>

4. Date application approved, submitted, or planned for submission: <u>01/30/04</u>
5. Number of units affected: n/a
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: 04/30/04 b. Projected end date of activity: 07/30/04

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

[24 CFR Part 903.7 9 (i)]

1 Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission.

2. Activity Description

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

Designation of Public Housing Activity Description
1a. Development name: Vernon Ashley Plaza
1b. Development (project) number: FL29-PO66-001
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(7/13/01)</u>

<p>5. If approved, will this designation constitute a (select one)</p> <p><input checked="" type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>6. Number of units affected: 199</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>

Designation of Public Housing Activity Description
<p>1a. Development name: Holland Hall</p> <p>1b. Development (project) number: FL29-PO66-002</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input checked="" type="checkbox"/></p> <p>Occupancy by families with disabilities <input type="checkbox"/></p> <p>Occupancy by only elderly families and families with disabilities <input type="checkbox"/></p>
<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: 7/13/01</p>
<p>5. If approved, will this designation constitute a (select one)</p> <p><input checked="" type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>7. Number of units affected: 101</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>

Designation of Public Housing Activity Description
1a. Development name: Vivian Villas 1b. Development (project) number: FL29-PO66-003
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (7/13/01)
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
8. Number of units affected: 100 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
Designation of Public Housing Activity Description
1a. Development name: Milander manor 1b. Development (project) number: FL29-PO66-006
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (7/13/01)
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
9. Number of units affected: 60 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: La Esperanza 1b. Development (project) number: FL29-PO66-008
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(7/13/01)</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
10. Number of units affected: 80 7. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Ruth A. Tinsman Pavillion 1b. Development (project) number: FL29-PO66-020
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(7/13/01)</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
11. Number of units affected: 100

7. Coverage of action (select one)

Part of the development

Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. Yes No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name: Hialeah Housing Authority
1b. Development (project) number: FL66 -04- 05-08-10-12-16-21
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input checked="" type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) n/a <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

2. Activity Description

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

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

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

We are presently negotiating a renewal of the Memorandum of Understanding with JEP.

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

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

The Hialeah Housing Authority will continue to use the local One Stop Center for resource and referral. The goal is to avoid duplication of services while enhancing the tenant's opportunities towards self sufficiency.

B. Services and programs offered to residents and participants

The Hialeah Housing Authority partners with social service agencies to bring job seekers government services and resources. The HHA will conduct bi-annual job fairs, monthly employment preparation workshops, basic computer classes and work together with the social service agencies to remove barriers to work and help tenants achieve self sufficient.

In accordance with notice of Public Housing 2003-22, the HHA is requesting costs for salary and fringe benefits for an Elderly/Disabled Coordinator.

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (Waiting list/random selection/specific criteria/other)	Access (Development office / PHA main office / other provider name)	Eligibility (Public housing or Section 8 participants or both)
<i>Opening Doors To Job Success (Monthly meeting, used to educate residents on how to obtain and maintain employment).</i>	450	Residents of Public Housing and Section 8	One site at PHA.	Residents of Public Housing and Section 8.
Basic Computer Skills		Residents of Public Housing and Section 8	Vivian Villas	Residents of Public Housing and Section 8.

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2004 Estimate)	Actual Number of Participants (As of: 09/26/03)
Public Housing	100	16
Section 8	147	151

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

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
 - Informing residents of new policy on admission and reexamination
 - Actively notifying residents of new policy at times in addition to admission and reexamination.
 - Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
 - Establishing a protocol for exchange of information with all appropriate TANF agencies
 - Other: (list below)

The Hialeah Housing Authority currently has a Memorandum of Agreement with the South Florida Employment and Training Consortium. The Hialeah Housing Authority has a memorandum of understanding with the South Florida Workforce. Residents are referred to the local One Stop Centers for employment opportunities and training needs.

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)
- High incidence of violent and/or drug-related crime in some or all of the PHA's developments

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

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

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below)

Hoffman Gardens and Donald Scott Villas Developments

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention through Environmental Design
- Activities targeted to at risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

Physical Improvements

2. Which developments are most affected? (list below)

Hoffman Gardens and Donald Scott Villas

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

The Hialeah Housing Authority maintains a close relationship of direct communication with the Hialeah Police Department. Both agencies exchange police incident reports and communicate potential problems at all Hialeah Housing Authority properties.

2. Which developments are most affected? (list below)

Hoffman Gardens and Donald Scott Villas Developments

D. Additional information as required by PHDEP/PHDEP Plan

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

No, The Hialeah Housing Authority completed its reporting and contractual responsibilities with PHDEP on 6/30/2003. There is no funding availability for 2003 – 2004.

Yes No: Has the PHA included the PHDEP Plan for FY 2002 in this PHA Plan?

Yes No: This PHDEP Plan is an Attachment.

13. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
 Not applicable
 Private management
 Development-based accounting
 Comprehensive stock assessment
 Other: (list below)
3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

A. **Resident Advisory Board Recommendations.** There were no recommendations from the Resident Council.

B.

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

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

Attached at Attachment (File name)

Provided below:

No comments were received

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

Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments
List changes below:

Other: (list below)

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

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

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

3. Description of Resident Election Process

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

Candidates were nominated by resident and assisted family organizations

Candidates could be nominated by any adult recipient of PHA assistance

Self-nomination: Candidates registered with the PHA and requested a place on ballot

Other: (describe)

b. Eligible candidates: (select one)

Any recipient of PHA assistance

Any head of household receiving PHA assistance

Any adult recipient of PHA assistance

Any adult member of a resident or assisted family organization

Other (list)

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

1. Consolidated Plan jurisdiction: **City of Hialeah**

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

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

Other: (list below)

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

HHA Plan is responsive to the unmet housing assistance needs of the low-income families residing in or expected to reside in the community.

C. Other Information Required by HUD

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

3/19/2003

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29-P066-001	ASHLEY PLAZA		
Description of Needed Physical Improvement or Management Improvements		Estimated Cost	Plan Start Date (HA Fiscal Year)
Paint (Interior Common Areas)		\$30,000	2004
Paint (Interior of Units)		\$60,000	2004
Landscaping		\$20,000	2004
Irrigation System		\$40,000	2004
Storm Panels		\$75,000	2004
Window Replacement		\$100,000	2004
Parking Lot Renovations		\$50,000	2005
New Roof		\$200,000	2006
Appliance Replacement (Range and Refrigerator)		\$100,000	2006
Replace A/C Units		\$110,000	2006
Re-Tile Units		\$150,000	2007
Door Seals		\$25,000	2008
Ceramic Tiles In Lobby		\$75,000	2008
New Doors		\$150,000	2008
Bathtub Replacement		\$220,000	2008
Mail Box Replacement		\$7,000	2008
Total estimated cost over next 5 years		\$1,412,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29-P066-002	HOLLAND HALL		
Description of Needed Physical Improvement or Management Improvements		Estimated Cost	Plan Start Date (HA Fiscal Year)
Security Screens at First Floor		\$1,500	2004
Landscaping		\$20,000	2004
Irrigation System		\$35,000	2004
Windows Upgrade		\$25,000	2004
Storm Panels		\$50,000	2004
Appliance Replacement (Range and Refrigerator)		\$50,000	2005
New Roof		\$100,000	2005
Parking Lot Renovations		\$30,000	2005
Replace A/C Units		\$50,000	2006
Re-Tile Units		\$75,000	2007
Toilet Replacement		\$45,000	2007
Door Seals		\$12,000	2008
Ceramic Tiles in Lobby		\$90,000	2008
Bathtub Replacement		\$105,000	2008
Mail Box Replacement		\$4,000	2008
Total estimated cost over next 5 years		\$692,500	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29-P066-003	VIVIAN VILLAS		
Description of Needed Physical Improvement or Management Improvements		Estimated Cost	Plan Start Date (HA Fiscal Year)
Landscaping		\$20,000	2004
Irrigation System		\$35,000	2004
Paint (Interior Common Areas)		\$30,000	2004
Replace A/C Units		\$50,000	2004
Parking Lot Renovations		\$40,000	2005
New Roof		\$80,000	2005
Replace Toilets ADA		\$35,000	2007
Appliance Replacement (Range and Refrigerator)		\$50,000	2007
Re-Tile Units		\$75,000	2007
Bathtub Replacement		\$100,000	2008
Door Seals		\$12,000	2008
Ceramic Tile in Lobby		\$50,000	2008
Sewer Pump		\$35,000	2008
Mail Box Replacement		\$4,000	2008
Total estimated cost over next 5 years		\$616,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29-P066-004	HOFFMAN GARDENS		
Description of Needed Physical Improvement of Management Improvements		Estimated Cost	Plan Start Date (HA Fiscal Year)
Window Replacement		\$250,000	2005
Appliance Replacement (Range and Refrigerator)		\$100,000	2006
Storm Panels		\$200,000	2006
Electrical Upgrade		\$400,000	2006
Re-Tile All Units		\$250,000	2007
Bath/Kitchen Cabinets		\$600,000	2007
Install Central A/C Units		\$440,000	2007
Security Fence		\$280,000	2007
Door Seals		\$25,000	2008
Recreation Upgrade		\$25,000	2008
Mail Box Replacement		\$15,000	2008
Total estimated cost over next 5 years		\$2,585,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29-P066-005	SEMINOLA VILLAS		
Description of Needed Physical Improvement of Management		Estimated Cost	Plan Start Date (HA Fiscal Year)
Parking Lot Renovations		\$50,000	2004
Appliance Replacement (Range and Refrigerator)		\$25,000	2004
Bath/Kitchen Cabinets		\$100,000	2006
Re-Tile All Units		\$55,000	2007
Door Seals		\$15,000	2008
Irrigation System		\$100,000	2008
Paint Interior Units		\$100,000	2008
Mail Box Replacement		\$2,500	2008
Total estimated cost over next 5 year		\$447,500	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29-P066-006	MILANDER MANOR		
Description of Needed Physical Improvement of Management Improvements		Estimated Cost	Plan Start Date (HA Fiscal Year)
Storm Panels		\$32,000	2004
Landscaping		\$20,000	2004
Irrigation System		\$35,000	2004
Paint (Interior Common Areas)		\$30,000	2004
Elevator Modernization		\$140,000	2004
Appliance Replacement (Range and Refrigerators)		\$30,000	2004
Parking Lot Renovations		\$40,000	2005
Replace Toilets ADA		\$21,000	2005
Re-Tile Units		\$48,000	2007
Door Seals		\$7,500	2008
Bathtub Replacement		\$70,000	2008
Mail Box Replacement		\$2,500	2008
Total estimated cost over next 5 years		\$476,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29-P066-008	LA ESPERANZA		
Description of Needed Physical Improvement of Management Improvements		Estimated Cost	Plan Start Date (HA Fiscal Year)
Elevator Modernization		\$250,000	2004
Handrail Installation		\$60,000	2004
Storm Panels		\$39,000	2004
Parking Lot Renovations		\$100,000	2004
Landscaping		\$20,000	2004
Irrigation System		\$35,000	2004
Electric Gate		\$38,000	2004
Paint (Interior of Units)		\$41,000	2006
Appliance Replacement (Range and Refrigerator)		\$63,000	2006
Tub Replacement		\$88,000	2007
Toilet Replacement ADA		\$35,000	2007
Replace A/C Units		\$45,000	2007
Re-Tile Units		\$101,000	2007
Central A/C (Townhouses)		\$154,000	2007
Door Seals		\$20,000	2008
Mail Box Replacement		\$6,000	2008
Total estimated cost over next 5 years		\$1,095,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29-P066-0010	BRIGHT VILLAS		
Description of Needed Physical Improvement of Management Improvements		Estimated Cost	Plan Start Date (HA Fiscal Year)
Stairwell Replacement / Walkway Improvements		\$200,000	2004
Landscaping		\$20,000	2004
Irrigation System		\$35,000	2004
Security Enhancements		\$20,000	2004
Parking Lot Renovations		\$50,000	2005
Paint (Interior of Units)		\$20,000	2005
Storm Panels		\$39,000	2006
New Windows		\$50,000	2006
New Kitchen / Bathroom Cabinets		\$130,000	2007
Recreation Improvement		\$25,000	2008
Door Seals		\$6,500	2008
Mail Box Replacement		\$2,000	2008
Total estimated cost over next 5 years		\$597,500	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29-P066-012	DALE G. BENNETT		
Description of Needed Physical Improvement of Management Improvements		Estimated Cost	Plan Start Date (HA Fiscal Year)
Replace Door Seals		\$1,500	2004
Landscaping		\$20,000	2004
Irrigation System		\$35,000	2004
Replace Recreation Area		\$26,595	2004
Security Enhancements		\$20,000	2004
Paint (Interior of Units)		\$65,000	2005
New Kitchen / Bathroom Cabinets		\$145,000	2006
New Windows		\$50,000	2006
Storm Panels		\$39,000	2006
Central A/C Units		\$150,000	2007
Stairwell Replacement		\$200,000	2008
Recreation Area Improvement		\$25,000	2008
Mail Box Replacement		\$2,000	2008
Total estimated cost over next 5 years		\$779,095	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL29-P066-0016	PROJECT 16		
Description of Needed Physical Improvement of Management Improvements		Estimated Cost	Plan Start Date (HA Fiscal Year)
Landscaping		\$20,000	2004
Irrigation System		\$35,000	2004
New Fence Along Rear of Building		\$20,000	2004
New Air Handlers		\$60,000	2004
Security Enhancements		\$20,000	2004
Storm Panels		\$42,000	2006
New Kitchen / Bathroom Cabinets		\$145,000	2007
Paint (Interior of Units)		\$20,000	2007
Door Seals		\$7,500	2008
Recreation Area Improvement		\$25,000	2008
Mail Box Replacement		\$2,500	2008
Total estimated cost over next 5 years		\$397,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	% Vacancies in Development	
FL29-P066-0020	RUTH TINSMAN PAVILION		
Description of Needed Physical Improvement of Management		Estimated Cost	Plan Start Date (HA Fiscal Year)
Landscaping		\$20,000	2004
Irrigation System		\$35,000	2004
Paint (Interior of Units)		\$30,000	2005
Door Seals		\$12,500	2008
Bathtub Replacement		\$110,000	2008
Mail Box Replacement		\$4,000	2008
Total estimated cost over next 5 years		\$211,500	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
FL29-P066-0021	PROJECT 21			
Description of Needed Physical Improvement of Management Improvements		Estimated Cost	Plan Start Date (HA Fiscal Year)	
Security Enhancements		\$20,000	2004	
Paint (Interior of Units)		\$5,000	2007	
Mail Box Replacement		\$1,000	2008	
Total estimated cost over next 5 years		\$26,000		

Hialeah Housing Authority
Public Housing Conversion Assessment
For the Annual Plan Year Ending December 31, 2002

a. How many of the PHA's developments are subject to the required initial assessments?

Seven (7)

b. How many of the PHA's developments are not subject to the required initial assessments based on exemptions?

Six (6)

c. How many assessments were conducted for the PHA's covered developments?

Seven (7)

d. Identify PHA developments that may be appropriate for conversion based on the required initial assessments?

There are no developments that are appropriate for conversion for the FYE 2002.

d. If the PHA has not completed the required initial assessments, describe the status of these assessments?

All required assessments have been completed.

Complexes NOT Subject to Section 202 Conversion

Vernon Ashley Plaza	200 units	FL066-001
Evelyn Holland Hall	101 units	FL066-002
Vivian Villas	100 units	FL066-003
Henry Milander Manor	60 units	FL066-006
La Esperanza	80 units	FL066-008
Ruth A. Tinsman Pavilion	100 units	FL066-020

Complexes Subject to Section 202 Conversion

Hoffman Gardens	200 units	FL066-004
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Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

Donald F. Scott 50 units FL066-005

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

La Esperanza 53 units FL066-008

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

James H. Bright Villas 50 units FL066-010

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

Dale G. Bennett 50 units FL066-012

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

Project 16 60 units FL066-016

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

Project 21 14 units FL066-021

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

Conclusion: Based on the Hialeah Housing Authority's initial conversion assessment, there are no complexes meeting the criteria for Section 202 conversions.

Cost and per unit information can be reviewed on the attached financial statements.

HIALEAH HOUSING AUTHORITY

**COMPARISON OF PH VS S8 VOUCHER PER MONTH UNIT COSTS
FOR THE ANNUAL PLAN YEAR ENDING DECEMBER 31, 2002**

PUBLIC HOUSING

PH Total Costs	4,224,272
CFP Total Costs	657,026
Drug Grants	215,210
Divided by:	
Unit Months	<u>13,176</u>
Monthly PH unit Costs	<u>387</u>

SECTION 8

Section 8 Total Costs	20,957,922
Divided by:	
Unit Months	<u>39,114</u>
Monthly S8 unit Costs	<u>536</u>

Notes:

1. All costs are based on the FYE December 31, 2000 actual filed FASS financial statements.
2. CFP includes hard and soft costs.
3. PH costs include depreciation of existing assets.

**CAPITAL FUND PROGRAM
PROJECTED TOTAL EXPENSES
FOR THE YEAR ENDING DECEMBER 31, 2002**

EXPENSES

ADMINISTRATIVE

Administrative salaries	59,622
Auditing fees	-
Compensated absences	-
Employee benefits - administrative	20,000
Other operating - administrative	1,129

TENANT SERVICES

Tenant services - salaries	-
Employee benefits - tenant services	-
Tenant services - other	-

UTILITIES

Water	-
Electricity	-
Gas	-
Other utility expense	-

ORDINARY MAINTENANCE & OPERATION

Labor	-
Materials and other	-
Contract costs	106,073
Employee benefits - maintenance	-

PROTECTIVE SERVICES

Labor	-
Contract costs	-

GENERAL EXPENSES

Insurance	452
Other general expenses	-
Payments in lieu of taxes	-
Bad debt - tenant rents	-
Bad debt - other	-
Interest expense	-

TOTAL OPERATING EXPENSES	187,276
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Extraordinary maintenance	60,852
Capital Fund Hard Costs	-
Depreciation expense	408,898

TOTAL EXPENSES	657,026
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HIALEAH HOUSING AUTHORITY

**PUBLIC HOUSING
PROJECTED TOTAL EXPENSES
FOR THE YEAR ENDING DECEMBER 31, 2002**

EXPENSES

ADMINISTRATIVE

911	Administrative salaries	433,576
912	Auditing fees	16,864
914	Compensated absences	8,302
915	Employee benefits - administrative	128,232
916	Other operating - administrative	219,092

TENANT SERVICES

921	Tenant services - salaries	115,161
923	Employee benefits - tenant services	37,250
924	Tenant services - other	18,545

UTILITIES

931	Water	69,937
932	Electricity	119,039
933	Gas	8,864
938	Other utility expense	102,458

ORDINARY MAINTENANCE & OPERATION

941	Labor	535,664
942	Materials and other	230,196
943	Contract costs	670,317
945	Employee benefits - maintenance	210,462

PROTECTIVE SERVICES

951	Labor	-
952	Contract costs	49,484

GENERAL EXPENSES

961	Insurance	283,819
962	Other general expenses	2,207
963	Payments in lieu of taxes	168,413
964	Bad debt - tenant rents	18,113
966	Bad debt - other	-
967	Interest expense	-

969	TOTAL OPERATING EXPENSES	3,445,995
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971	Extraordinary maintenance	20,553
973	Housing assistance payments	-
974	Depreciation expense	757,724

900	TOTAL EXPENSES	4,224,272
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HIALEAH HOUSING AUTHORITY

**DRUG GRANTS
PROJECTED TOTAL EXPENSES
FOR THE YEAR ENDING DECEMBER 31, 2002**

<u>EXPENSES</u>		
<u>ADMINISTRATIVE</u>		
911	Administrative salaries	25,516
912	Auditing fees	-
914	Compensated absences	-
915	Employee benefits - administrative	4,659
916	Other operating - administrative	8,729
<u>TENANT SERVICES</u>		
921	Tenant services - salaries	36,599
923	Employee benefits - tenant services	7,667
924	Tenant services - other	-
<u>UTILITIES</u>		
931	Water	-
932	Electricity	-
933	Gas	-
938	Other utility expense	-
<u>ORDINARY MAINTENANCE & OPERATION</u>		
941	Labor	-
942	Materials and other	-
943	Contract costs	17,792
945	Employee benefits - maintenance	-
<u>PROTECTIVE SERVICES</u>		
951	Labor	-
952	Contract costs	66,233
<u>GENERAL EXPENSES</u>		
961	Insurance	709
962	Other general expenses	41,116
963	Payments in lieu of taxes	-
964	Bad debt - tenant rents	-
966	Bad debt - other	-
967	Interest expense	-
969	TOTAL OPERATING EXPENSES	209,020
971	Extraordinary maintenance	-
973	Housing assistance payments	-
974	Depreciation expense	6,190
900	TOTAL EXPENSES	215,210

HIALEAH HOUSING AUTHORITY

**VOUCHER PROGRAM
TOTAL HAP, ADMIN FEE AND AUDIT EXPENSE COSTS
FOR THE YEAR ENDING DECEMBER 31, 2002**

EXPENSES

ADMINISTRATIVE

Auditing fees	27,500
Housing assistance payments	18,553,485
Administrative Fees	2,372,187
Hard to House Fees	4,750
	<hr/>
TOTAL EXPENSES	20,957,922
	<hr/>
Total unit months	<u><u>39,114</u></u>

**PHA Plan
Table Library**

**Component 7
Capital Fund Program Annual Statement
Parts I, II and III**

Annual Statement
Capital Fund Program (CFP) Part I: Summary

FFY of Grant Approval: 2003

Original Annual Statement

Line No.	Summary by Development Account	Total Estimate Cost
1	Total Non-CGP Funds	
2	1406 Operations	\$ 30,000.00
3	1408 Management Improvements	\$ 8,000.00
4	1410 Administration	\$ 90,000.00
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees & Costs	
8	1440 Site Adquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	\$ 769,916.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$ 270,000.00
12	1470 Nondwelling Structures	\$ 55,000.00
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum Lines 2- 19)	\$ 1,222,916.00
21	Amount of Line 20 Related to LBP Activities	
22	Amount of Line 20 Related to Section 504 compliance	
23	Amount of Line 20 Related to Security	
24	Amount of Line 20 Related to Energy Conservation Measures	

**Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HA-Wide Operations		1406	\$30,000
HA-Wide Mgmt. Improvements	1) STAFF TRAINING: Continuation of on-going program to educate and train personnel in procurement, cost estimating, occupancy. Building Construction and site-based asset management.	1408	\$0
"			
"	2) MANAGEMENT IMPROVEMENTS STRATEGY softwares upgrades to improve efficiency and office automation needs		\$8,000
"			
"			
		Total 1408	\$8,000
HA-Wide Administration	Funding for Staff @ no more than 10% of the annual grant amount	1410	\$90,000
HA-Wide Fees and Costs	A & E services @ no more than 7% of the annual grant	1430	\$0
HA-Wide	Nonroutine vacancy preparation	1460	\$0
"	Nonroutine PM repairs	1460	\$0
"	Appliances	1465	\$0
"	Vehicle replacement	1475	\$0
"	Demolition (specify location[s])	1485	\$0
"	Relocation expenses	1495.1	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 001 ASHLEY PLAZA	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	\$0
	3.-Building Exterior: Security Enhancements \$20,000.00 Paint \$70,000.00	1460	\$90,000
	4.-Dwelling Units: None	1460	\$0
	5.-Dwelling Equipment: None	1465.1	\$0
	6.-Interior Common Areas: Dining Room Renovations \$30,000.00	1470	\$30,000
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 002 HOLLAND HALL	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	\$0
	3.-Building Exterior: Security Enhancements \$10,000.00 Paint \$60,000.00	1460	\$70,000
	4.-Dwelling Units: None	1460	\$0
	5.-Dwelling Equipments: None	1465.1	\$0
	6.-Interior Common Areas: None	1470	\$0
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 003 VIVIAN VILLAS	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	\$0
	3.-Building Exterior: Storm Panels \$60,000.00 Security Enhancement \$10,000.00	1460	\$90,000
	4.-Dwelling Units: None	1460	\$0
	5.-Dwelling Equipment: None	1465.1	\$0
	6.-Interior Common Areas: None	1470	\$0
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 004 HOFFMAN GARDENS	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	\$0
	3.-Building Exterior New Roof \$399,916.00	1460	\$399,916
	4.-Dwelling Units: None	1460	\$0
	5.-Dwelling Equipment: None	1465.1	\$0
	6.-Interior Common Areas: None	1470	\$0
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 005 SEMINOLA VILLAS	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	\$0
	3.-Building Exterior: None	1460	\$0
	4.-Dwelling Units: None	1460	\$0
	5.-Dwelling Equipment: None	1465.1	\$0
	6.-Interior Common Area: None	1470	\$0
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 006 MILANDER MANOR	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	\$0
	3.-Building Exterior: Security Enhancements \$10,000.00	1460	\$10,000
	4.-Dwelling Units: None	1460	\$0
	5.-Dwelling Equipment: None	1465.1	\$0
	6.-Interior Common Areas: None	1460	\$0
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 008 LA ESPERANZA	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	
	3.-Building Exterior: Paint \$50,000.00 Security Enhancement \$20,000.00	1460	\$70,000
	4.-Dwelling Units: None	1460	
	5.-Dwelling Equipment: A/C Units for Townhouses	1465.1	\$135,000
	6.-Interior Common Areas: None	1470	\$0
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 010 BRIGHT VILLAS	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	\$0
	3.-Building Exterior: Security Enhancements \$10,000.00	1460	\$10,000
	4.-Dwelling Units: None	1460	\$0
	5.-Dwelling Equipment: None	1465.1	\$0
	6.-Interior Common Areas: None	1470	\$0
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 012 PROJECT 12	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	\$0
	3.-Building Exterior: Security Enhancements \$10,000.00	1460	\$10,000
	4.-Dwelling Units: None	1460	\$0
	5.-Dwelling Equipment: Central A/C Units	1465.1	\$135,000
	6.-Interior Common Areas: None	1470	\$0
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 016 PROJECT 16	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	\$0
	3.-Building Exterior: New Fence Along Rear \$10,000.00	1460	\$10,000
	4.-Dwelling Units: None	1460	\$0
	5.-Dwelling Equipment: None	1465.1	\$0
	6.-Interior Common Areas: None	1470	\$0
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 020 RUTH A. TINSMAN	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	\$0
	3.-Building Exterior: Security Enhancements \$10,000.00	1460	\$10,000
	4.-Dwelling Units: None	1460	\$0
	5.-Dwelling Equipment: None	1465.1	\$0
	6.-Interior Common Areas: Floor Tiles \$25,000.00	1470	\$25,000
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

Annual Statement
 Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
FL29-P066 021 PROJECT 21	1.-Site: None	1450	\$0
	2.-Mechanical and Electrical: None	1460	\$0
	3.-Building Exterior: None	1460	\$0
	4.-Dwelling Units: None	1460	\$0
	5.-Dwelling Equipment: None	1465.1	\$0
	6.-Interior Common Areas: None	1470	\$0
	7.-Site-Wide Facilities: None	1470	\$0
	8.-Nondwelling Equipment: None	1475	\$0

**Annual Statement
 Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
 Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
 Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
 Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
 Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
 Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

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 Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

**Annual Statement
 Capital Fund Program (CFP) Part III: Implementing Schedule**

Development Number/Name HA-Wide Activities	All funds Obligated (Quarter Ending Date)	All funds Expended (Quarter Ending Date)

Chapter 16

COMMUNITY SERVICE

24 CF Part 960 Subpart F and 24 CF 903.7(l)

INTRODUCTION

IMPOAN NOTICE

The community service requirement has been suspended for Federal Fiscal Year 2002, for all developments except HOPE VI developments (Department of Urban Affairs and Housing and Urban Development, and Independent Agencies Appropriation Act, 2002, at Section 432). A HOPE VI development is defined as any public housing development that is or was funded with any amount of HOPE VI funding, or any predecessor program for the revitalization of severely distressed public housing. For nonHOPE VI developments, PHAs may continue to

D. ANNUAL DETERMINATIONS

For each public housing resident subject to the requirement of community service the HHA all at least thirty (0) day before the expiration of each lease term review and determine the compliance of the resident with the community service requirement

Such determination shall be made in accordance with the principle of due process and on a non-discriminatory basis

The HHA will verify compliance annually if qualifying activities are administered by an organization other than the HHA the HHA will obtain verification of family compliance from such third parties

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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

Optional 5-Year Action Plan			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development

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Optional 5-Year Action Plan			
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Chapter 16

COMMUNITY SERVICE

[24 CFR Part 960 Subpart F and 24 CFR 903.7(l)]

INTRODUCTION

IMPORTANT NOTICE

The community service requirement has been suspended for Federal Fiscal Year 2002, for all developments except HOPE VI developments (Department of Veteran Affairs and Housing and Urban Development, and Independent Agencies Appropriation Act, 2002, at Section 432). A HOPE VI development is defined as "any public housing development that is or was funded with any amount of HOPE VI funding, or any predecessor program for the revitalization of severely distressed public housing." For non-HOPE VI developments, PHAs may continue to implement or enforce current community service requirements until the beginning of their 2002 fiscal years. Alternatively, PHAs may choose to suspend the requirement immediately.

A. REQUIREMENT

Each adult resident of the HHA shall:

Contribute 8 hours per month of community service (not including political activities) within the community in which that adult resides; or

Participate in an economic self-sufficiency program (defined below) for 8 hours per month; or

Perform 8 hours per month of combined activities (community service and economic self-sufficiency program)

B. EXEMPTIONS

The HHA shall provide an exemption from the community service requirement for any individual who:

Is 62 years of age or older;

Is a blind or disabled individual, as defined under section 216[i][1] or 1614 of the Social Security Act, and who is unable to comply with this section, or is a primary caretaker of such individual;

Is engaged in a work activity as defined in section 407[d] of the Social Security Act;

Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program; or

Is in a family receiving assistance under a State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such program.

The HHA will re-verify exemption status annually except in the case of an individual who is 62 years of age or older.

The HHA will permit residents to change exemption status during the year if status changes.

C. DEFINITION OF ECONOMIC SELF-SUFFICIENCY PROGRAM

For purposes of satisfying the community service requirement, participating in an economic self-sufficiency program is defined, in addition to the exemption definitions described above, by: HUD as: Any program designed to encourage, assist, train or facilitate economic independence of assisted families or to provide work for such families.

These economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as substance abuse or mental health treatment).

In addition to the HUD definition above, the HHA definition includes any of the following:

Participating in the Family Self-Sufficiency Program and being current in the steps outlined in the Individual Training and Services Plan.

Participating in the Family Self-Sufficiency Program and attending at least three (3) FSS events annually.

Other activities as approved by the HHA on a case-by-case basis.

The HHA will give residents the greatest choice possible in identifying community service opportunities.

The HHA will consider a broad range of self-sufficiency opportunities.

D. ANNUAL DETERMINATIONS

For each public housing resident subject to the requirement of community service, the HHA shall, at least thirty (30) days before the expiration of each lease term, review and determine the compliance of the resident with the community service requirement.

Such determination shall be made in accordance with the principles of due process and on a nondiscriminatory basis.

The HHA will verify compliance annually. If qualifying activities are administered by an organization other than the HHA, the HHA will obtain verification of family compliance from such third parties.

Family members will not be permitted to self-certify that they have complied with community service requirements.

E. NONCOMPLIANCE

If the HHA determines that a resident subject to the community service requirement has not complied with the requirement, the HHA shall notify the resident of such noncompliance, and that:

The determination of noncompliance is subject to the administrative grievance procedure under the HHA's Grievance Procedures; and

Unless the resident enters into an agreement to comply with the community service requirement, the resident's lease will not be renewed, and

The HHA may not renew or extend the resident's lease upon expiration of the lease term and shall take such action as is necessary to terminate the tenancy of the household, unless the HHA enters into an agreement, before the expiration of the lease term, with the resident providing for the resident to cure any noncompliance with the community service requirement, by participating in an economic self-sufficiency program for or contributing to community service as many additional hours as the resident needs to comply in the aggregate with such requirement over the twelve (12) -month term of the lease.

The head of household and the noncompliant adult must sign the agreement to cure.

Ineligibility for Occupancy for Noncompliance

The HHA shall not renew or extend any lease, or provide any new lease, for a dwelling unit for any

household that includes an adult member who was subject to the community service requirement and failed to comply with the requirement.

F. HHA RESPONSIBILITY

The HHA will ensure that all community service programs are accessible for persons with disabilities.

The HHA will ensure that:

The conditions under which the work is to be performed are not hazardous;

The work is not labor that would be performed by the HHA's employees responsible for essential maintenance and property services; or

The work is not otherwise unacceptable.

G. HHA IMPLEMENTATION OF COMMUNITY SERVICE REQUIREMENT

The HHA will administer its own community service program, with cooperative relationships with other entities.

HIALEAH HOUSING AUTHORITY'S

DECONCENTRATION POLICY

It is the policy of the Hialeah Housing Authority to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments.

Towards this end, upon examination of the Waiting List, the next eligible family's Income Limit will determine the development in which the family will be housed, if more than vacant unit of the size required by the family is available. We will accomplish this in a uniform and non-discriminating manner.

The Hialeah Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the Waiting List. Based on this analysis, we will determine the level of marketing strategies and deconcentration.

RESOLUTION 99-16

**Resolution of the Board of Commissioners to Adopt a
Policy of Deconcentration for the Public Housing
Program.**

WHEREAS, Public Housing Authorities in accordance with the Quality of Housing and work Responsibility Act of 1998, are prohibited from concentrating Low Income Families in Public Housing, and

WHEREAS, Public Housing Authorities are required by this Act to Develop a policy designed to provide for deconcentration of poverty and income mixing, and

WHEREAS, The Hialeah Housing Authority in accordance with this requirement has developed a policy herein (see attached) and have made changes to its admissions policy.

THEREFORE , BE IT RESOLVED by the Board of Commissioners of the Hialeah Housing Authority , hereby adopts this Resolution.

PASSED and Adopted this 5th day of August 1999.

HIALEAH HOUSING AUTHORITY

Julio Ponce, Chairman

ATTEST:

Maria M. Roca, Secretary

Chapter 10

PET POLICY – ELDERLY/DISABLED PROJECTS [24 CFR Part 5, Subpart C]

INTRODUCTION

Hialeah Housing Authority has discretion to decide whether or not to develop policies pertaining to the keeping of pets in public housing units. This Chapter explains the HHA's policies on the keeping of pets and any criteria or standards pertaining to the policy for elderly/disabled projects. The rules adopted are reasonably related to the legitimate interest of the HHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest of the HHA.

The purpose of this policy is to establish the HHA's policy and procedures for ownership of pets in elderly and disabled units and to ensure that no applicant or resident is discriminated against regarding admission or continued occupancy because of ownership of pets. It also establishes reasonable rules governing the keeping of common household pets.

The HHA chooses not to publish rules governing the keeping of common household pets. Residents will comply with the dwelling lease, which requires that no animals or pets of any kind are permitted on the premises without prior written approval of the HHA. This does not apply to service animals that are used to assist persons with disabilities.

ANIMALS THAT ASSIST PERSONS WITH DISABILITIES

Pet rules will not be applied to service animals that assist persons with disabilities. To be excluded from the pet policy, the resident/pet owner must certify:

- That there is a person with disabilities in the household;
- That the service animal has been trained to assist with the specified disability.

A. MANAGEMENT APPROVAL OF PETS

All pets must be approved in advance by the HHA management. HHA authorization for pet(s) will be given on a year-by-year basis.

The pet owner must submit and enter into a Pet Agreement with the HHA.

B. STANDARDS FOR PETS

Pet rules will not be applied to service animals that assist persons with disabilities.

Persons with Disabilities

To be excluded from the pet policy, the resident/pet owner must certify:

**That there is a person with disabilities in the household;
That the service animal has been trained to assist with the specified disability; and
That the service animal actually assists the person with the disability.**

Types of Pets Allowed

No types of pets other than the following may be kept by a resident.

Tenants are not permitted to have more than one *type* of pet.

1. **Birds**

**Maximum number two (2)
Must be enclosed in a cage at all times**

2. **Fish**

**Maximum aquarium size 20 gallons
Must be maintained on an approved stand**

All other type of pets are prohibited.

C. PETS TEMPORARILY ON THE PREMISES

Pets that are not owned by a tenant will not be allowed.

Residents are prohibited from feeding or harboring stray animals.

This rule excludes visiting pet programs sponsored by a humane society or other non-profit organization and approved by the HHA.

State or local laws governing pets temporarily in dwelling accommodations shall prevail.

D. ADDITIONAL FEES AND DEPOSITS FOR PETS

The HHA does not require a pet deposit.

All reasonable expenses incurred by the HHA as a result of damages directly attributable to

the presence of the pet in the project will be the responsibility of the resident, including:

The cost of repairs and replacements to the resident's dwelling unit;

Fumigation of the dwelling unit;

Common areas of the project.

If the tenant is in occupancy when such costs occur, the tenant shall be billed for such costs as a current charge.

If such expenses occur as the result of a move-out inspection, they will be deducted from the deposit. The resident will be billed for any amount, which exceeds the deposit.

E. ALTERATIONS TO UNIT

Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal. Installation of pet doors is prohibited.

F. PET WASTE REMOVAL CHARGE

A separate pet waste removal charge of fifty dollars (\$50.00) per occurrence will be assessed against the resident for violations of the pet policy.

Pet waste removal charges are not part of rent payable by the resident.

G. PET AREA RESTRICTIONS

Pets must be maintained within the resident's unit.

Pets are not permitted in common areas including lobbies, community rooms and laundry areas except for those common areas which are entrances to and exits from the building.

H. NOISE

Pet owners must agree to control the noise of pets so that such noise does not constitute a nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises.

I. CLEANLINESS REQUIREMENTS

The resident/pet owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

J. PET CARE

No pet (excluding fish) shall be left unattended in any apartment for a period in excess of twenty-four (24) hours.

All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.

K. RESPONSIBLE PARTIES

The resident/pet owner will be required to designate two responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

L. INSPECTIONS

The HHA may, after reasonable notice to the tenant during reasonable hours, enter and inspect the premises, in addition to other inspections allowed.

M. PET RULE VIOLATION NOTICE

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

That the resident/pet owner has **seven (7)** days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;

That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

If the pet owner requests a meeting within the seven (7) day period, the meeting will be scheduled no later than five (5) calendar days before the effective date of service of the notice, unless the pet owner agrees to a later date in writing.

N. NOTICE FOR PET REMOVAL

If the resident/pet owner and the HHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the HHA, the HHA may serve notice to remove the pet.

The Notice shall contain:

A brief statement of the factual basis for the HHA's determination of the Pet Rule that has been violated;

The requirement that the resident /pet owner must remove the pet within **seven (7)** days of the notice; and

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

O. TERMINATION OF TENANCY

The HHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

P. PET REMOVAL

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. Includes pets that are poorly cared for or have been left unattended for over **twenty-four (24)** hours.

If the responsible party is unwilling or unable to care for the pet, or if the HHA after reasonable efforts cannot contact the responsible party, the HHA may contact the appropriate State or local agency and request the removal of the pet.

If the pet is removed as a result of any aggressive act on the part of the pet, the pet will not be allowed back on the premises.

Q. EMERGENCIES

The HHA will take all necessary steps to insure that pets that become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are referred to the appropriate State or local entity authorized to remove such animals.

If it is necessary for the HHA to place the pet in a shelter facility, the cost will be the responsibility of the tenant/pet owner.

Chapter 11

PET POLICY – GENERAL OCCUPANCY (FAMILY) PROJECTS

[24 CFR Part 960, Subpart G]

INTRODUCTION

This Chapter explains the Hialeah Housing Authority's policies on the keeping of pets in general occupancy projects and any criteria or standards pertaining to the policy. The rules adopted are reasonably related to the legitimate interest of the HHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest of the HHA.

This policy does not apply to animals that are used to assist, support or provide service to persons with disabilities, or to service animals that visit public housing developments.

A. ANIMALS THAT ASSIST, SUPPORT OR PROVIDE SERVICE TO PERSONS WITH DISABILITIES

The resident/pet owner will be required to qualify animals (for exclusion from the pet policy) that assist, support or provide service to persons with disabilities.

Pet rules will not be applied to service animals that assist, support or provide service to persons with disabilities. This exclusion applies to both service animals and companion animals as reasonable accommodation for persons with disabilities. This exclusion applies to such animals that reside in public housing and that visit these developments.

B. STANDARDS FOR PETS

Types of Pets Allowed

No types of pets other than the following may be kept by a resident. The following types and qualifications are consistent with applicable State and local law.

Pet rules will not be applied to service animals that assist persons with disabilities.

Persons with Disabilities

To be excluded from the pet policy, the resident/pet owner must certify:

**That there is a person with disabilities in the household;
That the service animal has been trained to assist with the specified disability; and**

That the service animal actually assists the person with the disability.

Types of Pets Allowed

No types of pets other than the following may be kept by a resident.

Tenants are not permitted to have more than one *type* of pet.

1. Birds

**Maximum number two (2)
Must be enclosed in a cage at all times**

2. Fish

**Maximum aquarium size 30 gallons
Must be maintained on an approved stand**

All other type of pets are prohibited.

The following are NOT considered "common household pets":

Vicious or intimidating pets. Dog breeds including [pit bull/rottweiler/chow/boxer/Doberman/Dalmatian/German shepherd] are considered vicious or intimidating breeds and are not allowed.

Animals who would be allowed to produce offspring for sale.

Wild, feral, or any other animals that are not amenable to routine human handling.

Any poisonous animals of any kind.

Fish in aquariums exceeding {30} gallons in capacity.

Non-human primates.

Animals whose climatological needs cannot be met in the unaltered environment of the individual dwelling unit.

Pot-bellied pigs.

Ferrets or other animals whose natural protective mechanisms pose a risk of serious bites and/or lacerations to small children.

Hedgehogs or other animals whose protective instincts and natural body armor produce a risk of serious puncture injuries to children.

Chicks, turtles, or other animals that pose a significant risk of salmonella infection to those who handle them.

Pigeons, doves, mynahs, psittacines, and birds of other species that are hosts to the organisms that cause psittacosis in humans.

Snakes or other kinds of reptiles.

C. PETS TEMPORARILY ON THE PREMISES

Excluded from the premises are all animals and/or pets not owned by residents, except for service animals.

Residents are prohibited from feeding or harboring stray animals.

This rule excludes visiting pet programs sponsored by a humane society or other non-profit organization and approved by the HHA.

State or local laws governing pets temporarily in dwelling accommodations shall prevail.

D. DEPOSITS FOR PETS

The HHA does not require a pet deposit.

E. ALTERATIONS TO UNIT

Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal. Installation of pet doors is prohibited.

F. PET WASTE REMOVAL CHARGE

A separate pet waste removal charge of fifty dollars (\$50.00) per occurrence will be assessed against the resident for violations of the pet policy.

Pet waste removal charges are not part of rent payable by the resident.

G. PET AREA RESTRICTIONS

Pets must be maintained within the resident's unit.

Pets are not permitted in common areas including lobbies, community rooms and laundry areas except for those common areas which are entrances to and exits from the building.

H. NOISE

Pet owners must agree to control the noise of pets so that such noise does not constitute a nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises.

I. CLEANLINESS REQUIREMENTS

The resident/pet owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

J. PET CARE

No pet (excluding fish) shall be left unattended in any apartment for a period in excess of twenty-four (24) hours.

All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.

K. RESPONSIBLE PARTIES

The resident/pet owner will be required to designate two responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

L. INSPECTIONS

The HHA may, after reasonable notice to the tenant during reasonable hours, enter and inspect the premises, in addition to other inspections allowed.

M. PET RULE VIOLATION NOTICE

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

That the resident/pet owner has **seven (7) days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;**

That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

If the pet owner requests a meeting within the seven (7) day period, the meeting will be scheduled no later than five (5) calendar days before the effective date of service of the notice, unless the pet owner agrees to a later date in writing.

N. NOTICE FOR PET REMOVAL

If the resident/pet owner and the HHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the HHA, the HHA may serve notice to remove the pet.

The Notice shall contain:

A brief statement of the factual basis for the HHA A's determination of the Pet Rule that has been violated;

The requirement that the resident/ pet owner must remove the pet within **seven (7)** days of the notice; and

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

O. TERMINATION OF TENANCY

The HHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

P. PET REMOVAL

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. This includes pets that are poorly cared for or have been left unattended for over **twenty-four (24)** hours.

If the responsible party is unwilling or unable to care for the pet, or if the HHA after reasonable efforts cannot contact the responsible party, the HHA may contact the appropriate State or local agency and request the removal of the pet, **or the HHA may place the pet in a proper facility for up to 30 days. If there is no other solution at the end of 30 days, the HHA may donate the pet to a humane society. Cost of this professional care will be borne by the pet owner.**

If the pet is removed as a result of any aggressive act on the part of the pet, the pet will not be allowed back on the premises.

Q. EMERGENCIES

The HHA will take all necessary steps to insure that pets that become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are referred to the appropriate State or local entity authorized to remove such animals.

If it is necessary for the HHA to place the pet in a shelter facility, the cost will be the responsibility of the tenant/pet owner.

Hialeah Housing Authority

Resident Advisory Board

❖ Hoffman Gardens

Velma Young
970 West 77 Street
Apt A
Hialeah, FL 33014

❖ Dale G. Bennett

Clara Garcia
2850 West 71st Street
Apt. 102
Hialeah, FL 33018

❖ Project 16

Miguel A. Rodriguez
6329 West 24th Avenue
Apt. 205
Hialeah, FL 33016

❖ Bright Villas

Jose M. Leon
5270 West 25th Avenue
Apt. 104
Hialeah, FL 33016

❖ Donald F. Scott Villas

Iliana Negron
2535 West 6th Avenue
Hialeah. FL 33010

Hialeah Housing Authority

Resident Commissioner

Ms. Georgina Armenteros was appointed by the Mayor of the City of Hialeah to the Hialeah Housing Authority Board of Commissioners on March 26, 2002.

ANNUAL STATEMENT PROGRESS IN MEETING 5 YEAR PLAN MISSION AND GOALS

The Hialeah Housing Authority has crafted its 5 Year action Plan for Capital Fund with an emphasis on infrastructure improvements, tenant safety, and resident satisfaction. The Plan includes major repairs such as the re-roofing of Ashley Plaza, Holland Hall, Hoffman Gardens, and Vivian Villas as well as replacement windows at several sites. Hurricane panels will also be installed at several developments and parking lot renovations are also scheduled. Elevator modernization and Kitchen and Bathroom cabinet replacements are also scheduled at several sites as well as stairwell and handrail replacement. These investments will help ensure a solid infrastructure for all Hialeah Housing Authority properties.

Responding to Tenant Surveys, the Hialeah Housing Authority has included funds for security improvements at all sites. From additional lighting and security fencing to secured entry systems and closed circuit monitoring, the administration hopes to create the safest environment possible for its tenants.

The 5 Year Plan also includes funding for the installation or repair of irrigation systems and landscaping improvements. Several building exteriors will also be repainted. The Hialeah Housing Authority strives to ensure that all Public Housing developments instill a sense of pride and ownership on the part of our tenants. The goal is to ensure that the developments look not as good as neighboring privately owned property, but superior to the properties in the surrounding area.

Improvements to the units themselves also include appliance replacement, air conditioner replacement, installation of air conditioning units at developments without air conditioning, tub and toilet replacement, and electrical upgrades. The HHA's goal is to retire older appliances and air conditioning units on a cycle basis to reduce maintenance costs and tenant inconvenience and to increase energy efficiency. Tub and toilet replacement will also reduce water consumption.

The Hialeah Housing Authority has also included items that respond to tenant concerns such as budgeting to repaint all unit interiors on a five year cycle and the re-tiling of the unit interiors at several sites.

The Capital Fund Program has proven to be a valuable source of funding to the Hialeah Housing Authority in the past. The HHA is placing the finishing touches on renovations at Donald Scott Villas which was one of our least eye-appealing developments. Today, this developments standouts out as one of our nicest with new roofs, new windows, new doors, new hurricane shutters, new gutters, and new electrical panels and wiring. Furthermore, the HHA is finalizing drawings for improvements to Hoffman Gardens. Using 2001 and 2002 Capital Fund dollars, these 200 townhouse-style units will be completely redone incorporating elements of Crime Prevention by Environmental Design and converting an unappealing property into the best looking development in the area.

The Five Year Plan crafted by the HHA addresses infrastructure, security, and tenant satisfaction. The Hialeah Housing Authority has worked to ensure that the Capital Fund dollars at its disposal are invested in a manner that ensures that the HHA will be able to provide safe, decent, and affordable housing to its tenants today, tomorrow, and into the foreseeable future.

PROJECTS IN PROGRESS
 MONTHLY REPORT
 OCTOBER, 2003

	FUNDING	BUDGETED	REVISED	BID PROCESS	APPROVED	CONTRACT \$	CONTRACTOR	TENTATIVE COMPLETION	STATUS
ASHLEY PLAZA									
1. Hurricane Security Area	CFP 2002	\$30,000.00		N/A					Requested from LIVS & Santos / Raimundez Architects to Provide Cost Proposal for Design. Awarded to Santos / Raimundez Architects, P.A. Pending Contract.
2. Irrigation & Landscaping IRRIGATION >	CFP 2001	\$20,000.00		N/A		\$10,775.00	Hernandez Lawn Sprinklers, Corp.		Pending Quotes, Requisition is Being Processed.
3. Paint Dwelling Units	CFP 2001	\$40,000.00		Completed	06/24/03	\$99,955.00	Inclan Painting	Sept., 2003	Completed, Pending Punch List Items.
4. Paint Interior Common Areas	CFP 2001	\$20,000.00		Completed	06/24/03	\$18,000.00	Inclan Painting	Sept., 2003	Completed, Pending Punch List Items.
BRIGHT VILLAS									
1. Handrail Installation	CFP 2000	\$98,940.00	\$50,000.00	Completed	11/26/02	\$98,900.00	Alpha Remodeling	Oct., 2003	Installation of Rails Completed Pending Stucco Work
2. Re-Roofing	CFP 2001	\$261,679.00		Completed	04/29/03	\$138,800.00	Unlimited Roofing	Nov., 2003	Bid Awarded, Contract Signed, 90% Complete.
3. Exterior Paint	CFP 2001	\$80,000.00		Completed	03/25/03	\$29,750.00	Lismarc Incorp.	Dec., 2003	Bid Awarded, Contract Signed, Scheduled to Begin Pressure Cleaning Week of 11/17/03.
DALE G. BENNETT									
1. Re-Roofing	CFP 2001	\$175,000.00		Completed	04/29/03	\$69,750.00	Unlimited Roofing	Oct., 2003	Complete, Pending Punch List Items.
2. Exterior Paint	CFP 2001	\$65,000.00		Completed	03/25/03	\$32,200.00	Lismarc, Inc.	Nov., 2003	Bid Awarded, Contract Signed, Scheduled to Begin Week of 10/27/03.
HOFFMAN GARDENS									
1. Site Work, Replacement of Fences, New Parking Area, Lighting & Trash Enclosure	CFP 2002		\$665,000.00				Santos / Raimundez		Architectural / Engineering Services, Contract Signed on 12/3/02. Schematic Designs Reviewed and Approved. Bid Documents, Pending Final Survey. Expect Bid Documents End of October.
2. Roof Restoration, Exterior Paint and Fascia Repairs	CFP 2001	\$96,000.00	\$490,710.00		11/13/02	\$83,500.00	Santos / Raimundez		
LA ESPERANZA									
1. Sidewalk Restoration & Trash Enclosure	CFP 2002	\$79,000.00							To A/E for Estimate of Fees, Pending Report from A/E.
2. New Kitchen / Bathroom Cabinets	CFP 2001	\$190,000.00		Completed	03/25/03	\$155,869.00	Budget Const.	Nov., 2003	First and Second Floors Complete, Pending Punch List.
MILANDER MANOR									
1. Exterior Paint	CFP 2000	\$58,000.00	\$39,732.04	Completed	07/30/02	\$21,646.00	VIP Painting	Aug., 2003	Work Completed, Pending Punch List.
2. Re-Tile Common Areas (LABOR) (MATERIALS)	CFP 2001	\$32,000.00		N/A	07/03/03	\$14,280.15	Evelio Souto	Oct., 2003	95% Complete, Pending Expansion Joints.
				N/A	07/03/03	\$12,954.00	Bedrosians of Miami		
3. Replace Common Area Windows	CFP 2001	\$63,000.00	\$45,000.00	Completed	09/24/02	\$31,250.00	General Hurricane		Installation Completed, New Screens Ordered, to be Installed 11/15/03.
4. Paint Interior Units	CFP 2001	\$20,000.00		Completed	06/24/03	\$ 30,320.00	Inclan Painting	Nov., 2003	Bid Awarded, Contract Signed, Work in Progress.
5. Paint Interior Common Areas	CFP 2001	\$10,000.00		Completed	06/24/03	\$ 17,400.00	Lismarc, Inc.		Bid Awarded, Contract Signed, Pending Completion Paint of Interior Units.

PROJECTS IN PROGRESS
 MONTHLY REPORT
 OCTOBER, 2003

	FUNDING	BUDGETED	REVISED	BID PROCESS	APPROVED	CONTRACT \$	CONTRACTOR	TENTATIVE	STATUS
								COMPLETION	
SEMINOLA VILLAS									
1. Storm Shutter Installation	CFP 2000	\$153,000.00	\$88,000.00	Completed	06/25/02	\$87,612.50	Hurst Awning	Oct., 2003	Work Completed, Ready to Close-Out.
2. Paint Interior Units	CFP 2001	\$20,000.00		Completed	06/24/03	\$40,000.00	Inclan Painting		Bid Awarded, Contract Signed.
VIVIAN VILLAS									
1. Common Area Windows	CFP 2000/01			N/A	04/29/03	\$32,360.00	Trintec Construction	Oct., 2003	Windows Received, Started Installation on Aug. 25th. 80% Complete, in Process of Finishing Stucco Work.
2. Exterior Paint	CFP 2001	\$29,000.00		Completed	06/24/03	\$29,000.00	Eagle Painting		Bid Awarded, Contract Signed.
3. Paint Common Areas	CFP 2001	\$17,100.00		Completed	06/24/03	\$17,100.00	Lismarc, Inc.	Sept., 2003	Work Completed, Pending Punch List Items.
PROJECT 16									
1. Paint Building Exterior	CFP 2001	\$20,000.00		Completed	06/24/03	\$30,000.00	Inclan Painting		Bid Awarded, Contract Signed.
RUTH A. TINSMAN									
1. Waterproofing & Paint	CFP 2001	\$20,000.00		Completed	06/24/03	\$31,000.00	Eagle Painting		Bid Awarded, Contract Signed.

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number		Development Name		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	0 _____	1 _____	2 <u>0</u>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	3 <u>0</u>	4 <u>0</u>	5 <u>0</u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	5+ _____		Total Current Units
Section 23, Bond Financed <input type="checkbox"/>					Urgency of Need (1-5)
General Description of Needed Physical Improvements					

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	
Per Unit Hard Cost	\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

HA Name HIALEAH HOUSING AUTHORITY	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
Development Number	Development Name DOFA Date or Construction Date _____

Development Type:		Occupancy Type:		Structure Type:		Number of Buildings	Number of Vacant Units
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>		N/A
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution	
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0 _____ 1 _____ 2 _____	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3 _____ 4 _____ 5 _____	Units
Section 23, Bond Financed	<input type="text"/>					5+ _____	
General Description of Needed Physical Improvements							Urgency of Need (1-5)

HA-WIDE Site:
None

ON-DEMAND Mechanical and Electrical:

ON-DEMAND Building Exterior:

ON-DEMAND Dwelling Units:
None

HA-WIDE Dwelling Equipment:
None

HA-WIDE Interior Common Areas:
None

HA-WIDE Site-Wide Facilities:
None

HA-WIDE Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements N/A

Per Unit Hard Cost N/A

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared

Source(s) of Information:
 Modernization and maintenance personnel
 Public Meetings with tenants
 Maintenance Reports
 Consultants

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name **HIALEAH HOUSING AUTHORITY** Original
 Revision Number _____

Development Number **FL29-P066-001** Development Name **ASHLEY PLAZA** DOFA Date or Construction Date October 30, 1969

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	1	3
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>		
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	0 <u>153</u> 1 <u>46</u> 2 <u>0</u>	Total Current
Section 23, Bond Financed <input type="checkbox"/>			3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	Units
			5+ <u>0</u> 1 non dwelling	200

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:

Security fence
Re-seal and re-stripe parking

2
2

Mechanical and Electrical:

Elevators/ Modernization

2

Building Exterior:

Water sealing / paint building
Close open areas
New roof

2
2
1

Dwelling Units:

Re-tile units floor

3

Dwelling Equipment:

None

Interior Common Areas:

Lobby / new tiles

5

Site-Wide Facilities:

Nondwelling Equipment:

Lobby/ new furnitures

5

Total Preliminary Estimated Hard Cost for Needed Physical Improvements

\$780,000.00

Per Unit Hard Cost

\$3,900.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No

Date Assessment Prepared

10-Jul-97

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <p style="color: red; font-weight: bold; margin-left: 40px;">HIALEAH HOUSING AUTHORITY</p>	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number <p style="color: blue; font-weight: bold; margin-left: 40px;">FL29-P066-002</p>	Development Name <p style="color: blue; font-weight: bold; margin-left: 40px;">HOLLAND HALL</p>	DOFA Date or Construction Date <p style="text-align: right; margin-left: 40px;">May 15, 1963</p>
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Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	0.00%	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	Total Current	
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	Units	
Section 23, Bond Financed <input type="checkbox"/>			101	

General Description of Needed Physical Improvements	Urgency of Need (1-5)
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Site:
Re-seal and re-stripe parking

2

Mechanical and Electrical:
Elevators / Modernization
New A/C's units installation

1
1

Building Exterior:

Re-paint the building

New roof

Close open areas

2

2

2

Dwelling Units:

None

Dwelling Equipment:

None

1

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements **\$628,000.00**

Per Unit Hard Cost **\$6,217.82**

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared 10-Jul-97

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$468,000.00
Per Unit Hard Cost	\$4,680.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Revision Number ___ 1
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Development Number FL29-P066-004	Development Name HOFFMAN GARDEN	DOFA Date or Construction Date 1970
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Development Type: Occupancy Type: Structure Type: Number of Buildings Number of Vacant Units

Rental	<input checked="" type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>				4			
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input checked="" type="checkbox"/>	Row	<input type="checkbox"/>	Current Bedroom Distribution			2.00%			
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>	0	<u>0</u>	1	<u>34</u>	2	<u>76</u>	Total Current
Mutual Help	<input type="checkbox"/>			Elevator	<input checked="" type="checkbox"/>	3	<u>72</u>	4	<u>14</u>	5	<u>4</u>	Units
Section 23, Bond Financed	<input type="checkbox"/>					5+	<u>0</u>					200
General Description of Needed Physical Improvements												Urgency of Need (1-5)

		ESTIMATED COST	
Site:			
Security fence		\$250,000.00	2
Re-seal and re-stripe parking		\$25,000.00	2
Mechanical and Electrical:			
Install central reverse cycle A/C's		\$175,000.00	1
Elevators/ Modernization		\$90,000.00	2
Building Exterior:			
Re-paint exterior building		\$90,000.00	2
Repair fascia		\$250,000.00	1
Dwelling Units:			
Re-do bathrooms		\$260,000.00	4
Re-tile units floor		\$120,000.00	4
Dwelling Equipment:			
None			
Interior Common Areas:			
None			
Site-Wide Facilities:			
Sewer lines		\$120,000.00	1
Nondwelling Equipment:			
None			

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$1,380,000.00
Per Unit Hard Cost	\$6,900.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared

Source(s) of Information:
 Modernization and maintenance personnel
 Public Meetings with tenants
 Maintenance Reports
 Consultants

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

HA Name **HIALEAH HOUSING AUTHORITY** Original
 Revision Number _____

Development Number **FL29-P066-005** Development Name **SEMINOLA VILLAS** DOFA Date or Construction Date _____

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input checked="" type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>8</u> 2 <u>12</u> ¹	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>17</u> 4 <u>10</u> 5 <u>3</u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	50

General Description of Needed Physical Improvements Urgency of Need (1-5)

Site:

Re-seal and re-stripe parking

2

Mechanical and Electrical:

Install central reverse cycle a/c's

1

Building Exterior:

Exterior paint

2

Replace all windows according with Dade County Building Codes

2

Dwelling Units:

Re-do bathrooms

4

Re-tile units floor/installation

4

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements

\$693,980.00

Per Unit Hard Cost

\$13,879.60

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No

Development Has Long-Term Physical and Social Viability

Yes

No

Re-paint building

2

Dwelling Units:

Re-roof building

2

Re-tile units floor

4

New kitchen cabinets

2

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements				\$492,690.00
Per Unit Hard Cost				\$8,211.50
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Date Assessment Prepared	10-Jul-97			

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

HA Name HIALEAH HOUSING AUTHORITY		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number FL29-P066-008	Development Name LA ESPERANZA		DOFA Date or Construction Date October 1984
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input checked="" type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u> 1 <u> 80 </u> 2 <u> 40 </u>
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	3 <u> 0 </u> 4 <u> 0 </u> 5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>
General Description of Needed Physical Improvements			Number of Vacant Units 1
			0.83%
			Total Current Units 120
			Urgency of Need (1-5)

Site:
Re-seal and re-stripe parking

2

Mechanical and Electrical:
Elevators/ Modernization
A/C units/ intallation

3
1

Building Exterior:
Water sealing/ Re-paint the building

2

Dwelling Units:
New kitchen cabinets in the Mid-rise units

2

Dwelling Equipment:
None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements **\$648,900.00**

Per Unit Hard Cost **\$5,407.50**

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared 10-Jul-97

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name **HIALEAH HOUSING AUTHORITY** Original

Revision Number _____

Development Number **FL29-P066-010** Development Name **BRIGHT VILLAS** DOFA Date or Construction Date **1989**

Development Type: Rental <input checked="" type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings	Number of Vacant Units 1
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Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text" value="XX"/>	Row	<input type="text"/>	Current Bedroom Distribution			2.00%			
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>50</u>	4	<u>0</u>	5	<u>0</u>	Units
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					50

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:

Re-seal and re-stripe parking
Install sprinklers system

2
3

Mechanical and Electrical:

Install A/C Central units

1

Building Exterior:

Re-paint building

2

Dwelling Units:

New kitchen cabinets

3

Dwelling Equipment:

Appliances/ New ranges (Five year replacement needs)

2

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$590,200.00
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Per Unit Hard Cost	\$11,804.00
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Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared	10-Jul-97
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Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

HA Name HIALEAH HOUSING AUTHORITY	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number FL29-P066-012	Development Name UNNAMED (PROJECT 12)	DOFA Date or Construction Date November 17, 1989
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Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input checked="" type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		2
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	4.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>50</u> 4 <u>0</u> 5 <u>0</u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	50

General Description of Needed Physical Improvements	Urgency of Need (1-5)
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Site:
Upgrade Landscape

3

Mechanical and Electrical:
Install A/C's central units

1

Building Exterior:
None

Dwelling Units:
New kitchen cabinets

2

Dwelling Equipment:
New ranges (Five year)
New refrigerators (Five year)

3

3

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements				\$395,000.00
Per Unit Hard Cost				\$7,900.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Date Assessment Prepared				10-Jul-97

Source(s) of Information:

Modernization and maintenace personnel
Public Meetings with tenants
Maintenace Reports
Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY			<input type="checkbox"/> Original <input checked="" type="checkbox"/> Revision Number ___ 1		
Development Number FL29-P066-016		Development Name UNNAMED (PROJECT 16)		DOFA Date or Construction Date _____	
Development Type:		Occupancy Type:		Structure Type:	
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>
Section 23, Bond Financed	<input type="checkbox"/>				
Number of Buildings					Number of Vacant Units
					0
Current Bedroom Distribution					0.00%
0	<u>0</u>	1	<u>0</u>	2	<u>0</u>
Total Current					
3	<u>0</u>	4	<u>0</u>	5	<u>0</u>
Units					
5+	<u>0</u>				0
General Description of Needed Physical Improvements					Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p>					

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$1,677,688.00
--	-----------------------

Per Unit Hard Cost	\$0.00
--------------------	---------------

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Date Assessment Prepared	
--------------------------	--

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

HA Name

HIALEAH HOUSING AUTHORITY

Original

Revision Number ___ 1

Development Number

FL29-P066-020

Development Name

UNAMED (PROJECT20

DOFA Date

or

Construction Date _____

Development Type:

Rental

Turnkey III - Vacant

Turnkey III - Occupied

Mutual Help

Section 23, Bond Financed

Occupancy Type:

Family

Elderly

Mixed

Structure Type:

Detached/Semi-Detached

Row

Walk-Up

Elevator

Number of Buildings

Current Bedroom Distribution

0 0 1 0 2 0

3 0 4 0 5 0

5+ 0

Number of Vacant Units

0

0.00%

Total Current

Units

0

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$0.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Modernization and maintenance personnel
 Public Meetings with tenants
 Maintenance Reports
 Consultants

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001012		Development Name Garfield Heights		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u>	1 <u>0</u>	2 <u>0</u>
					Total Current

Mutual Help Section 23, Bond Financed		Elevator	3	4	5	Units
			<u>0</u>	<u>0</u>	<u>0</u>	0
			<u>0</u>			
General Description of Needed Physical Improvements						Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p> <p>Dwelling Units: None</p> <p>Dwelling Equipment: None</p> <p>Interior Common Areas: None</p> <p>Site-Wide Facilities: None</p> <p>Nondwelling Equipment: None</p>						

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$19,455,999.00
Per Unit Hard Cost	\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
---	---

Development Number PA28P001013	Development Name Addison Addition	DOFA Date or Construction Date _____
--	---	--

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current Units
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	

General Description of Needed Physical Improvements	Urgency of Need (1-5)
---	-----------------------

Site:
None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$7,093,157.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b style="color: red;">HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b style="color: blue;">PA28P001014		Development Name <b style="color: blue;">Kelly St. High-Rise		DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings		Number of Vacant Units <b style="color: red;">0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		<b style="color: red;">0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u>	1 <u> 0 </u>	2 <u> 0 </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u> 0 </u>	4 <u> 0 </u>	5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>	Total Current Units <b style="color: red;">0	
General Description of Needed Physical Improvements					Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$6,760,532.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name

HIALEAH HOUSING AUTHORITY

Original

Revision Number _____

Development Number PA28P001015		Development Name Bidwell			DOFA Date or Construction Date _____								
Development Type:		Occupancy Type:		Structure Type:		Number of Buildings		Number of Vacant Units					
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>			0					
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution		0.00%					
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current	
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units	
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					0	
General Description of Needed Physical Improvements											Urgency of Need (1-5)		

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$3,192,886.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY		<input type="checkbox"/> Original	
		<input type="checkbox"/> Revision Number _____	
Development Number PA28P001017	Development Name Pressley St. High-Rise	DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>
		Number of Vacant Units 0	
		0.00%	
		Total Current Units	
		0	

General Description of Needed Physical Improvements	Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p> <p>Dwelling Units: None</p> <p>Dwelling Equipment: None</p> <p>Interior Common Areas: None</p> <p>Site-Wide Facilities: None</p> <p>Nondwelling Equipment: None</p>	
Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$5,055,120.00
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No

Development Has Long-Term Physical and Social Viability

Yes

No

Date Assessment Prepared

Source(s) of Information:

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HUD-52832 (10/96)

ref. Handbook 7485.3

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name

HIALEAH HOUSING AUTHORITY

Original

Revision Number _____

Development Number

PA28P001020

Development Name

Homewood North

DOFA Date

or

Construction Date _____

Development Type:

Rental

Occupancy Type:

Family

Structure Type:

Detached/Semi-Detached

Number of Buildings

Number of Vacant Units

0

Turnkey III - Vacant

Elderly

Row

Current Bedroom Distribution

0.00%

Turnkey III - Occupied

Mixed

Walk-Up

0 0

1 0

2 0

Total Current

Mutual Help

Elevator

3 0

4 0

5 0

Units

Section 23, Bond Financed

5+ 0

0

General Description of Needed Physical Improvements

Urgency of
Need (1-5)

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$3,564,947.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001022		Development Name Scattered Sites "22"		DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u> 3 <u> 0 </u> 4 <u> 0 </u> 5 <u> 0 </u> 5+ <u> 0 </u>		Number of Vacant Units 0 0.00% <hr/> Total Current Units 0
General Description of Needed Physical Improvements					Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements **\$1,330,035.16**

Per Unit Hard Cost **\$0.00**

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared

Source(s) of Information:

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name **HIALEAH HOUSING AUTHORITY** Original

Revision Number _____

Development Number **PA28P001024** Development Name **Manchester Scattered Sites** DOFA Date or Construction Date _____

Development Type:		Occupancy Type:		Structure Type:		Number of Buildings		Number of Vacant Units	0			
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>	Current Bedroom Distribution		0.00%				
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	5+	<u>0</u>					0
Section 23, Bond Financed	<input type="text"/>											

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$0.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001029		Development Name East Hills High-Rise		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>87</u>	1 <u>69</u>	2 <u>1</u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u>	4 <u>0</u>	5 <u>0</u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>		
General Description of Needed Physical Improvements					Urgency of Need (1-5)

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$2,682,048.00
--	-----------------------

Per Unit Hard Cost	\$17,083.11
--------------------	--------------------

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared

Source(s) of Information:

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ref. Handbook 7485.3

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <p style="color: red; margin-left: 40px;">HIALEAH HOUSING AUTHORITY</p>				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <p style="color: blue; margin-left: 40px;">PA28P001031</p>		Development Name <p style="color: blue; margin-left: 40px;">Murray Towers</p>			DOFA Date or Construction Date _____
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u> 3 <u> 0 </u> 4 <u> 0 </u> 5 <u> 0 </u> 5+ <u> 0 </u>		Number of Vacant Units <p style="text-align: center; color: blue; font-weight: bold;">0</p> <hr/> <p style="text-align: center; color: red; font-weight: bold;">0.00%</p> <hr/> Total Current Units <p style="text-align: center; color: red; font-weight: bold;">0</p>
General Description of Needed Physical Improvements					Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$2,960,692.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name HIALEAH HOUSING AUTHORITY		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001032	Development Name Glen Hazel Heights		DOFA Date or Construction Date _____
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u> 15 </u> 4 <u> 0 </u> 5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>
			Number of Vacant Units 0
			0.00%
			Total Current Units
			15
General Description of Needed Physical Improvements			Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$1,169,308.40
Per Unit Hard Cost					\$77,953.89
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY		<input type="checkbox"/> Original	
		<input type="checkbox"/> Revision Number _____	
Development Number PA28P001033	Development Name Bernice Crawley Manor	DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings
			Number of Vacant Units 0

Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution			0.00%			
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					0

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$898,806.00
Per Unit Hard Cost	\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

HA Name HIALEAH HOUSING AUTHORITY		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001038	Development Name Glen Hazel Homes	DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u> 6 </u> 4 <u> 0 </u> 5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>
General Description of Needed Physical Improvements			Number of Vacant Units 0
			0.00%
			Total Current Units 6
			Urgency of Need (1-5)

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$561,610.72
Per Unit Hard Cost					\$93,601.79
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY			<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001039		Development Name Scattered Sites "39"		DOFA Date or Construction Date _____
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u> 0 </u> 4 <u> 0 </u> 5 <u> 0 </u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>	0
General Description of Needed Physical Improvements				Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p>				

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$0.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name

HIALEAH HOUSING AUTHORITY

Original

Revision Number _____

Development Number

PA28P001040

Development Name

Mazza Pavilion

DOFA Date

or

Construction Date _____

Development Type:

Rental

Occupancy Type:

Family

Structure Type:

Detached/Semi-Detached

Number of Buildings

Number of Vacant Units

0

Turnkey III - Vacant

Elderly

Row

Current Bedroom Distribution

0.00%

Turnkey III - Occupied

Mixed

Walk-Up

0 0

1 0

2 0

Total Current

Mutual Help

Elevator

3 0

4 0

5 0

Units

Section 23, Bond Financed

5+ 0

0

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$1,074,572.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001041		Development Name Caliguiri Plaza		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u>	1 <u>0</u>	2 <u>0</u>
					Total Current

Mutual Help Section 23, Bond Financed		Elevator	3	4	5	Units
			<u>0</u>	<u>0</u>	<u>0</u>	0
			<u>0</u>			
General Description of Needed Physical Improvements						Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p> <p>Dwelling Units: None</p> <p>Dwelling Equipment: None</p> <p>Interior Common Areas: None</p> <p>Site-Wide Facilities: None</p> <p>Nondwelling Equipment: None</p>						

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$0.00
Per Unit Hard Cost	\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number PA28P001042	Development Name Scattered Sites "42"	DOFA Date or Construction Date _____
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Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current Units
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	

General Description of Needed Physical Improvements	Urgency of Need (1-5)
---	-----------------------

Site:
None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$30,797.70
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001043		Development Name Flowers Street		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u>	1 <u> 0 </u>	2 <u> 0 </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u> 0 </u>	4 <u> 0 </u>	5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>		
General Description of Needed Physical Improvements					Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$0.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name

HIALEAH HOUSING AUTHORITY

Original

Revision Number _____

Development Number PA28P001044		Development Name Finello Pavilion			DOFA Date or Construction Date _____								
Development Type:		Occupancy Type:		Structure Type:		Number of Buildings		Number of Vacant Units					
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>			0					
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution		0.00%					
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current	
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units	
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					0	
General Description of Needed Physical Improvements											Urgency of Need (1-5)		

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$1,020,072.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001045		Development Name Morse Gardens		DOFA Date or Construction Date _____	
Development Type:		Occupancy Type:		Structure Type:	
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>
Section 23, Bond Financed	<input type="checkbox"/>				
				Number of Buildings	
				Current Bedroom Distribution	
				0	<u>0</u>
				1	<u>66</u>
				2	<u>0</u>
				3	<u>0</u>
				4	<u>0</u>
				5	<u>0</u>
				5+	<u>0</u>
				Number of Vacant Units	
				0	
				0.00%	
				Total Current	
				Units	
				66	

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements

\$964,082.00

Per Unit Hard Cost

\$14,607.30

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No

Development Has Long-Term Physical and Social Viability

Yes

No

Date Assessment Prepared

Source(s) of Information:

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HUD-52832 (10/96)

ref. Handbook 7485.3

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001046		Development Name Pietragallo Regency		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units	
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u>	1 <u> 0 </u>	2 <u> 0 </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u> 0 </u>	4 <u> 0 </u>	5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>		
General Description of Needed Physical Improvements					Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p>					

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$0.00
Per Unit Hard Cost	\$0.00

Per Unit Hard Cost	\$0.00
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Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared	
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Source(s) of Information:	
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HA Name <p style="text-align: center; color: red; font-weight: bold;">HIALEAH HOUSING AUTHORITY</p>				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <p style="text-align: center; color: blue; font-weight: bold;">PA28P001047</p>		Development Name <p style="text-align: center; color: blue; font-weight: bold;">Gualtieri Manor</p>		DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution 0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u> 3 <u> 0 </u> 4 <u> 0 </u> 5 <u> 0 </u> 5+ <u> 0 </u>		Number of Vacant Units <p style="text-align: center; color: blue; font-weight: bold;">0</p> <hr/> <p style="text-align: center; color: red; font-weight: bold;">0.00%</p> <hr/> Total Current Units <p style="text-align: center; color: red; font-weight: bold;">0</p>
General Description of Needed Physical Improvements					Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$93,340.25
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared

Source(s) of Information:

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ref. Handbook 7485.3

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY		<input type="checkbox"/> Original
Development Number PA28P001050		<input type="checkbox"/> Revision Number _____
Development Name Scattered Sites "50"	DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:
		Number of Buildings
		Number of Vacant Units

Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>		0
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	Units
Section 23, Bond Financed	<input type="text"/>					5+ <u>0</u>	0
General Description of Needed Physical Improvements							Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$166,362.09
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared _____
 Source(s) of Information: _____

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name **HIALEAH HOUSING AUTHORITY** Original
 Revision Number _____

Development Number **PA28P001051** Development Name **Scattered Sites "51"** DOFA Date or Construction Date _____

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	0

General Description of Needed Physical Improvements _____ Urgency of Need (1-5) _____

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$166,362.09
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared	
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Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____					
Development Number PA28P001052		Development Name Scattered Sites "52"			DOFA Date or Construction Date _____				
Development Type:		Occupancy Type:		Structure Type:		Number of Buildings		Number of Vacant Units	
Rental <input type="checkbox"/>		Family <input type="checkbox"/>		Detached/Semi-Detached <input type="checkbox"/>				0	
Turnkey III - Vacant <input type="checkbox"/>		Elderly <input type="checkbox"/>		Row <input type="checkbox"/>		Current Bedroom Distribution		0.00%	
Turnkey III - Occupied <input type="checkbox"/>		Mixed <input type="checkbox"/>		Walk-Up <input type="checkbox"/>		0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u>		Total Current	
Mutual Help <input type="checkbox"/>				Elevator <input type="checkbox"/>		3 <u> 0 </u> 4 <u> 0 </u> 5 <u> 0 </u>		Units	
Section 23, Bond Financed <input type="checkbox"/>						5+ <u> 0 </u>		0	
General Description of Needed Physical Improvements									Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p>									

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$166,362.09
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Date Assessment Prepared	
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Source(s) of Information:	
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HA Name <p style="text-align: center; color: red; font-weight: bold;">HIALEAH HOUSING AUTHORITY</p>	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number <p style="text-align: center; color: blue; font-weight: bold;">PA28P001057</p>	Development Name <p style="text-align: center; color: blue; font-weight: bold;">Scattered Sites "57"</p>	DOFA Date or Construction Date _____
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Development Type: Rental <input style="width: 40px;" type="text"/>	Occupancy Type: Family <input style="width: 40px;" type="text"/>	Structure Type: Detached/Semi-Detached <input style="width: 40px;" type="text"/>	Number of Buildings	Number of Vacant Units <p style="text-align: center; color: blue; font-weight: bold;">0</p>
Turnkey III - Vacant <input style="width: 40px;" type="text"/>	Elderly <input style="width: 40px;" type="text"/>	Row <input style="width: 40px;" type="text"/>	Current Bedroom Distribution	<p style="text-align: center; color: red; font-weight: bold;">0.00%</p>
Turnkey III - Occupied <input style="width: 40px;" type="text"/>	Mixed <input style="width: 40px;" type="text"/>	Walk-Up <input style="width: 40px;" type="text"/>	0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u>	Total Current
Mutual Help <input style="width: 40px;" type="text"/>		Elevator <input style="width: 40px;" type="text"/>	3 <u> 0 </u> 4 <u> 0 </u> 5 <u> 0 </u>	Units
Section 23, Bond Financed <input style="width: 40px;" type="text"/>			5+ <u> 0 </u>	<p style="text-align: center; color: red; font-weight: bold;">0</p>

General Description of Needed Physical Improvements	Urgency of Need (1-5)
---	-----------------------

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$166,362.09
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Total Preliminary Estimated HA-Wide Cost	
--	--

	\$75,000.00
--	--------------------

Date Assessment Prepared	
--------------------------	--

	10-Jul-97
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Source(s) of Information:

Assesment of needs performed through a technical grant

**Executive Summary of
Preliminary Estimated Costs**

Physical and Management/
Operations Needs
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**

Office of Public and Indian Housing

OMB No. 2577-0157 (exp. 7/31/98)

HA Name				Federal Fiscal Year		
HIALEAH HOUSING AUTHORITY				1998		
Development Number/ Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long Term Viability Y/N	Percentage of Vacant Units	
0	0	200	\$780,000.00	\$3,900.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$693,980.00	\$13,879.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
FL29-P066-016 UNNAMED (PROJECT 16)						
FL29-P066-020 UNNAMED (PROJECT 20)						
Total Preliminary Estimated HA-Wide Cost					\$1,473,980.00	
Total Preliminary Estimated Cost for HA-Wide Management/Operations Need					\$0.00	
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment					\$0.00	
Total Preliminary Estimated Cost for HA-Wide Administration					\$150,000.00	
Total Preliminary Estimated Cost for HA-Wide Other					\$150,000.00	
Grand Total of HA Needs					\$1,773,980.00	

Signature of Executive Director
MARIA M. ROCA

Date

^

Annual Statement /Performance and Evaluation Report

(REV. 3/19/03 / 5/23/03)

U. S. Department of Housing
and Urban Development

Office of Public and Indian Housing

Comprehensive Grant Program (CGP)

Part I: Summary

(BA-6/25/02)

HA Name

HIALEAH HOUSING AUTHORITY

(Revised 3/19/03A)

Comprehensive Grant Number

FL14-P06650100

FFY of Grant Approval

2000

Original Annual Statement
 Reserve for Disaster/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending _____
 Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original	Revised (1)	Obligated	Expended
Total Non-CGP Funds						
1	1406	O & M	\$0.00	\$306,759.00	\$306,759.00	\$306,759.00
2	1408	Management Improvements	\$12,500.00	\$0.00	\$0.00	\$0.00
3	1410	Administration	\$70,000.00	\$93,400.00	\$93,400.00	\$92,594.84
4	1411	Audit	\$0.00	\$0.00	\$0.00	\$0.00
5	1415	Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
6	1430	Fees and Costs	\$50,000.00	\$107,000.00	\$107,000.00	\$52,738.10
7	1440	Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
8	1450	Site Improvement	\$243,294.00	\$90,458.54	\$90,458.54	\$90,458.54
9	1460	Dwelling Structures	\$1,136,000.00	\$878,296.46	\$878,296.46	\$346,097.74
10	1465.1	Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
11	1470	Nondwelling Structures	\$22,000.00	\$39,250.00	\$3,350.00	\$0.00
12	1475	Nondwelling Equipment	\$0.00	\$18,630.00	\$18,630.00	\$18,630.00
13	1485	Demolition	\$0.00	\$0.00	\$0.00	\$0.00
14	1495.1	Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
15	1490	Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1498	Mod Used for Development	\$0.00	\$0.00	\$0.00	\$0.00
17	1502	Contingency (may not exceed 8% of 19)	\$0.00	\$0.00	\$0.00	\$0.00
18	Amount of Annual Grant (Sum of lines 2-19)		\$1,533,794.00	\$1,533,794.00	\$1,532,494.00	\$907,278.22
19	Amount of line 19 Related to LBP Activities		\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of line 19 Related to Section 504 Compliance		\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of line 19 Related to Security		\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 19 Related to Energy Conservation		\$0.00	\$0.00	\$0.00	\$0.00

Signature of Acting Executive Director and Date

X ALEX MORALES, EXECUTIVE DIRECTOR

Signature of Public Housing Director or Office of Native American Programs Administrator & Date:

X

1 To be completed for the Performance & Evaluation Report or a Revised Annual Statement
 2 To be completed for the Performance & Evaluation Report

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

2000

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2) Board Approved 6/25/02 (Revised 3/19/03A)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
HA-Wide	1) STAFF TRAINING: Continuation of on-going program to educate and train personnel in procurement, cost estimating, occupancy, 'Building Construction, and site-based asset management.	1406			\$306,759.00	\$306,759.00	\$306,759.00	
HA-Wide		1408			\$0.00	\$0.00	\$0.00	
Mgmt.		"				\$0.00	\$0.00	\$0.00
Improvmts		"				\$0.00	\$0.00	\$0.00
"		"			\$5,000.00	\$0.00	\$0.00	\$0.00
"		"				\$0.00	\$0.00	\$0.00
"		"				\$0.00	\$0.00	\$0.00
"	2) MANAGEMENT IMPROVMTS STRATEGY: softwares, upgrades to improve efficiency and office automation needs	"		\$7,500.00	\$0.00	\$0.00	\$0.00	
				\$12,500.00	\$0.00	\$0.00	\$0.00	
HA-Wide Admin.	Funding for Staff @ no more than 10% of the annual grant amount	1410		\$70,000.00	\$93,400.00	\$93,400.00	\$93,400.00	
HA-Wide Fees and Costs	A & E services @ no more than 7% of the annual grant	1430		\$50,000.00	\$107,000.00	\$107,000.00	\$52,738.10	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$18,630.00	\$18,630.00	\$18,630.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

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Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

U. S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB Approval No. 2577-0157 (7/31/98)
2000

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29-P066 001 ASHLEY PLAZA	1.-Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	2.-Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	3.-Building Exterior: Replace Windows	1460	100%	\$0.00	\$55,250.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$55,250.00	\$0.00	\$0.00	
	4.-Dwelling Units:	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	5.-Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	6.-Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	7.-Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
8.-Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total, 001		Project Total:	\$0.00	\$55,250.00	\$0.00	\$0.00		

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

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Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing **2000**

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29-P066 002 HOLLAND HALL	1.-Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	2.-Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	3.-Building Exterior: None	1460	100%	\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	4.-Dwelling Units: REPAINT INTERIOR UNITS - \$43,959.00	1460	30,000	\$30,000.00	\$43,959.00	\$43,959.00	\$0.00	
			Total DUs:	\$30,000.00	\$43,959.00	\$43,959.00	\$0.00	
	5.-Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	6.-Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	7.-Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
8.-Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total, 002			Project Total:	\$30,000.00	\$43,959.00	\$43,959.00	\$0.00	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

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Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29-P066 003 VIVIAN VILLAS	1.-Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	2.-Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	3.-Building Exterior: WINDOWS UPGRADE - MOVED PARTIAL FROM 2001	1460		\$0.00	\$48,351.62	\$48,351.62	\$48,351.62	
			Total B.E.:	\$0.00	\$48,351.62	\$48,351.62	\$48,351.62	
	4.-Dwelling Units: Kitchen Cabinets (moved to '99) CABINETS, PLUMBING SUPPLIES - \$17,723.20 REPAINT INTERIOR UNITS - \$45,885.20	1460	100%	\$253,000.00	\$63,608.20	\$63,608.20	\$17,723.20	
			Total DUs:	\$253,000.00	\$63,608.20	\$63,608.20	\$17,723.20	
	5.-Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
6.-Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
7.-Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
8.-Nondwelling Equipment: none	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total, 003			Project Total:	\$253,000	\$111,959.82	\$111,959.82	\$66,074.82	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

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Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB Approval No. 2577-0157 (7/31/98)
2000

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29-P066 005 SEMINOLA VILLAS CGP '99	1.-Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	2.-Mechanical and Electrical: Electric Upgrade / Code Requirement	1460	50%	\$75,000.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$75,000.00	\$0.00	\$0.00	\$0.00	
	3.-Building Exterior: Building Windows (moved to '99) Window Sills/\$ Waterproofing/Paint Exterior \$40,359.00 Re-Roofing - \$205,372.00 Gutters \$40,590.00	1460		\$75,000.00	\$246,302.00	\$246,302.00	\$134,645.78	
			Total B.E.:	\$75,000.00	\$246,302.00	\$246,302.00	\$134,645.78	
	4.-Dwelling Units: Storm Shutters - \$87,612.50	1460		\$0.00	\$87,612.50	\$87,612.50	\$0.00	
			Total DUs:	\$0.00	\$87,612.50	\$87,612.50	\$0.00	
	5.-Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	6.-Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
7.-Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
8.-Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total, 005		Project Total:		\$150,000.00	\$333,914.50	\$333,914.50	\$134,645.78	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

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Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

U. S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB Approval No. 2577-0157 (7/31/98)
2000

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29-P066 006 MILANDER MANOR/ Warehouse	1.-Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	2.-Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	3.-Building Exterior: Exterior Paint - \$21,646.00 Re-Roofing and Exterior Paint - Moved From 2001 \$122,500.00	1460		\$0.00	\$124,796.00	\$124,796.00	\$0.00	
			Total B.E.:	\$0.00	\$124,796.00	\$124,796.00	\$0.00	
	4.-Dwelling Units: New Kitchen Cabinets	1460	100%	\$120,000.00	\$145,377.14	\$145,377.14	\$145,377.14	
			Total DUs:	\$120,000.00	\$145,377.14	\$145,377.14	\$145,377.14	
	5.-Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	6.-Interior Common Areas: Re-tile/Carpet Hallways - Moved To 2002 Replace Area Windows - \$31,200.00 Moved From 2001 Railings - \$8,000.00 Guard Rails	1470	100%	\$22,000.00	\$3,350.00	\$3,350.00	\$0.00	
			Total ICAs:	\$22,000.00	\$3,350.00	\$3,350.00	\$0.00	
	7.-Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
8.-Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total, 006			Project Total:	\$142,000.00	\$273,523.14	\$273,523.14	\$145,377.14	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB Approval No. 2577-0157 (7/31/98)
 2000

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL-29-P066 4 HOFFMAN GARDENS	1.-Site: SEWER LINE REPLACE 45% \$160,000 MOVED TO '99	1450		\$243,294.00	\$90,458.54	\$90,458.54	\$90,458.54	
			Total Site:	\$243,294.00	\$90,458.54	\$90,458.54	\$90,458.54	
	2.-Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	3.-Building Exterior: FASCIA REPAIR (moved to 2001)	1460		\$298,000.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$298,000.00	\$0.00	\$0.00	\$0.00	
	4.-Dwelling Units: None	1460	100%	\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	5.-Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
6.-Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
7.-Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
8.-Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$541,294.00	\$90,458.54	\$90,458.54	\$90,458.54	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing **2000**

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29-P066 008 LA ESPERANZA	1.-Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	2.-Mechanical and Electrical: Elevators Modernization	1460	100%	\$135,000.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$135,000.00	\$0.00	\$0.00	\$0.00	
	3.-Building Exterior:	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	4.-Dwelling Units: Fire Sprinkler Installation	1460	100%	\$100,000.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$100,000.00	\$0.00	\$0.00	\$0.00	
	5.-Dwelling Equipment: Toilets ADA Requirements (moved to 2003)	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	6.-Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	7.-Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
8.-Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total, 008			Project Total:	\$235,000.00	\$0.00	\$0.00	\$0.00	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

2000

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29-P066 010 BRIGHT VILLAS	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: Fire Sprinklers moved to 2001)	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Handrail Installation - \$98,900.00	1460	60%	\$50,000.00	\$98,940.00	\$98,940.00	\$0.00	
			Total B.E.:	\$50,000.00	\$98,940.00	\$98,940.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total, BRIGHT		Project Total:		\$50,000.00	\$98,940.00	\$98,940.00	\$0.00	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 (2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

2000

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29-P066 12 Project 12	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: Fire Sprinklers (moved to 2002)	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	12		Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

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 (2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing **2000**

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29-P066 16 Project 16	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		16	Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

2000

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29-P066 20 RUTH A. TINSMAN	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	20		Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 (2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development OMB Approval No. 2577-0157 (7/31/98)
Office of Public and Indian Housing **2000**

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
FL29-P066 21 Project 21	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		21	Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

Signature of Acting Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing
and Urban Development

OMB Approval No. 2577-0

Comprehensive Grant Program (CGP)

Part III: Implementation Schedule

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
0	30-Jun-01			30-Jul-02			
0							
0							
0							
0	30-Jun-01			30-Jul-02			
0 0	N/A			N/A			
0	0 N/A			N/A			
0	0 N/A			N/A			
0	0 N/A			N/A			
Executive Dir	0 N/A			N/A			
FL29-P066-002	30-Jun-01			30-Jul-02			
FL29-P066-005	30-Jun-01			30-Jul-02			
FL29-P066-006	30-Jun-01			30-Jul-02			
FL29-P066-008	30-Jun-01			30-Jul-02			
FL29-P066-010	30-Jun-01			30-Jul-02			

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Signature of Executive Director and Date

Signature of Public Housing Director or Office of Native American Programs Administrator and Date

X

X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement

(2) To be completed for the Performance and Evaluation Report

Page ___ of ___

t Dates (2)

form HUD-52837 (10/96)
ref. Handbook 7485.3
0157 (7/31/98)

t Dates (3)

form HUD-52837 (10/96)
ref. Handbook 7485.3

**Five-Year Action Plan
Part I: Summary
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name: HIALEAH HOUSING AUTHORITY		Locality: (City/County & State) CITY OF HIALEAH, DADE COUNTY, FLORIDA			<input type="checkbox"/> Original <input checked="" type="checkbox"/> Revision No: 1	
A. Development Number/Name	Work Statement for Year 1 FFY: '00	Work Statement for Year 2 FFY: 2001	Work Statement for Year 3 FFY: 2002	Work Statement for Year 4 FFY: 2003	Work Statement for Year 5 FFY: 2004	
FL29-P066-001 ASHLEY PLAZA	See Annual Statement	\$0	\$0	\$0	\$175,000	
FL29-P066-002 HOLLAND HALL		\$50,000	\$0	\$29,000	\$0	
FL29-P066-003 VIVIAN VILLAS		\$0	\$125,000	\$389,000	\$45,000	
FL29-P066-004 HOFFMAN GARDEN		\$400,000	\$646,000	\$540,000	\$495,000	
FL29-P066-005 SEMINOLA VILLAS		\$171,000	\$46,000	\$70,000	\$0	
FL29-P066-006 MILANDER MANOR		\$277,000	\$66,000	\$165,691	\$181,250	
FL29-P066-008 LA ESPERANZA		\$189,000	\$190,000	\$335,000	\$305,900	
FL29-P066-010 BRIGHT VILLAS		\$279,000	\$152,500	\$110,000	\$190,000	
HA-Wide Contingency @ X%		\$0	\$0	\$0	\$0	
B. Physical Improvements Subtotal			\$1,462,800	\$1,385,500	\$1,813,691	\$1,392,150
C. Management Improvements		#REF!	#REF!	#REF!	#REF!	
D. HA-Wide Nondwelling Structures & Equipment		\$0	\$0	\$0	\$0	
E. Administration		\$70,000	\$70,000	\$70,000	\$70,000	
F. Other (Fees & Costs and Relocation)		\$50,000	\$50,000	\$50,000	\$50,000	
G. Operations		\$0	\$0	\$0	\$0	
H. Demolition		\$0	\$0	\$0	\$0	
I. Replacement Reserve		\$0	\$0	\$0	\$0	
J. Mod Used for Development		\$0	\$0	\$0	\$0	
K. Total CGP Funds		#REF!	#REF!	#REF!	#REF!	
L. Total Non-CGP Funds		\$0	\$0	\$0	\$0	
M. Grand Total		#REF!	#REF!	#REF!	#REF!	

Signature of Executive Director and Date:

MARIA M. ROCA

Signature of Public Housing Director/Office of Native American Programs Administrator and Date:

X

**Five-Year Action Plan
Part I: Summary (Continuation)**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Comprehensive Grant Program (CGP)

HA Name: <p style="text-align: center;">HIALEAH HOUSING AUTHORITY</p>	Locality: (City/County & State) <p style="text-align: center;">CITY OF HIALEAH, DADE COUNTY, FLORIDA</p>	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Revision No: 1
--	--	--

A. Development Number/Name	Work Statement for Year 1 FFY: '00	Work Statement for Year 2 FFY: 2001	Work Statement for Year 3 FFY: 2002	Work Statement for Year 4 FFY: 2003	Work Statement for Year 5 FFY: 2004
FL29-P066-012 UNNAMED		\$96,800	\$297,711	\$30,000	\$0
FL29-P066-016 UNNAMED		\$0	\$60,000	\$145,000	\$0
		96800 _____	160000 _____	175000 _____	0 _____

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 Development Number/Name/General Description FFY: '00	Work Statement for Year 2 FFY: 2001			Work Statement for Year 3 FFY: 2002		
	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	HA-Wide Physical Improvements			HA-Wide Physical Improvements		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	ON-DEMAND Mechanical and Electrical:			ON-DEMAND Mechanical and Electrical:		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	ON-DEMAND Building Exterior:			ON-DEMAND Building Exterior:		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	ON-DEMAND Dwelling Units:			ON-DEMAND Dwelling Units:		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	HA-WIDE Dwelling Equipment:			HA-WIDE Dwelling Equipment:		
	None		\$0	None		\$0
Total D.E.:		\$0	Total D.E.:		\$0	
HA-WIDE Interior Common Areas:			HA-WIDE Interior Common Areas:			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
HA-WIDE Site-Wide Facilities:			HA-WIDE Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
HA-WIDE Nondwelling Equipment:			HA-WIDE Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost		\$0	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 Development Number/Name/General Description FFY: '00	Work Statement for Year 4 FFY: 2003			Work Statement for Year 5 FFY: 2004		
	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	HA-Wide Physical Improvements			HA-Wide Physical Improvements		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	ON-DEMAND Mechanical and Electrical:			ON-DEMAND Mechanical and Electrical:		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	ON-DEMAND Building Exterior:			ON-DEMAND Building Exterior:		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	ON-DEMAND Dwelling Units:			ON-DEMAND Dwelling Units:		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	HA-WIDE Dwelling Equipment:			HA-WIDE Dwelling Equipment:		
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
HA-WIDE Interior Common Areas:			HA-WIDE Interior Common Areas:			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
HA-WIDE Site-Wide Facilities:			HA-WIDE Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
HA-WIDE Nondwelling Equipment:			HA-WIDE Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost		\$0	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 Development Number/Name/General Description FFY: '00	Work Statement for Year 2 FFY: 2001			Work Statement for Year 3 FFY: 2002		
	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-001 ASHLEY PLAZA			FL29-P066-001 ASHLEY PLAZA		
	1.Site: None			1.Site: None		\$0
	Total Site:	\$0		Total Site:		\$0
	2.Mechanical and Electrical: None		\$0	2.Mechanical and Electrical: None		\$0
	Total M&E:	\$0		Total M&E:		\$0
	3.Building Exterior: None			3.Building Exterior: None		\$0
	Total B.E.:	\$0		Total B.E.:		\$0
	4.Dwelling Units: None		\$0	4.Dwelling Units: None		
	Total DUs:	\$0		Total DUs:		\$0
	5.Dwelling Equipment: None		\$0	5.Dwelling Equipment: Re-tile units		\$150,000
	Total D.E.:	\$0		Total D.E.:		\$150,000
	6.Interior Common Areas: None			6.Interior Common Areas: 100 %		\$0
	Total ICAs:	\$0		Total ICAs:		\$0
	7.Site-Wide Facilities: None		\$0	7.Site-Wide Facilities: None		\$0
Total SWFs:	\$0		Total SWFs:		\$0	
8.Nondwelling Equipment: None		\$0	8.Nondwelling Equipment: None		\$0	
Total NDE:	\$0		Total NDE:		\$0	
Subtotal of Estimated Cost			Subtotal of Estimated Cost		\$150,000	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-001 ASHLEY PLAZA			FL29-P066-001 ASHLEY PLAZA		
	1.Site: None		\$0	1.Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	3.Building Exterior:			3.Building Exterior:		
	None		\$0	None STORM PANELS		\$75,000
	Total B.E.:		\$0	Total B.E.:		\$75,000
	4.Dwelling Units:			4.Dwelling Units:		
				WINDOW REPLACEMENT		\$100,000
	Total DUs:		\$0	Total DUs:		\$100,000
	5.Dwelling Equipment:			5.Dwelling Equipment:		
	None		\$0	None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	6.Interior Common Areas:			6.Interior Common Areas:		
100%			None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost		\$175,000	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-002 HOLLAND HALL			FL29-P066-002 HOLLAND HALL		
	1.Site: None		\$0	1.Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	FIRE ALARM PANEL		\$30,000			
	Total M&E:		\$30,000	Total M&E:		\$0
	3.Building Exterior:			3.Building Exterior:		
				None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	4.Dwelling Units:			4.Dwelling Units:		
TUB REPLACEMENT/TOILET REPLACEMENT		\$155,000				
Total DUs:		\$155,000	Total DUs:		\$0	
5.Dwelling Equipment:			5.Dwelling Equipment:			
New A/C units		\$60,000	None		\$0	
Total D.E.:		\$60,000	Total D.E.:		\$0	
6.Interior Common Areas:			6.Interior Common Areas:			
None		\$0				
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$245,000	Subtotal of Estimated Cost		\$0	

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	Quantity Work Categories	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	FL29-P066-002 HOLLAND HALL			FL29-P066-002 HOLLAND HALL		
	1.Site: None		\$0	1.Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	2.Mechanical and Electrical: None		\$0	2.Mechanical and Electrical: None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	3.Building Exterior: Storm panels		\$29,000	3.Building Exterior: None		\$0
	Total B.E.:		\$29,000	Total B.E.:		\$0
	4.Dwelling Units:			4.Dwelling Units: None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	5.Dwelling Equipment: None		\$0	5.Dwelling Equipment: None		\$0
Total D.E.:		\$0	Total D.E.:		\$0	
6.Interior Common Areas: None		\$0	6.Interior Common Areas: None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities: None		\$0	7.Site-Wide Facilities: None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment: None		\$0	8.Nondwelling Equipment: None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$29,000	Subtotal of Estimated Cost		\$0	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-003 VIVIAN VILLAS			FL29-P066-003 VIVIAN VILLAS		
	1.Site:			1.Site:		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	3.Building Exterior:			3.Building Exterior:		
	None		\$0			
	Total B.E.:		\$0	Total B.E.:		\$0
	4.Dwelling Units:			4.Dwelling Units:		
			\$0	Toilets ADA requirements		\$35,000
	Total DUs:		\$0	Total DUs:		\$35,000
	5.Dwelling Equipment:			5.Dwelling Equipment:		
	None		\$0	None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
6.Interior Common Areas:			6.Interior Common Areas:			
None		\$0	INTERIOR PAINTING INCLUDING APART.		\$90,000	
Total ICAs:		\$0	Total ICAs:		\$90,000	
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost		\$125,000	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-003 VIVIAN VILLAS			FL29-P066-003 VIVIAN VILLAS		
	1.Site: None		\$0	1.Site: RESEAL PARKING LOTS		\$45,000
	Total Site:		\$0	Total Site:		\$45,000
	2.Mechanical and Electrical: None		\$0	2.Mechanical and Electrical: None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	3.Building Exterior: STROM PANELS		\$39,000	3.Building Exterior: None		\$0
	Total B.E.:		\$39,000	Total B.E.:		\$0
	4.Dwelling Units: NEW CENTRAL AC UNITS		\$350,000	4.Dwelling Units: None		\$0
	Total DUs:		\$350,000	Total DUs:		\$0
	5.Dwelling Equipment: None		\$0	5.Dwelling Equipment: None		\$0
Total D.E.:		\$0	Total D.E.:		\$0	
6.Interior Common Areas: None		\$0	6.Interior Common Areas: None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities: None		\$0	7.Site-Wide Facilities: None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment: None		\$0	8.Nondwelling Equipment: None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$389,000	Subtotal of Estimated Cost		\$45,000	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-004 HOFFMAN GARDEN			FL29-P066-004 HOFFMAN GARDEN		
	1.Site:			1.Site:		
				RESELA RESTRIPE PARKING 30 %		\$206,000
				TRASH ENCLOSURE		
	Total Site:		\$0	Total Site:		\$206,000
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	ELECTRICAL UPGRADE		\$400,000	Install central reverse cycle A/C's units	70%	\$440,000
	Total M&E:		\$400,000	Total M&E:		\$440,000
	3.Building Exterior:			3.Building Exterior:		
	None		\$0			
Total B.E.:		\$0	Total B.E.:		\$0	
4.Dwelling Units:			4.Dwelling Units:			
None		\$0	None		\$0	
Total DUs:		\$0	Total DUs:		\$0	
5.Dwelling Equipment:			5.Dwelling Equipment:			
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
6.Interior Common Areas:			6.Interior Common Areas:			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$400,000	Subtotal of Estimated Cost		\$646,000	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-004 HOFFMAN GARDEN			FL29-P066-004 HOFFMAN GARDEN		
	1.Site: Re-seal, re-stripe park (\$300,000.00)	\$300,000		1.Site: Security fence (\$275000)	\$275,000	
	Total Site:	\$300,000		Total Site:	\$275,000	
	2.Mechanical and Electrical: INSTALL AC UNITS 30%	\$240,000		2.Mechanical and Electrical: None	\$0	
	Total M&E:	\$240,000		Total M&E:	\$0	
	3.Building Exterior: None	\$0		3.Building Exterior: Storm panels	\$200,000	
	Total B.E.:	\$0		Total B.E.:	\$200,000	
	4.Dwelling Units: None	\$0		4.Dwelling Units: None	\$0	
	Total DUs:	\$0		Total DUs:	\$0	
	5.Dwelling Equipment: None	\$0		5.Dwelling Equipment: None	\$0	
Total D.E.:	\$0		Total D.E.:	\$0		
6.Interior Common Areas: None	\$0		6.Interior Common Areas: None	\$0		
Total ICAs:	\$0		Total ICAs:	\$0		
7.Site-Wide Facilities: None	\$0		7.Site-Wide Facilities: METER DOOR REPLACE	\$20,000		
Total SWFs:	\$0		Total SWFs:	\$20,000		
8.Nondwelling Equipment: None	\$0		8.Nondwelling Equipment: None	\$0		
Total NDE:	\$0		Total NDE:	\$0		
Subtotal of Estimated Cost		\$540,000	Subtotal of Estimated Cost		\$495,000	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066- 005 SEMINOLA VILLAS			FL29-P066- 005 SEMINOLA VILLAS		
	1.Site:			1.Site:		
	RESEAL PARKING LOTS		\$46,000			
	Total Site:		\$46,000	Total Site:		\$0
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	3.Building Exterior:			3.Building Exterior:		
	REROOFING 50 %		\$125,000	REROOFING 50%		\$125,000
	Total B.E.:		\$125,000	Total B.E.:		\$125,000
	4.Dwelling Units:			4.Dwelling Units:		
	None		\$0			
	Total DUs:		\$0	Total DUs:		\$0
	5.Dwelling Equipment:			5.Dwelling Equipment:		
	None		\$0	None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	6.Interior Common Areas:			6.Interior Common Areas:		
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$171,000	Subtotal of Estimated Cost		\$125,000	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066- 005 SEMINOLA VILLAS			FL29-P066- 005 SEMINOLA VILLAS		
	1.Site: None		\$0	1.Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	3.Building Exterior:			3.Building Exterior:		
			\$0			
	Total B.E.:		\$0	Total B.E.:		\$0
	4.Dwelling Units:			4.Dwelling Units:		
Storm panels		\$70,000	KITCHEN CABINETS		\$120,000	
Total DUs:		\$70,000	Total DUs:		\$120,000	
5.Dwelling Equipment:			5.Dwelling Equipment:			
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
6.Interior Common Areas:			6.Interior Common Areas:			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$70,000	Subtotal of Estimated Cost		\$120,000	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-006 MILANDER MANOR			FL29-P066-006 MILANDER MANOR		
	1.Site: None		\$0	1.Site: RESEAL PARKING 50%		\$36,000
	Total Site:		\$0	Total Site:		\$36,000
	2.Mechanical and Electrical: None		\$0	2.Mechanical and Electrical: None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	3.Building Exterior: EXTERIOR PAINT COMMON AREA WINDOWS		\$97,000	3.Building Exterior: None		\$0
	Total B.E.:		\$97,000	Total B.E.:		\$0
	4.Dwelling Units: None		\$0	4.Dwelling Units: None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	5.Dwelling Equipment: TUB REPLACE & KITCHEN CABINETS 50%		\$150,000	5.Dwelling Equipment: None		\$0
	Total D.E.:		\$150,000	Total D.E.:		\$0
	6.Interior Common Areas: STORM PANELS 50 %		\$30,000	6.Interior Common Areas: STORM PANELS 50 %		\$30,000
	Total ICAs:		\$30,000	Total ICAs:		\$30,000
	7.Site-Wide Facilities: None		\$0	7.Site-Wide Facilities: None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
	8.Nondwelling Equipment: None		\$0	8.Nondwelling Equipment: None		\$0
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$277,000	Subtotal of Estimated Cost		\$66,000	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-006 MILANDER MANOR			FL29-P066-006 MILANDER MANOR		
	1.Site: Reseal Parking Lot 50%		\$35,691	1.Site: None		\$0
	Total Site:		\$35,691	Total Site:		\$0
	2.Mechanical and Electrical: None		\$0	2.Mechanical and Electrical: None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	3.Building Exterior: NEW ROOF 40 %		\$95,000	3.Building Exterior: New Roof 60%		\$115,000
	Total B.E.:		\$95,000	Total B.E.:		\$115,000
	4.Dwelling Units: None		\$0	4.Dwelling Units: Storm panels WINDOW REPLACE		\$66,250
	Total DUs:		\$0	Total DUs:		\$66,250
	5.Dwelling Equipment: TOILETS ADA		\$35,000	5.Dwelling Equipment: None		\$0
Total D.E.:		\$35,000	Total D.E.:		\$0	
6.Interior Common Areas: None		\$0	6.Interior Common Areas: None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities: None		\$0	7.Site-Wide Facilities: None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment: None		\$0	8.Nondwelling Equipment: None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$165,691	Subtotal of Estimated Cost		\$181,250	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-008 LA ESPERANZA			FL29-P066-008 LA ESPERANZA		
	1.Site: None		\$0	1.Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	ELEVATOR UPGRADE 70%		\$100,000	None		\$0
	Total M&E:		\$100,000	Total M&E:		\$0
	3.Building Exterior:			3.Building Exterior:		
	Storm panels		\$39,000	None		\$0
	Total B.E.:		\$39,000	Total B.E.:		\$0
	4.Dwelling Units:			4.Dwelling Units:		
	Fire Sprinklers 50%		\$50,000	TUB/TOILET REPLACE		\$155,000
	Total DUs:		\$50,000	Total DUs:		\$155,000
	5.Dwelling Equipment:			5.Dwelling Equipment:		
	None		\$0	TOILETS ADA REQUIREMENT		\$35,000
	Total D.E.:		\$0	Total D.E.:		\$35,000
	6.Interior Common Areas:			6.Interior Common Areas:		
				None		\$0
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$189,000	Subtotal of Estimated Cost		\$190,000	

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	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-008 LA ESPERANZA			FL29-P066-008 LA ESPERANZA		
	1.Site:			1.Site:		
	RESEAL PARKING LOTS	\$335,000			\$0	
	SIDEWALK RESTORATION					
	Total Site:	\$335,000		Total Site:	\$0	
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	Total M&E:	\$0		Total M&E:	\$0	
	3.Building Exterior:			3.Building Exterior:		
	None	\$0		None	\$0	
	Total B.E.:	\$0		Total B.E.:	\$0	
	4.Dwelling Units:			4.Dwelling Units:		
	None	\$0		BATH KITCHEN CABINETS	\$305,900	
	Total DUs:	\$0		Total DUs:	\$305,900	
	5.Dwelling Equipment:			5.Dwelling Equipment:		
	Total D.E.:	\$0		None	\$0	
	6.Interior Common Areas:			6.Interior Common Areas:		
None	\$0		None	\$0		
Total ICAs:	\$0		Total ICAs:	\$0		
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None	\$0		None	\$0		
Total SWFs:	\$0		Total SWFs:	\$0		
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None	\$0		None	\$0		
Total NDE:	\$0		Total NDE:	\$0		
Subtotal of Estimated Cost		\$335,000	Subtotal of Estimated Cost		\$305,900	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)
 FFY: 2001

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

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 Development Number/Name/General Description of Major Work Categories	Work Statement for Year 2 FFY: 2001			Work Statement for Year 3 FFY: 2002		
	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-010 BRIGHT VILLAS			FL29-P066-010 BRIGHT VILLAS		
	1.Site: None		\$0	1.Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	FIRE SPRINKLERS 50%		\$110,000	FIRE SPRINKLERS 50%		\$110,000
	Total M&E:		\$110,000	Total M&E:		\$110,000
	3.Building Exterior:			3.Building Exterior:		
	Storm panels		\$39,000	NEW ROOFS 60% Handrail Instalation 50%		\$150,000
	Total B.E.:		\$39,000	Total B.E.:		\$150,000
	4.Dwelling Units:			4.Dwelling Units:		
NEW KITCHEN BATH CABINETS		\$130,000			\$0	
Total DUs:		\$130,000	Total DUs:		\$0	
5.Dwelling Equipment:			5.Dwelling Equipment:			
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
6.Interior Common Areas:			6.Interior Common Areas:			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$279,000	Subtotal of Estimated Cost		\$260,000	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
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U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 Development Number/Name/General Description Major Work Categories	Work Statement for FFY: 2003			Work Statement for Year 5 FFY: 2004		
	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-010 BRIGHT VILLAS			FL29-P066-010 BRIGHT VILLAS		
	1.Site: None		\$0	1.Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	Total M&E:		\$0	Total M&E:		\$0
	3.Building Exterior:			3.Building Exterior:		
	New Roofs 40%		\$110,000	WATERPROOFING PAINT		\$190,000
	Handrail Installation 50%					
	Total B.E.:		\$110,000	Total B.E.:		\$190,000
	4.Dwelling Units:			4.Dwelling Units:		
None	50		None		\$0	
Total DUs:		\$0	Total DUs:		\$0	
5.Dwelling Equipment:			5.Dwelling Equipment:			
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
6.Interior Common Areas:			6.Interior Common Areas:			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$110,000	Subtotal of Estimated Cost		\$190,000	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 Development Number/Name/General Description Major Work Categories	Work Statement for Year 2 FFY: 2001			Work Statement for Year 3 FFY: 2002		
	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-012 UNNAMED			FL29-P066-012 UNNAMED		
	1.Site: None		\$0	1.Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	AC CENTRAL UNITS		\$158,000	FIRE SPRINKLERS 50%		\$110,000
	Total M&E:		\$158,000	Total M&E:		\$110,000
	3.Building Exterior:			3.Building Exterior:		
	Re-roofing (\$80,000.00)		\$80,000	PAINT WATER PROOF		\$65,000
	Total B.E.:		\$80,000	Total B.E.:		\$65,000
	4.Dwelling Units:			4.Dwelling Units:		
				KITCHEN BATH CABINETS		\$145,000
	Total DUs:		\$0	Total DUs:		\$145,000
	5.Dwelling Equipment:			5.Dwelling Equipment:		
	None		\$0			\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	6.Interior Common Areas:			6.Interior Common Areas:		
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$238,000	Subtotal of Estimated Cost		\$320,000	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 Development Number/Name/General Description of Major Work Categories	Work Statement for FFY: 2003			Work Statement for Year 5 FFY: 2004		
	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-012 UNNAMED			FL29-P066-012 UNNAMED		
	1.Site: None		\$0	1.Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	2.Mechanical and Electrical:			2.Mechanical and Electrical:		
	Fire Sprinklers 50%		\$110,000			\$0
	Total M&E:		\$110,000	Total M&E:		\$0
	3.Building Exterior:			3.Building Exterior:		
				STORM PANELS		\$39,000
	Total B.E.:		\$0	Total B.E.:		\$39,000
	4.Dwelling Units:			4.Dwelling Units:		
			None		\$0	
Total DUs:		\$0	Total DUs:		\$0	
5.Dwelling Equipment:			5.Dwelling Equipment:			
None		\$0			\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
6.Interior Common Areas:			6.Interior Common Areas:			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities:			7.Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:			8.Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$110,000	Subtotal of Estimated Cost		\$39,000	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 Development Number/Name/General Description of Major Work Categories	Work Statement for Year 2 FFY: 2001			Work Statement for Year 3 FFY: 2002		
	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-016 UNNAMED			FL29-P066-016 UNNAMED		
	1.Site: None		\$0	1.Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	2.Mechanical and Electrical: None		\$0	2.Mechanical and Electrical: None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	3.Building Exterior: None		\$0	3.Building Exterior: Waterproofing / Re-painting		\$65,000
	Total B.E.:		\$0	Total B.E.:		\$65,000
	4.Dwelling Units: None		\$0	4.Dwelling Units: None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	5.Dwelling Equipment: None		\$0	5.Dwelling Equipment: None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	6.Interior Common Areas: None		\$0	6.Interior Common Areas: None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	7.Site-Wide Facilities: None		\$0	7.Site-Wide Facilities: None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
	8.Nondwelling Equipment: None		\$0	8.Nondwelling Equipment: None		\$0
	Total NDE:		\$0	Total NDE:		\$0
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost		\$65,000	

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Part II: Supporting Pages
Physical Needs Work Statement(s)
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U. S. Department of Housing
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Office of Public and Indian Housing

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Work Statement for Year 1 Development Number/Name/General Description Major Work Categories	Work Statement for FFY: 2003			Work Statement for Year 5 FFY: 2004		
	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-016 UNNAMED			FL29-P066-016 UNNAMED		
	1.Site: None		\$0	1.Site: IRRIGATION SYSTEM		\$25,000
	Total Site:		\$0	Total Site:		\$25,000
	2.Mechanical and Electrical:		\$0	2.Mechanical and Electrical:		\$0
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	3.Building Exterior:		\$0	3.Building Exterior:		\$39,000
	None		\$0	STORM PANELS		\$39,000
	Total B.E.:		\$0	Total B.E.:		\$39,000
	4.Dwelling Units:		\$0	4.Dwelling Units:		\$0
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	5.Dwelling Equipment:		\$0	5.Dwelling Equipment:		\$0
	None		\$0	None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	6.Interior Common Areas:		\$0	6.Interior Common Areas:		\$0
	None		\$0	None		\$0
Total ICAs:		\$0	Total ICAs:		\$0	
7.Site-Wide Facilities:		\$0	7.Site-Wide Facilities:		\$0	
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
8.Nondwelling Equipment:		\$0	8.Nondwelling Equipment:		\$0	
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost		\$64,000	

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

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Work Statement for Year 1 Development Number/Name/General Description Major Work Categories	Work Statement for Year 2 FFY: 2001			Work Statement for Year 3 FFY: 2002		
	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL29-P066-020 UNNAMED			FL29-P066-020 UNNAMED		
	1.Site: None	\$0		1.Site: None	\$0	
	Total Site:	\$0		Total Site:	\$0	
	2.Mechanical and Electrical: None	\$0		2.Mechanical and Electrical: None	\$0	
	Total M&E:	\$0		Total M&E:	\$0	
	3.Building Exterior: None	\$0		3.Building Exterior: None	\$0	
	Total B.E.:	\$0		Total B.E.:	\$0	
	4.Dwelling Units: None	\$0		4.Dwelling Units: None	\$0	
	Total DUs:	\$0		Total DUs:	\$0	
	5.Dwelling Equipment: None	\$0		5.Dwelling Equipment: None	\$0	
	Total D.E.:	\$0		Total D.E.:	\$0	
	6.Interior Common Areas: None	\$0		6.Interior Common Areas: None	\$0	
	Total ICAs:	\$0		Total ICAs:	\$0	
	7.Site-Wide Facilities: None	\$0		7.Site-Wide Facilities: None	\$0	
	Total SWFs:	\$0		Total SWFs:	\$0	
	8.Nondwelling Equipment: None	\$0		8.Nondwelling Equipment: None	\$0	
	Total NDE:	\$0		Total NDE:	\$0	
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost		\$0	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
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U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 Development Number/Name/General Description Major Work Categories	Work Statement for FFY: 2003		Work Statement for Year 5 FFY: 2004		
	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	FL29-P066-020 UNNAMED		FL29-P066-020 UNNAMED		
	1.Site: None	\$0	1.Site: None		\$0
	Total Site:	\$0	Total Site:		\$0
	2.Mechanical and Electrical: None	\$0	2.Mechanical and Electrical: None		\$0
	Total M&E:	\$0	Total M&E:		\$0
	3.Building Exterior: None	\$0	3.Building Exterior: Re-paint the building		\$90,000
	Total B.E.:	\$0	Total B.E.:		\$90,000
	4.Dwelling Units: None	\$0	4.Dwelling Units: None		\$0
	Total DUs:	\$0	Total DUs:		\$0
	5.Dwelling Equipment: None	\$0	5.Dwelling Equipment: None		\$0
	Total D.E.:	\$0	Total D.E.:		\$0
	6.Interior Common Areas: None	\$0	6.Interior Common Areas: None		\$0
	Total ICAs:	\$0	Total ICAs:		\$0
	7.Site-Wide Facilities: None	\$0	7.Site-Wide Facilities: None		\$0
	Total SWFs:	\$0	Total SWFs:		\$0
	8.Nondwelling Equipment: None	\$0	8.Nondwelling Equipment: None		\$0
	Total NDE:	\$0	Total NDE:		\$0
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost		\$90,000

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
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U. S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 Development Number/Name/General Description Major Work Categories	Work Statement for Year 2 FFY: 2001			Work Statement for Year 3 FFY: 2002		
	Quantity	Estimated Cost		Quantity	Estimated Cost	
See Annual Statement	FL-29-PO66-021			FL-29-PO66-021		
	Site:			Site:		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	Mechanical and Electrical:			Mechanical and Electrical:		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	Building Exterior:			Building Exterior:		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	Dwelling Units:			Dwelling Units:		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	Dwelling Equipment:			Dwelling Equipment:		
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
Interior Common Areas:			Interior Common Areas:			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
Site-Wide Facilities:			Site-Wide Facilities:			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
Nondwelling Equipment:			Nondwelling Equipment:			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost		\$0	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (7/31/98)

Work Statement for Year 1 Development Number/Name/General Description Major Work Categories	Work Statement for FFY: 2003		Work Statement for Year 5 FFY: 2004		
	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	FL-29-PO66-021		FL-29-PO66-021		
	Site:		Site:		
	None		None		\$0
	Total Site:	\$0	Total Site:		\$0
	Mechanical and Electrical:		Mechanical and Electrical:		
	None	\$0	None		\$0
	Total M&E:	\$0	Total M&E:		\$0
	Building Exterior:		Building Exterior:		
	None	\$0	None		\$0
	Total B.E.:	\$0	Total B.E.:		\$0
	Dwelling Units:		Dwelling Units:		
	None	\$0	None		\$0
	Total DUs:	\$0	Total DUs:		\$0
	Dwelling Equipment:		Dwelling Equipment:		
None	\$0	None		\$0	
Total D.E.:	\$0	Total D.E.:		\$0	
Interior Common Areas:		Interior Common Areas:			
None	\$0	None		\$0	
Total ICAs:	\$0	Total ICAs:		\$0	
Site-Wide Facilities:		Site-Wide Facilities:			
None	\$0	None		\$0	
Total SWFs:	\$0	Total SWFs:		\$0	
Nondwelling Equipment:		Nondwelling Equipment:			
None	\$0	None		\$0	
Total NDE:	\$0	Total NDE:		\$0	
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost		\$0

Annual Statement /Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)			(REV. 3/19/03 / 5/23/03, 6/24/03)		Part I: Summary
PHA Name: (BA-6/25/02) Hialeah Housing Authority		Grant Type and Number Capital Fund Program Grant No. FL14P06650101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:)	
<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	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$12,000.00	\$9,450.50	\$9,450.50	\$0.00
4	1410 Administration	\$146,038.00	\$60,000.00	\$60,000.00	\$47,778.35
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$70,000.00	\$44,488.10	\$44,488.10	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$46,000.00	\$20,000.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$1,146,595.00	\$1,249,846.40	\$1,184,934.38	\$237,712.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$62,000.00	\$45,748.00	\$45,748.00	\$0.00
12	1470 Nondwelling Structures	\$63,000.00	\$135,100.00	\$135,100.00	\$0.00
13	1475 Nondwelling Equipment	\$19,000.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,564,633.00	\$1,564,633.00	\$1,479,720.98	\$285,490.35
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 21 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 21 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

ALEX MORALES, EXECUTIVE DIRECTOR

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Operations	1406	Total 1406	\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Mgmt. Improvmts	1) Training and Travel	1408		\$5,000.00	\$1,104.50	\$1,104.50	\$0.00	
	2) Equipment	"		\$7,000.00	\$8,346.00	\$8,346.00	\$0.00	
	3) Item 3	"		\$0.00	\$0.00	\$0.00	\$0.00	
			Total 1408	\$12,000.00	\$9,450.50	\$9,450.50	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$146,038.00	\$60,000.00	\$60,000.00	\$47,778.35	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$70,000.00	\$44,488.10	\$44,488.10	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$19,000.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P66 001 ASHLEY PLAZA	Site: Irrigation & Landscaping	1450		\$0.00	\$20,000.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$20,000.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Replace Windows	1460		\$0.00	\$54,912.02	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$54,912.02	\$0.00	\$0.00	
	Dwelling Units: Paint	1460		\$0.00	\$99,555.00	\$99,555.00	\$0.00	
			Total DUs:	\$0.00	\$99,555.00	\$99,555.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: Paint	1470		\$0.00	\$18,000.00	\$18,000.00	\$0.00	
			Total ICAs:	\$0.00	\$18,000.00	\$18,000.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	1		Project Total:	\$0.00	\$192,467.02	\$117,555.00	\$0.00	

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 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 002 HOLLAND HALL	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: Fire alarm panel	1460		\$29,595.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$29,595.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Repainting interior units	1460		\$20,000.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$20,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: New a/c units	1465.1		\$62,000.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$62,000.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: Paint	1470		\$0.00	\$16,000.00	\$16,000.00	\$0.00	
			Total ICAs:	\$0.00	\$16,000.00	\$16,000.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		2	Project Total:	\$111,595.00	\$16,000.00	\$16,000.00	\$0.00	

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

PHA Name:		Grant Type and Number		Federal FY of Grant:				
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:		2001				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 003 VIVIAN VILLAS	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: Replace Sewer Pump	1460		\$0.00	\$10,000.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$10,000.00	\$0.00	\$0.00	
	Building Exterior: Windows Upgrade - \$68,848.38 Moved to 2000 Paint Exterior - \$29,000.00	1460		\$0.00	\$97,848.38	\$97,848.38	\$0.00	
			Total B.E.:	\$0.00	\$97,848.38	\$97,848.38	\$0.00	
	Dwelling Units: Replace Toilets ADA	1460		\$35,000.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$35,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: Paint	1470		\$0.00	\$17,100.00	\$17,100.00	\$0.00	
			Total ICAs:	\$0.00	\$17,100.00	\$17,100.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		3	Project Total:	\$35,000.00	\$124,948.38	\$114,948.38	\$0.00	

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 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			Status of Work
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		
				Original	Revised	Obligated	Expended	
FL29-P066 004 HOFFMAN GARDENS	Site:	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460		\$96,000.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$96,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	4		Project Total:	\$96,000.00	\$0.00	\$0.00	\$0.00	

Annual Statement /Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
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PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 005 SEMINOLA VILLAS	Site:	1450		\$46,000.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$46,000.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460		\$403,000.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$403,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Paint Interiors	1460		\$0.00	\$40,000.00	\$40,000.00	\$0.00	
			Total DUs:	\$0.00	\$40,000.00	\$40,000.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	5		Project Total:	\$449,000.00	\$40,000.00	\$40,000.00	\$0.00	

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 006 MILANDER MANOR	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460		\$140,000.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$140,000.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460		\$58,000.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$58,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Paint	1460		\$0.00	\$30,320.00	\$30,320.00	\$0.00	
			Total DUs:	\$0.00	\$30,320.00	\$30,320.00	\$0.00	
	Dwelling Equipment: Replace A/C Units	1465.1		\$0.00	\$45,748.00	\$45,748.00	\$0.00	
			Total D.E.:	\$0.00	\$45,748.00	\$45,748.00	\$0.00	
	Interior Common Areas: Replace Area Windows - \$31,250.00 Railings - \$3,350.00 Paint - \$17,400.00 Floor Tiles - \$17,000.00 Floor Tile Installation - \$15,000.00	1470		\$63,000.00	\$84,000.00	\$84,000.00	\$34,600.00	
			Total ICAs:	\$63,000.00	\$84,000.00	\$84,000.00	\$34,600.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	6		Project Total:	\$261,000.00	\$160,068.00	\$160,068.00	\$34,600.00	

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 008 LA ESPERANZA	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: Fire Sprinkler Installation	1460		\$135,000.00	\$237,712.00	\$237,712.00	\$237,712.00	
			Total M&E:	\$135,000.00	\$237,712.00	\$237,712.00	\$237,712.00	
	Building Exterior: New Roof	1460		\$0.00	\$192,130.00	\$192,130.00	\$0.00	
			Total B.E.:	\$0.00	\$192,130.00	\$192,130.00	\$0.00	
	Dwelling Units: Replace Kitchen / Bathroom Cabinets	1460		\$0.00	\$155,869.00	\$155,869.00	\$0.00	
			Total DUs:	\$0.00	\$155,869.00	\$155,869.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	8		Project Total:	\$135,000.00	\$585,711.00	\$585,711.00	\$237,712.00	

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 010 BRIGHT VILLAS	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460		\$100,000.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$100,000.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Paint & Waterproofing - \$29,750.00 New Roof - \$138,800.00	1460		\$35,000.00	\$168,550.00	\$168,550.00	\$0.00	
			Total B.E.:	\$35,000.00	\$168,550.00	\$168,550.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	10		Project Total:	\$135,000.00	\$168,550.00	\$168,550.00	\$0.00	

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
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PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 012 DALE G. BENNETT VILLAS	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: Fire Sprinklers 50%	1460		\$95,000.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$95,000.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Paint & Waterproofing - \$32,200.00 New Roof - \$69,750.00	1460		\$0.00	\$101,950.00	\$101,950.00	\$0.00	
			Total B.E.:	\$0.00	\$101,950.00	\$101,950.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	12		Project Total:	\$95,000.00	\$101,950.00	\$101,950.00	\$0.00	

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PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 016 PROJECT 16	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Paint	1460		\$0.00	\$30,000.00	\$30,000.00	\$0.00	
			Total B.E.:	\$0.00	\$30,000.00	\$30,000.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	16		Project Total:	\$0.00	\$30,000.00	\$30,000.00	\$0.00	

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PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 020 RUTH A. TINSMAN PAVILION	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Paint	1460		\$0.00	\$31,000.00	\$31,000.00	\$0.00	
			Total B.E.:	\$0.00	\$31,000.00	\$31,000.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	20		Project Total:	\$0.00	\$31,000.00	\$31,000.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650101 Replacement Housing Factor Grant No:			2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 021 PROJECT 21	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	21		Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

NAHRO

Capital Fund Manager ©

I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *CFP MANAGER© Capital Fund Management Software*. This product is designed to be used with Excel© Version 5.0 or higher or Lotus 1-2-3© for Windows, Version 3 or higher.

CFP MANAGER© helps you plan for the future and saves you hours of valuable staff time, by facilitating the preparation of the CFP portion of the Annual Plan, the CFP Performance and Evaluation ("P&E") report, which also goes along with the Annual Plan, and all the forms required under the program. It is a powerful **planning tool**, which helps you answer "WHAT IF" questions: to simulate various Capital Fund grant levels and capital and management improvement "investment" strategies. It can help you develop contingency plans to cope with the uncertainties we now face. In just a few keystrokes, you can "try on" various versions of your capital budget. It also facilitates Revised Annual Statements and Replacement Housing Factor (RHF) submittals.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, contact Dennis Mobley at:

Cell: (678) 612-3286
Page: (800) 317-8579
Voice: (404) 584-7985
Fax: (404) 584-7786
E-mail: Dmobley671@aol.com

After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.

Step 1: Install

- 1) DOWNLOAD *NAHRO CFP MANAGER©* USING YOUR E-MAIL SOFTWARE, AND BE AWARE INTO WHICH "FOLDER" YOUR E-MAIL PROGRAM PUTS DOWNLOADED FILES
- 2) GET YOUR EXCEL© OR LOTUS© PROGRAM UP AND RUNNING.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER INTO WHICH THE CFP MANAGER© FILE WAS DOWNLOADED, AND OPEN THE FILE WITH EXCEL© OR LOTUS© (THE FILE IS NAMED NCFP101.XLS FOR EXCEL© USERS, NCFP101.WK4 FOR LOTUS© USERS).
- 4) CLICK ON "FILE", "SAVE AS", AND CREATE YOUR FIRST WORKING COPY OF THE FILE. GIVE IT A NEW FILE NAME SUCH AS FY2002A, ETC. YOU MAY WANT TO SAVE THIS FILE INTO A TOTALLY DIFFERENT FOLDER FROM THE ORIGINAL DOWNLOADED VERSION. (MANY PEOPLE USE "MY DOCUMENTS" OR SIMILAR FOLDERS FOR THIS PURPOSE).

This product has been designed as one (1) spreadsheet file with multiple worksheets, including "Annual Statement" and "Five-Year Action Plan" forms, including enough Part II forms for thirty (30) developments! The product can be used for the Annual Performance and Evaluation (P & E) report as well as for budgeting.

NAHRO

Capital Fund Manager ©

I n s t r u c t i o n s (c o n t ' d .)

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

To move from one worksheet to another, simply click on the labeled "file folders" on the computer screen (labelled "Annual_Part I", etc.)

We have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed because they have formulae embedded in them.

However, users may override information in any cell (at their own peril). This is in the spirit of making NAHRO's spreadsheet-based planning tools as flexible as possible, to suit your particular needs. We are always open to your suggestions on additional product ideas, or on improving existing products. (Feel free to call Technical Support in this regard).

For best printing results, use a LASER printer, and print each worksheet separately by **highlighting each one in turn**. First, "Set Print Area" from the "File" menu. On "Page Setup", use "Fit to 1 Page Tall by 1 Wide", and use *landscape* orientation. Use the following ranges where appropriate.

NAHRO CFP MANAGER© Software Print Settings

Worksheet	Print Range	Orientation
Annual Statement Part I	A1..N44	Landscape
Annual Statement Part II	[Various]	"
Annual Statement Part III	A1..L40	"
Five-Year Action Plan Part I	A1..M26	"
Five-Year Action Plan Part II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

Step 2: Start Planning and Reporting!

Annual Statement /Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)			(REV. 3/19/03 / 5/22/03)		Part I: Summary
PHA Name: Hialeah Housing Authority		Grant Type and Number Capital Fund Program Grant No. FL 14P06650102 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
<input checked="" type="checkbox"/> Original Annual Statement 7/18/02		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<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	\$0.00	\$30,000.00	\$0.00	\$0.00
3	1408 Management Improvements	\$7,000.00	\$12,000.00	\$0.00	\$0.00
4	1410 Administration	\$151,038.00	\$148,631.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$70,000.00	\$70,000.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$79,000.00	\$685,324.62	\$0.00	\$0.00
10	1460 Dwelling Structures	\$1,132,079.00	\$550,430.00	\$36,720.00	\$36,720.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$47,195.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,486,312.00	\$1,496,385.62	\$36,720.00	\$36,720.00
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 21 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 21 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	OPERATIONS	1406	Total 1406	\$0.00	\$ 30,000.00	\$0.00	\$0.00	
HA-Wide Mgmt. Improvmts	1) Training and Travel 2) Equipment 3) Item 3	1408 " "		\$0.00 \$7,000.00 \$0.00	\$0.00 \$12,000.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	
			Total 1408	\$7,000.00	\$12,000.00	\$0.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$151,038.00	\$148,631.00	\$0.00	\$0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$70,000.00	\$70,000.00	\$0.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 1 ASHLEY PLAZA	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Hurricane Security Area	1460		\$30,000.00	\$30,000.00	\$0.00	\$0.00	
			Total B.E.:	\$30,000.00	\$30,000.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	1		Project Total:	\$30,000.00	\$30,000.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 2 HOLLAND HALL	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Sliding Glass Door Replacement	1460		\$30,000.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$30,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	2		Project Total:	\$30,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 3 VIVIAN VILLAS	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Windows Upgrade	1460		\$30,400.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$30,400.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00		
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	3		Project Total:	\$30,400.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:				
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 4 HOFFMAN GARDENS	Site: Trash Enclosures - \$73,500.00 New Parking, Fence Replacement, New Lighting - \$592,190.00	1450		\$0.00	\$606,324.62	\$0.00	\$0.00	Moved From 2001	
	Total Site:			\$0.00	\$606,324.62	\$0.00	\$0.00		
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00		
	Total M&E:			\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior: Roof Restoration - \$121,310.00 Painting - \$76,400.00 Fascia Repair - \$286,000.00	1460			\$0.00	\$483,710.00	\$0.00	\$0.00	Moved From 2001
	Total B.E.:			\$0.00	\$483,710.00	\$0.00	\$0.00		
	Dwelling Units: None	1460			\$0.00	\$0.00	\$0.00	\$0.00	
	Total DUs:			\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Equipment: None	1465.1			\$0.00	\$0.00	\$0.00	\$0.00	
	Total D.E.:			\$0.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas: None	1470			\$0.00	\$0.00	\$0.00	\$0.00	
	Total ICAs:			\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities: None	1470			\$0.00	\$0.00	\$0.00	\$0.00	
	Total SWFs:			\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475			\$0.00	\$0.00	\$0.00	\$0.00		
Total NDE:			\$0.00	\$0.00	\$0.00	\$0.00			
Total,	4		Project Total:	\$0.00	\$1,090,034.62	\$0.00	\$0.00		

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 5 SEMINOLA VILLAS	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	5		Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 6 MILANDER MANOR	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	Moved to 2001
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: New Roof	1460		\$200,000.00	\$19,350.00	\$19,350.00	\$19,350.00	
			Total B.E.:	\$200,000.00	\$19,350.00	\$19,350.00	\$19,350.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: Replace A/C Units	1465.1		\$47,195.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$47,195.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: REPLACE TILE / CARPET- MOVED FROM 2000	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	6		Project Total:	\$247,195.00	\$19,350.00	\$19,350.00	\$19,350.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 8 LA ESPERANZA	Site: Sidewalk Restoration Trash Enclosure	1450		\$79,000.00	\$79,000.00	\$0.00	\$0.00	
			Total Site:	\$79,000.00	\$79,000.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: New Roof Elderly - \$17,370.00 (Moved to 2001)	1460		\$150,000.00	\$17,370.00	\$17,370.00	\$17,370.00	
			Total B.E.:	\$150,000.00	\$17,370.00	\$17,370.00	\$17,370.00	
	Dwelling Units: New Kitchen/Bath Cabinets (Moved to 2001)	1460		\$190,000.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$190,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	8		Project Total:	\$419,000.00	\$96,370.00	\$17,370.00	\$17,370.00	

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PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 10 BRIGHT VILLAS	Site: None	1450			\$0.00	\$0.00	\$0.00	Moved to 2001
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Paint & Waterproof New Roof	1460		\$261,679.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$261,679.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	10		Project Total:	\$261,679.00	\$0.00	\$0.00	\$0.00	

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PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 12 DALE G. BENNETT	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	Moved to 2001
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Paint & Waterproofing New Roof	1460		\$240,000.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$240,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	12		Project Total:	\$240,000.00	\$0.00	\$0.00	\$0.00	

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PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 16 PROJECT 16	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	16		Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part II: Supporting Pages**

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 20 RUTH A. TINSMAN	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	20		Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
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PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No FL14P06650102 Replacement Housing Factor Grant No:			2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 21 PROJECT 21	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,	21		Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	