

**PHA Plans**  
**Streamlined Annual**  
**Version**

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

OMB No. 2577-  
0226  
(exp. 05/31/2006)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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**Streamlined Annual PHA Plan**  
**for Fiscal Year: 2004**  
**PHA Name: NACOGDOCHES**  
**HOUSING AUTHORITY**

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**Streamlined Annual PHA Plan  
Agency Identification**

**PHA Name:** NACOGDOCHES  
HOUSING AUTHORITY

**PHA Number:** TX486

**PHA Fiscal Year Beginning:** (mm/yyyy) 04/2004

**PHA Programs Administered:**

**Public Housing and Section 8**

Number of public housing units: 76

Number of S8 units: 961

**Section 8 Only**

Number of S8 units:

**Public Housing Only**

Number of public housing units:

**PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**PHA Plan Contact Information:**

Name: ROBERT CROW

Phone: 936-569-1131

TDD:

Email (if available): nacha@swbell.net

**Public Access to Information**

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

PHA's main administrative office  PHA's development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.  Yes  No.

If yes, select all that apply:

Main administrative office of the PHA

PHA development management offices

Main administrative office of the local, county or State government

Public library  PHA website  Other (list below)

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

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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

### **Streamlined Annual PHA Plan**

**Fiscal Year 2004**

[24 CFR Part 903.12(c)]

### **Table of Contents**

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

#### **A. PHA PLAN COMPONENTS**

1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**  
 2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**  
 3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**  
 4. Project-Based Voucher Programs  
 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.  
 6. Supporting Documents Available for Review  
 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report  
 8. Capital Fund Program 5-Year Action Plan

#### **B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan*** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, *Certification for a Drug-Free Workplace*;**

**Form HUD-50071, *Certification of Payments to Influence Federal Transactions*;** and

**Form SF-LLL & SF-LLLa, *Disclosure of Lobbying Activities*.**

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

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

**A. Site-Based Waiting Lists-Previous Year**

1.  Yes  No Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year**

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 next component.

1. How many site-based waiting lists will the PHA operate in the coming year?

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

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

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

Applicability: 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.

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

1. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
	<input type="checkbox"/> Revitalization Plan under development
	<input type="checkbox"/> Revitalization Plan submitted, pending approval
	<input type="checkbox"/> Revitalization Plan approved
	<input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

4.  Yes  No: 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:

5.  Yes  No: 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:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

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 the next component; if “yes”, complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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, what is the maximum number of participants this fiscal year?

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: A family must be current participants in the Housing Choice Voucher program, have fulfilled the obligations of their first lease under the program, and also fulfill the obligations of their current lease or have the landlord agree to a termination of the lease for the benefit of the family. Or the family must be a current Public Housing resident having fulfilled all obligations of their lease for at least 12 months and be a current voucher holder.

c. What actions will the PHA undertake to implement the program this year (list)?

Provide home buyer education classes to interested participants. Continue to meet with financial institutions to promote the program. Continue to work with Pineywoods Home Team Affordable Housing, Inc. for down payment and closing costs assistance. Investigate the use of Capital Fund Program funds leveraging to build homes for Section 8 homeownership purchasers.

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below): Pineywoods Home Team Affordable Housing, Inc. – five years
- Demonstrating that it has other relevant experience (list experience below): Staff certified in Home Buyer education by the state of Texas.

## **4. Use of the Project-Based Voucher Program**

### **Intent to Use Project-Based Assistance**

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Yes  No: Does the PHA plan to “project-base” any tenant-based Section 8 vouchers in the coming year? If the answer is “no,” go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- low utilization rate for vouchers due to lack of suitable rental units
- access to neighborhoods outside of high poverty areas
- other (describe below:)

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

## **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: State of Texas

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 on its waiting lists 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)

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

Sarah Dale Anderson the Director of Strategic Planning for the State of Texas certified that this Annual Plan is consistent with the State Consolidated Plan. No actions and commitments were specified.

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

### **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	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
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 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
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing

## **7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (Section XXVII of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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

PHA Name: NACOGDOCHES HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: TX21P48650102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 10/31/2003  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	20,560		20,560	20,560
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	8,900		8,900	2,400
10	1460 Dwelling Structures	72,050		55,246	55,246
11	1465.1 Dwelling Equipment—Nonexpendable	10,159		7,490	7,490
12	1470 Nondwelling Structures	10,199		7,431	7,431
13	1475 Nondwelling Equipment	17,928		17,400	17,400
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	139,796		117,027	110,527
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	2,400			
26	Amount of line 21 Related to Energy Conservation Measures	13,300			

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement

### Housing Factor

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

PHA Name: NACOGDOCHES HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P48650102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TX24P486001 / SANDY OAKS	LAUNDRY EQUIPMENT REPLACEMENT	1475	9	8,129		8,129	8,129	100%
HA-WIDE	RANGE REPLACEMENTS	1465	10	4,180		4,180	4,180	100%
HA-WIDE	REFRIGERATOR REPLACE	1465	17	5,979		3,310	3,310	55%
TX24P486001 / SANDY OAKS	INSTALL 220V OUTLETS FOR ELECTRIC RANGES	1460	38	3,844		3,844	3,844	100%
HA-WIDE	TERMITE INSPECTION AND ABATEMENT	1460	5	4,000		2,970	2,970	74%
HA-WIDE	AIR CONDITIONING / HEATING REPLACEMENT AND REPAIR	1460	14	25,839.49		25,839.49	25,839.49	100%
HA-WIDE	NEW TELEPHONE JACKS IN BEDROOMS	1460	76	12,060		3,230	3,230	26%
HA-WIDE	ADD LIGHTING OVER KITCHEN SINKS AND INSTALL FLORECENT LIGHTING IN KITCHENS	1460	38	5,507		5,507	5,507	100%
TX24P486001 / SANDY OAKS	INSTALL LIGHT SWITCHES IN PANTRIES	1460	35	1,449		1,449	1,449	100%
HA-WIDE	RANGEHOOD REPLACEMENTS	1460	20	2,000		1,727.34	1,727.34	86%
TX24P486001 / SANDY OAKS	REPLACE BATHROOM VENTS	1460	38	3,800		3,384.66	3,384.66	89%
HA-WIDE	REPAIR AND REPLACE GUTTERS	1460	38	6,000				0%
TX24P486001 / SANDY OAKS	A/C AND HEATING DUCT CLEANING	1460	32	7,550		7,550	7,550	100%
TX24P486001 / SANDY OAKS	ADD STEPS TO BACK PORCHES	1450	25	6,500		6,500		

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement**

**Housing Factor**

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

PHA Name: NACOGDOCHES HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P48650102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TX24P486001 / SANDY OAKS	ADD SECURITY LIGHTS IN PLAYGROUND	1450	2	2,400		2,400	2,400	100%
HA-WIDE	RENOVATION OF OFFICE SPACE	1470	1	10,199		7,430.81	7,430.81	72%
HA-WIDE	NEW LAWCARE EQUIPMENT	1475	1	9,799		9,271.07	9,271.07	94%
HA-WIDE	DRUG PREVENTION & RESIDENT SELF SUFFICIENTCY STAFF	1408		11,400		11,400	11,400	100%
HA-WIDE	DRUG PREVENTION & RESIDENT SELF SUFFICIENTCY SUPPLIES	1408		9,160		9,160	9,160	100%

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: NACOGDOCHES HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: TX21P48650102 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX24P486001 / SANDY OAKS	7/27/2004			3/31/2005			
HA-WIDE	7/27/2004			3/31/2005			

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name: NACOGDOCHES HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program: TX21P48650103 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> <b>2003</b>	
<input type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: 1 )</b>	
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 10/31/2003</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	23,200		23,200	739.93
4	1410 Administration	4,000		4,000	
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	7,500		595.12	595.12
10	1460 Dwelling Structures	54,322		6,365.80	6,365.80
11	1465.1 Dwelling Equipment—Nonexpendable	9,000		3,750	3,750
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	17,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	115,022		37,910.92	11,450.85
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	13,222			

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement

### Housing Factor

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: NACOGDOCHES HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program #: TX21P48650103 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant: 2003</b> <b>REVISION 1</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	DRUG PREVENTION AND RESIDENT SELF SUFFICIENCY PROGRAMING	1408		23,200		23,200	739.93	3%
HA-Wide	CFP ADMINISTRATIVE COSTS	1410		4,000		4,000		
TX24P486001	STREET & SECURITY LIGHT REPLACEMENT AND REPAIR	1450	5	3,000		595.12	595.12	19%
TX24P486002	ADDED SECURITY LIGHTING	1450	2	1,000				
HA-Wide	SPRINKLER SYSTEM REPAIRS	1450		3,500				
HA-Wide	WATER HEATER REPLACEMENT	1460	20	7,600		2,850.80	2,850.80	37%
HA-Wide Activities	DECORATIVE SHUTTERS ON ALL WINDOWS	1460	320	15,000				
HA-Wide	TERMITE INSPECTION AND ABATEMENT	1460	2	2,000				
HA-Wide	AIR CONDITIONING / HEATING REPLACEMENT AND REPAIR	1460	10	12,000				
HA-Wide	COUNTER TOP REPLACEMENTS	1460	10	4,500		3,515	3,515	78%
HA-Wide	REPLACE INCANDESCENT LIGHT FIXTURES WITH FLORESCENT	1460	356	13,222				
HA-Wide	RANGE REPLACEMENTS	1465	10	4,500				
HA-Wide	REFRIGERATOR REPLACEMENT	1465	10	4,500		3,750	3,750	83%
HA-Wide	NEW TELEPHONE KEY SYSTEM	1475		15,000				
HA-Wide	SECURITY MONITORS	1475		2,000				

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement

### Housing Factor

#### Annual Statement/Performance and Evaluation Report

#### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

#### Part III: Implementation Schedule

PHA Name: NACOGDOCHES HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: TX21P48650103 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2003 REVISION 1	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX24P486001 / SANDY OAKS	9/17/2005			3/31/2006			2 YEARS FROM CONTRACT EXECUTION
TX24P486002 / PARKCREST	9/17/2005			3/31/2006			
HA-Wide Activities	9/17/2005			3/31/2006			

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: NACOGDOCHES HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: TX21P48650104 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
<input checked="" type="checkbox"/> Original Annual Statement <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				
3	1408 Management Improvements	23,000			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,800			
8	1440 Site Acquisition				
9	1450 Site Improvement	34,000			
10	1460 Dwelling Structures	53,200			
11	1465.1 Dwelling Equipment—Nonexpendable	8,000			
12	1470 Nondwelling Structures	14,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	140,000			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	14,000			
26	Amount of line 21 Related to Energy Conservation Measures	15,000			

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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

PHA Name: NACOGDOCHES HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P48650104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	DRUG PREVENTION AND FSS PROGRAMING	1408		23,000				
HA-Wide	ARCHITECTURAL	1430		7,800				
TX24P486002 PARKCREST	PARKING LOT EXPANTION	1450	1	14,000				
TX24P486001 Sandy Oaks	NEW PLAYGROUND EQUIPMENT	1450	1	15,000				
HA-Wide	LANDSCAPPING & EROSION CONTROL	1450		5,000				
HA-Wide	A/C HEATING REPLACEMENT AND REPAIR	1460	10	15,000				
HA-Wide	COUNTER TOP REPLACEMENTS	1460	10	9,000				
HA-Wide	KITCHEN CABINET REPAIR & REPLACEMENT	1460	16	16,000				
HA-Wide	BATHROOM RENOVATIONS	1460	10	10,000				
HA-Wide	WATER HEATER REPLACEMENTS	1460	10	3,200				
HA-Wide	RANGES & REFRIGERATORS	1465.1	20	8,000				
TX24P486002 PARKCREST	OFFICE RECEPTION AREA RENOVATION	1470	1	14,000				



## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name NACOGDOCHES HOUSING AUTHORITY				<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 5	
Development Number/Name/HA-Wide	Year 1 2004	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant2005 PHA FY: 2005	FFY Grant: 2006 PHA FY: 2006	FFY Grant: 2007 PHA FY: 2007	FFY Grant: 2008 PHA FY: 2008
	Annual Statement				
HA-Wide		107,000	130,000	140,000	114,000
SANDY OAKS TX24P486001		33,000	10,000		26,000
CFP Funds Listed for 5-year planning		140,000	140,000	140,000	140,000
Replacement Housing Factor Funds					

## 8. Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1 2004	Activities for Year :2 FFY Grant: 2005 PHA FY: 2005			Activities for Year: 3 FFY Grant: 2006 PHA FY: 2006		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>	SANDY OAKS TX24P486001	SOFIT REPAIR & REPLACEMENT	8,000	SANDY OAKS TX24P486001	BATHROOM RENOVATIONS	5,000
<b>Annual</b>	SANDY OAKS TX24P486001	FLOOR TILE REPLACEMENT	15,000	HA-WIDE	FLOOR TILE REPLACEMENT	15,000
<b>Statement</b>	HA-WIDE	WATER HEATER REPLACEMENTS	7,000	HA-WIDE	A/C REPAIR & REPLACEMENT	16,000
	HA-WIDE	A/C REPAIR & REPLACEMENT	20,000	HA-WIDE	CABINET REPAIR & REPLACEMENT	17,500
	HA-WIDE	CABINET REPAIR & REPLACEMENT	16,000	HA-WIDE	DRUG PREVENTION / FSS	25,000
	HA-WIDE	SPRINKLER SYSTEM IMPROVEMENTS	4,000	HA-WIDE	LEVERAGING FUNDS SECTION 8 HOMEOWNERSHIP DEVELOPMENT	30,000
	HA-WIDE	BATHROOM RENOVATIONS	7,000	TX24P486001 Sandy Oaks	NEW PLAYGROUND EQUIPMENT	5,000
	TX24P486001 Sandy Oaks	NEW PLAYGROUND EQUIPMENT	10,000	HA-WIDE	COMPUTER UPGRADES	15,000
	HA-WIDE	DRUG PREVENTION / FSS	23,000	HA-WIDE	LAWN EQUIPMENT	8,000
	HA-WIDE	LEVERAGING FUNDS SECTION 8 HOMEOWNERSHIP DEVELOPMENT	30,000	HA-WIDE	RANGE & REFRIGERATORS	3,500
<b>Total CFP Estimated Cost</b>			<b>\$140,000</b>			<b>\$140,000</b>

## 8. Capital Fund Program Five-Year Action Plan

Activities for Year : 4 FFY Grant: 2007 PHA FY: 2007			Activities for Year: 5 FFY Grant: 2008 PHA FY: 2008		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA-WIDE	FLOOR TILE REPLACEMENT	15,000	HA-WIDE	LEVERAGING FUNDS SECTION 8 HOMEOWNERSHIP DEVELOPMENT	30,000
HA-WIDE	ROOFING REPAIRS	70,000	HA-WIDE	DRUG PREVENTION / SELF SUFFICIENCY	25,000
HA-WIDE	DRUG PREVENTION / SELF SUFFICIENCY	25,000	HA-WIDE	NEW PHA VEHICLE	25,000
HA-WIDE	LEVERAGING FUNDS SECTION 8 HOMEOWNERSHIP DEVELOPMENT	30,000	HA-WIDE	FLOOR TILE REPLACEMENT	15,000
			HA-WIDE	RANGE & REFRIGERATORS	9,000
			HA-WIDE	COUNTER TOP REPLACEMENTS	10,000
			TX24P486001 Sandy Oaks	WINDOW REPLACEMENTS	26,000
Total CFP Estimated Cost		\$140,000			\$140,000