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)

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.

Streamlined Annual PHA Plan for Fiscal Year: 2005 PHA Name:

Mount Kisco Housing Authority

Mount Kisco, New York

NY038

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.

Streamlined Annual PHA Plan
Agency Identification

PHA Name: Mount Kisco Housing Authority **PHA Number:** NY038

PHA Fiscal Year Beginning: (mm/yyyy) 04/2005

PHA Programs Administered:

☐ **Public Housing and Section 8**
Number of public housing units:
Number of S8 units:

☐ **Section 8 Only**
Number of S8 units:

☒ **Public Housing Only**
Number of public housing units: 76

☐ 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: Caryl Ballin
TDD: : 800-545-1833
Phone: 914-241-3550
Email (if available): HabitatMgt@aol.com

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

Streamlined Annual PHA Plan
Fiscal Year 2005
[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

☒ Attachments

- ny038a02 Capital Program Annual Statement
- ny038b02 Capital Program 5 Year Action Plan
- ny038c02 Resident Membership of PHA Governing Board
- ny038d02 Resident Advisory Board
- ny038e02 P&E Report FY2002 (NY36P038501-02)
- ny038f02 P&E Report FY2003 (NY36P038501-03)
- ny038g02 P&E Report FY2003 (NY36P038502-03)
- ny038h02 P&E Report FY2004 (NY36P038501-04)

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*.

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. 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?

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.

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).

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

HOPE VI Revitalization Grant Status
a. Development Name: b. Development Number:
c. Status of Grant: ☐ Revitalization Plan under development ☐ Revitalization Plan submitted, pending approval ☐ Revitalization Plan approved ☐ 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

☐ 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:

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

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):

☐ Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

☐ 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: (provide name here) Westchester County

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

☒ 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)

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.

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	*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*;	5 Year and Annual Plans
X	*PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan*	Streamlined Annual Plans
	Certification by State or Local Official of PHA Plan Consistency with	5 Year and standard Annual

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	Consolidated Plan.	Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs 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
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. ☒ Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. ☒ Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. ☒ 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. ☐ 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
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types ☐ Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☒ Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. ☐ 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
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	
X	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
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs ☐ Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	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
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). ☐ 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 Only: 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:	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No:	**Federal FY of Grant:**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:)**
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
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 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
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				
26	Amount of line 21 Related to Energy Conservation Measures				

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:		**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No:				**Federal FY of Grant:**		
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	

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:	**Grant Type and Number** Capital Fund Program No: Replacement Housing Factor No:	**Federal FY of Grant:**

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	

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan **Part I: Summary**					
PHA Name				☐**Original 5-Year Plan** ☐**Revision No:**	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY:	Work Statement for Year 3 FFY Grant: PHA FY:	Work Statement for Year 4 FFY Grant: PHA FY:	Work Statement for Year 5 FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year :____ FFY Grant: PHA FY:			Activities for Year: ___ FFY Grant: PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See						
Annual						
Statement						
Total CFP Estimated Cost			$			$

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan **Part II: Supporting Pages—Work Activities**					
Activities for Year :____ FFY Grant: PHA FY:			Activities for Year: ___ FFY Grant: PHA FY:		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
Total CFP Estimated Cost		$			$

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) PART I: Summary

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

OMB Approval No. 2577-0157 (exp. 3/31/2002)

APPENDIX 6-1

Annual Statement for Year # 1 CFP 2005

HA Name:	Capital Fund Program:
MOUNT KISCO HOUSING AUTHORITY	**NY36P038501-05** **2005**
X Original Annual Statement Reserve for Disasters/Emergencies.	Revised Annual Statement/Revision Number___
Performance and Evaluation Report for Program Year Ending.	Final Performance and Evaluation Report.

		TOTAL ESTIMATED COST	**TOTAL ACTUAL COST (2)**		
Line No.	by Development Account	Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 20)	$113,691.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpandable				
12	1470 Nondwelling Structures				
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 (May not to exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$113,691.00**	**$0.00**	**$0.00**	**$0.00**
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				

Signature of Executive Director & Date:	Signature of public Housing Director/Office of Native American Programs Administrator & Date:

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.

Form HUD-52837 (10/96)
Ref. Handbook 7485.3

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) PART II: Supporting Pages

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

OMB Approval No. 2577-0157 (exp. 7/31/98)
MOUNT KISCO HOUSING AUTHORITY
APPENDIX 6-1
FFY 2005

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)	Fund Expended (2)	
PHA Wide	***OPERATIONS***	**1406**						
	Operations			$113,691.00				
	Total Account # 1408			**$113,691.00**				
	GRAND TOTAL CGP 2005			**$113,691.00**				

Signature of Executive Director & Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

1 To be Completed for the Performance and Evaluation Report or a Revised Annual Statement
2 To be Completed for the Performance Evaluation Report.

Form HUD-52837 (10/96)
Ref. Handbook 7485.3

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) PART III: Implementation Schedule
MOUNT KISCO HOUSING AUTHORITY
(CFP2005)

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

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Operations PHA-Wide	5/30/2008			5/30/09			
Dwelling Structures	5/30/2008			5/30/09			

Signature of Executive Director & Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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.

Form HUD-52837 (10/96)

Ref. Handbook 7485.3

Five-Year Action Plan
Part I: Summary
Capital Fund Program (CFP2005)

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

Submission (6/1/96)
OMB Approval No. 2577-0157 (Exp.7/31/98)

H A Name: **MOUNT KISCO HOUSING AUTHORITY**		Locality: (City/County & State) **Mount Kisco, New York**		Original	Revision No._____
A. Development Number/Name	Work Statement for Year 1 FFY: 2005	Work Statement Year 2 FFY:__ 06 __	Work Statement Year 3 FFY:__07 __	Work Statement Year 4 FFY:__ 08 __	Work Statement Year 5 FFY:__09 __
NY038	See Annual Statement	$ 113,691.00	$ 113,691.00	$ 113,691.00	$ 113,691.00
B. Physical Improvements Subtotal					
C. Management Improvement					
D. HA-Wide Nondwelling Structures & Equipment					
E. Administration					
F. Other					
G. Replacement Reserve					
H. Total CGP Funds		**$ 113,691.00**	**$ 113,691.00**	**$ 113,691.00**	**$ 113,691.00**
I. Total Non-CGP Funds					
J. Grand Total					
Signature of Executive Director:		Date	Signature of Public Housing/Director of Native American Programs Administra		Date:

Form HUD-52834 (1/5/95)

ref. Handbook 7485.3

Five-Year Action Plan
Part III: Supporting Pages
Physical Needs
Capital Fund Program (CFP)

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

Annual Statement for Year 1 2005	Work Statement for Year 2 FFY: 2006			Work Statement for Year 3 FFY: 2007		
	Development Number/Name/General Description of Major Work Category	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Category	Quantity	Estimated Cost
See Annual Statement	**1406 OPERATIONS**			**1406 OPERATIONS**		
	Operations		$46,006.00	Operations		$37,000.00
	Subtotal Account # 1406		**$46,006.00**	**Subtotal Account # 1406**		**$37,000.00**
	Subtotal of Estimated Cost		**$113,691.00**	Subtotal of Estimated Cost		**$113,691.00**

Five-Year Action Plan
Part III: Supporting Pages
Physical Needs
Capital Fund Program (CFP)

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

	Work Statement for Year 4 FFY: 2008			Work Statement for Year 5 FFY: 2009		
	Development Number/Name/General Description	Quantity	Estimated	Development Number/Name/General Description	Quantity	Estimated
See Annual Statement	**1406 OPERATIONS**			**1406 OPERATIONS**		
	Operations		$113,691.00	Operations		$113,691.00
	Subtotal Account # 1406		**$113,691.00**	**Subtotal Account # 1406**		**$113,691.00**
	Subtotal of Estimated Cost		**$113,691.00**	Subtotal of Estimated Cost		**$113,691.00**

Form HUD-52834

Mount Kisco Housing Authority
Attachment "ny038c01"

Required Attachment c : Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:
   1) Minie Thompson
   2) Sheree Underwood

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

C. The term of appointment is (include the date term expires):
   1) 5 Yrs. – 8/01/2005
   2) 5 Yrs. – 8/01/2009

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
   ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
   ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
   ☐ Other (explain):

B. Date of next term expiration of a governing board member: 8/01/2005

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

Michael Cindrich
Mayor, Village of Mount Kisco

Mount Kisco Housing Authority
Attachment "ny038d01"

Required Attachment E : Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Christine Mazzulo
Sheree Underwood
Julienne Melchiori
Harriet Blackwell

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) PART I: Summary

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

OMB Approval No. 2577-0157 (exp. 3/31/2002)

APPENDIX 6-1

HA Name:	Capital Fund Program:
Mount Kisco Housing Authority	**NY36P038501-02** **2002**
Original Annual Statement Reserve for Disasters/Emergencies.	Revised Annual Statement/Revision Number___
X **Performance and Evaluation Report for Program Year Ending: 9/30/2004**	Final Performance and Evaluation Report

		TOTAL ESTIMATED COST		TOTAL ACTUAL COST (2)	
Line No.	Summary by Development Account	Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 20)	$49,141.00	$49,141.00	$49,141.00	$49,141.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs	$23,000.00	$23,000.00	$23,000.00	$11,244.46
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures	$45,000.00	$45,000.00	$45,619.50	$45,619.50
11	1465.1 Dwelling Equipment - Nonexpandable	$8,000.00	$8,000.00	$7,380.50	$7,133.00
12	1470 Nondwelling Structures				
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 (May not to exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$125,141.00**	**$125,141.00**	**$125,141.00**	**$113,137.96**
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				

Signature of Executive Director & Date:

Signature of public Housing Director/Office of Native American Programs Administrator & Date:

1- To be completed for the Performance and Evaluation Report or a Revised Annual Statement

Form HUD-52837 (10/96)

2- To be completed for the Performance and Evaluation Report.

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)	Fund Expended (2)	
PHA WIDE	**OPERATIONS**	1406						
	Operations			49,141.00	49,141.00	49,141.00	49,141.00	
	Total Account # 1406			**49,141.00**	**49,141.00**	**49,141.00**	**49,141.00**	
PHA WIDE	**FEES AND COSTS**	1430						
	Modernization Coordinator			23,000.00	23,000.00	23,000.00	11,244.46	
	Total Account # 1430			**23,000.00**	**23,000.00**	**23,000.00**	**11,244.46**	
	DWELLING STRUCTURES	1460						
	New Vinyl Floor			30,000.00	30,000.00	30,619.50	30,619.50	
	Apartment Painting (20% of total apts.)			15,000.00	15,000.00	15,000.00	15,000.00	
	Total Account #1460			**45,000.00**	**45,000.00**	**45,619.50**	**45,619.50**	
PHA WIDE	**DWELLING EQUIPMENT**	1475						
	Stoves			3,000.00	3,000.00	2,380.50	2,133.00	
	Refrigerators			5,000.00	5,000.00	5,000.00	5,000.00	
	Total Account #1475			**8,000.00**	**8,000.00**	**7,380.50**	**7,133.00**	
	Total CFP 2002			***125,141.00***	***125,141.00***	***125,141.00***	***113,137.96***	

Signature of Executive Director & Date:	Signature of Public Housing Director/Office of Native American Programs Administrator & 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 Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) PART III: Implementation Schedule
MOUNT KISCO HOUSING AUTHORITY
(CFP2002)

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

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Operations	5/30/2004			5/30/2006			
Fees & Costs PHA - Wide	5/30/2004			5/30/2006			
Dwelling Structures	5/30/2004			5/30/2006			
Dwelling Equipment	5/30/2004			5/30/2006			

Signature of Executive Director & Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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.

Form HUD-52837 (10/96)

Ref. Handbook 7485.3

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) PART I: Summary

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

OMB Approval No. 2577-0157 (exp. 3/31/2002)

APPENDIX 6-1

HA Name:	Capital Fund Program:
Mount Kisco Housing Authority	**NY36P038501-03** **2003A**
Original Annual Statement Reserve for Disasters/Emergencies.	Revised Annual Statement/Revision Number___
X **Performance and Evaluation Report for Program Year Ending: 9/30/2004**	Final Performance and Evaluation Report

		TOTAL ESTIMATED COST		TOTAL ACTUAL COST (2)	
Line No.	Summary by Development Account	Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 20)	$97,157.00	$97,157.00	$97,157.00	$0.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpandable				
12	1470 Nondwelling Structures				
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 (May not to exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$97,157.00**	**$97,157.00**	**$97,157.00**	**$0.00**
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				

Signature of Executive Director & Date:

Signature of public Housing Director/Office of Native American Programs Administrator & Date:

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.

Form HUD-52837 (10/96)

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)	Fund Expended (2)	
PHA WIDE	**OPERATIONS**	1406						
	Operations			97,157.00	97,157.00	97,157.00	0.00	
	Total Account # 1406			**97,157.00**	**97,157.00**	**97,157.00**	**0.00**	
	Total CFP 2003A			***97,157.00***	***97,157.00***	***97,157.00***	***0.00***	

Signature of Executive Director & Date:	Signature of Public Housing Director/Office of Native American Programs Administrator & 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 Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) PART III: Implementation Schedule
MOUNT KISCO HOUSING AUTHORITY
(CFP2003A)

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

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Operations	9/16/2005			9/16/2007			

Signature of Executive Director & Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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.

Form HUD-52837 (10/96)

Ref. Handbook 7485.3

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) PART I: Summary

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

OMB Approval No. 2577-0157 (exp. 3/31/2002)

APPENDIX 6-1

HA Name:	Capital Fund Program:
Mount Kisco Housing Authority	**NY36P038502-03** **2003B**
Original Annual Statement Reserve for Disasters/Emergencies.	Revised Annual Statement/Revision Number___
X **Performance and Evaluation Report for Program Year Ending: 9/30/2004**	Final Performance and Evaluation Report

		TOTAL ESTIMATED COST		**TOTAL ACTUAL COST (2)**	
Line No.	Summary by Development Account	Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 20)	$20,520.00	$20,520.00	$20,520.00	$0.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpandable				
12	1470 Nondwelling Structures				
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 (May not to exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$20,520.00**	**$20,520.00**	**$20,520.00**	**$0.00**
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				

Signature of Executive Director & Date:

Signature of public Housing Director/Office of Native American Programs Administrator & Date:

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.

Form HUD-52837 (10/96)

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)	Fund Expended (2)	
PHA WIDE	**OPERATIONS**	1406						
	Operations			20,520.00	20,520.00	20,520.00	0.00	
	Total Account # 1406			**20,520.00**	**20,520.00**	**20,520.00**	**0.00**	
	Total CFP 2003B			***20,520.00***	***20,520.00***	***20,520.00***	***0.00***	

Signature of Executive Director & Date:	Signature of Public Housing Director/Office of Native American Programs Administrator & 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 Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) PART III: Implementation Schedule
MOUNT KISCO HOUSING AUTHORITY
(CFP2003B)

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

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Operations	2/12/2006			2/12/2008			

Signature of Executive Director & Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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.

Form HUD-52837 (10/96)

Ref. Handbook 7485.3

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) PART I: Summary

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

OMB Approval No. 2577-0157 (exp. 3/31/2002)

APPENDIX 6-1

HA Name:	Capital Fund Program:
MOUNT KISCO HOUSING AUTHORITY	**NY36P03850104** **2004**
Original Annual Statement Reserve for Disasters/Emergencies.	Revised Annual Statement/Revision Number___
Performance and Evaluation Report for Program Year Ending 03/31/2005	Final Performance and Evaluation Report.

		TOTAL ESTIMATED COST	**TOTAL ACTUAL COST (2)**		
Line No.	Summary by Development Account	Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not to exceed 20% of line 20)	$25,691.00	$25,691.00	$0.00	$0.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated damages				
7	1430 Fees and Costs	$23,000.00	$23,000.00	$0.00	$0.00
8	1440 Site Acquisition				
9	1450 Site Improvements	$20,000.00	$20,000.00	$0.00	$0.00
10	1460 Dwelling Structures	$45,000.00	$45,000.00	$0.00	$0.00
11	1465.1 Dwelling Equipment - Nonexpandable				
12	1470 Nondwelling Structures				
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 (May not to exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2 - 19)	**$113,691.00**	**$113,691.00**	**$0.00**	**$0.00**
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				

Signature of Executive Director & Date:	Signature of public Housing Director/Office of Native American Programs Administrator & Date:

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.

Form HUD-52837 (10/96)
Ref. Handbook 7485.3

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)	Fund Expended (2)	
PHA Wide	***OPERATIONS***	**1406**						
	Operations Max 20 %			$25,691.00	$25,691.00	$0.00	$0.00	
	Total Account # 1408			**$25,691.00**	**$25,691.00**	**$0.00**	**$0.00**	
	Fees And Costs	**1430**						
	Modernization Coordinator			$23,000.00	$23,000.00	$0.00	**$0.00**	
	Total Account # 1430			**$23,000.00**	**$23,000.00**	**$0.00**	**$0.00**	
	SITE IMPROVEMENT	**1450**						
	New Gutters			$20,000.00	$20,000.00	$0.00	$0.00	
	Total Account # 1450			**$20,000.00**	**$20,000.00**	**$0.00**	**$0.00**	
	DWELLING STRUCTURES	**1460**						
	Vinyl Floor (to complete CFP 2002 work item)			$30,000.00	$30,000.00	$0.00	$0.00	
	Apartment painting (20 % of total)			$15,000.00	$15,000.00	$0.00	$0.00	
	Total Account # 1460			**$45,000.00**	**$45,000.00**	**$0.00**	**$0.00**	
	GRAND TOTAL CGP 2004			**$113,691.00**	**$113,691.00**	**$0.00**	**$0.00**	

Signature of Executive Director & Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

X

1 To be Completed for the Performance and Evaluation Report or a Revised Annual Statement
2 To be Completed for the Performance Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) PART III: Implementation Schedule
MOUNT KISCO HOUSING AUTHORITY
(CFP2004)

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

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reason for revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Operations PHA-Wide	5/30/2006			5/30/07			
Dwelling Structures	5/30/2006			5/30/07			

Signature of Executive Director & Date:

X

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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.

Form HUD-52837 (10/96)

Ref. Handbook 7485.3