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(exp. 02/28/2006)

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

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009
Annual Plan for Fiscal Year 2006

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

PHA Plan
Agency Identification

PHA Name: City of Madison

PHA Number: WI 003

PHA Fiscal Year Beginning: (mm/yyyy) 01/2006

Public Access to Information

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

X Main administrative office of the PHA
X 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)

X Main administrative office of the PHA
X 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)

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

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2009
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

X 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: (state mission here)

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS**. (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

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

X PHA Goal: Expand the supply of assisted housing
Objectives:
- X Apply for additional rental vouchers:
- X Reduce public housing vacancies:
- ☐ Leverage private or other public funds to create additional housing opportunities:
- ☐ Acquire or build units or developments
- ☐ Other (list below)

X PHA Goal: Improve the quality of assisted housing
Objectives:
- X Improve public housing management: (PHAS score)
- X Improve voucher management: (SEMAP score)
- X Increase customer satisfaction:
- X Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- X Renovate or modernize public housing units:
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

X PHA Goal: Increase assisted housing choices
Objectives:
- X Provide voucher mobility counseling:
- X Conduct outreach efforts to potential voucher landlords
- ☐ Increase voucher payment standards
- X 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

X PHA Goal: Provide an improved living environment
Objectives:
- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- X Implement public housing security improvements:
- X Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- ☐ Other: (list below)

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

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

Objectives:

- ☐ Increase the number and percentage of employed persons in assisted families:
- ☐ Provide or attract supportive services to improve assistance recipients' employability:
- X Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

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

X PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
- X 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:
- X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 20
[24 CFR Part 903.7]

i. Annual Plan Type:
Select which type of Annual Plan the PHA will submit.

X **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)]
Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

N/A

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

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

X Admissions Policy for Deconcentration (WI-003-A01)
X FY 2005 Capital Fund Program Annual Statement (WI-003-A02)
☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

X PHA Management Organizational Chart (WI-003-A03)
X FY 2005 Capital Fund Program 5 Year Action Plan (WI-003-A04)
☐ Public Housing Drug Elimination Program (PHDEP) Plan
X Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) Included
☐ Other (List below, providing each attachment name)

Supporting Documents Available for Review

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**	**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	Annual Plan:

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	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: 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 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology 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
X	Section 8 rent determination (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	Public housing grievance procedures ☐ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures ☐ 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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs

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

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

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	High		10,100				
Income >30% but <=50% of AMI	Med - High		7,246				
Income >50% but <80% of AMI	Med - High		5,838				
Elderly	Med		3,036				
Families with Disabilities	5,392	5,392	2,618				
Race/Ethnicity	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Race/Ethnicity	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Race/Ethnicity	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Race/Ethnicity	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

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.)

X Consolidated Plan of the Jurisdiction/s
Indicate year: 2005 - 2009

☐ 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

State the housing needs of the families on the PHA's waiting list/s**. Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List

Waiting list type: (select one)
☐ Section 8 tenant-based assistance
☐ Public Housing
X 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
	PH	S8	PH	S8	
Waiting list total	195	1,035	16%	84%	
Extremely low income <=30% AMI	171	816	88%	79%	
Very low income (>30% but <=50% AMI)	21	186	11%	18%	
Low income (>50% but <80% AMI)	3	33	1%	3%	
Families with children	137	469	70%	45%	
Elderly families	25	287	13%	27%	
Families with Disabilities	44	426	23%	41%	
Race/ethnicity - **White**	67	447	34%	43%	
Race/ethnicity - **Black**	120	503	61%	48%	
Race/ethnicity – **Ind/Als**	-0-	3	-0-	-0-	
Race/ethnicity - **Asian**	8	26	4%	2%	
Race/ethnicity - **Hispanic**	16	52	8%	5%	
Race/ethnicity - **Unavailable**	-0-	56	-0-	5%	

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	42	22%	
2 BR	87	45%	
3 BR	49	25%	
4 BR	15	7%	
5 BR	2	1%	
5+ BR	-0-	-0-	

Is the waiting list closed (select one)? X No ☐ Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(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:

Select all that apply

X Employ effective maintenance and management policies to minimize the number of public housing units off-line

X Reduce turnover time for vacated public housing units

X Reduce time to renovate public housing units

☐ Seek replacement of public housing units lost to the inventory through mixed finance development

☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources

X Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

X Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

X Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
X Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
X 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:
Select all that apply

X 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
Select all that apply

X Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
X 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
X 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
Select all that apply

☐ Employ admissions preferences aimed at families who are working
X Adopt rent policies to support and encourage work
☐ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:
Select all that apply

☐ Seek designation of public housing for the elderly
☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
X Other: (list below)

Market to elderly through agencies and publications.

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:
Select all that apply

☐ Seek designation of public housing for families with disabilities
X 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
X Affirmatively market to local non-profit agencies that assist families with disabilities
☐ Other: (list below)

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:
Select if applicable

X Affirmatively market to races/ethnicities shown to have disproportionate housing needs
X Other: (list below)

Provide information in foreign languages.

Strategy 2: Conduct activities to affirmatively further fair housing
Select all that apply

X Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
X Market the section 8 program to owners outside of areas of poverty /minority concentrations
☐ Other: (list below)

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:

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

2. Statement of Financial Resources
[24 CFR Part 903.7 9 (b)]
List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2006 grants)**		
a) Public Housing Operating Fund	$ 800,000.00	
b) Public Housing Capital Fund	$ 800,000.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	$ 800,000.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	$ 1,700,000.00	
4. Other income (list below)		
4. Non-federal sources (list below)		
Total resources	$12,100,000.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(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)

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

X Other: (describe)

When vacancies occur, families are selected from the wait list.

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

X Criminal or Drug-related activity

X Rental history

X Housekeeping

☐ Other (describe)

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

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

e. X 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)

X Community-wide list

X Sub-jurisdictional lists

X Site-based waiting lists

☐ Other (describe)

b. Where may interested persons apply for admission to public housing?
X PHA main administrative office
X PHA development site management office
X Other (list below)

By U.S. Mail or Fax.

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**

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)

(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
X Two
☐ Three or More

b. X 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 X 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?

b. Transfer policies:

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

X Emergencies
X Overhoused
X Underhoused
X Medical justification
☐ Administrative reasons determined by the PHA (e.g., to permit modernization work)
☐ Resident choice: (state circumstances below)
☐ Other: (list below)

c. Preferences

1. X 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)
X Victims of domestic violence
☐ Substandard housing
X 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
X 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.

X Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
1 Victims of domestic violence
Substandard housing
1 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
X 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
X 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)

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

Resident Handbook

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

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

(6) Deconcentration and Income Mixing

a. ☐ Yes X 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 X 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 X 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)

X 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)

X Not applicable: results of analysis did not indicate a need for such efforts

☐ List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(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

X 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)

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

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

d. X 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)

X Criminal or drug-related activity

☐ Other (describe below)

(2) Waiting List Organization

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

☐ None
X 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)

X PHA main administrative office
X Other (list below)

By U.S. Mail or Fax.

(3) Search Time

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

If yes, state circumstances below:

(4) Admissions Preferences

a. Income targeting

☐ Yes X 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. X 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)

Former Federal preferences

☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
X Victims of domestic violence
☐ Substandard housing
X 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
X 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.

X Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
1 Victims of domestic violence
Substandard housing
1 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
X 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)
X 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)
X 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
X 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)
X 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?
X Through published notices
☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

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---

X 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
X $26-$50

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

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

The CDA will notify all participant families subject to a minimum rent of their right to request a minimum rent hardship exemption under the law.

The CDA will immediately grant the minimum rent exemption to all families who request it effective the first month following the request.

The Minimum Rent will be suspended until the CDA determines whether the hardship is:
Covered by statute
Temporary or long-term

If the CDA determines that the minimum rent is not covered by statute, the CDA will impose a minimum rent including payment for minimum rent from the time of suspension.

In order for a family to qualify for a hardship exemption the family's circumstances must fall into one of the following criteria:

The family has lost eligibility or is awaiting an eligibility determination for Federal, State, or local assistance;

The family would be evicted as a result of the imposition of the minimum rent requirements;

The income of the family has decreased because of changed circumstances including:

Loss of employment
Death in the family
Other circumstances as determined by the CDA or HUD

If the CDA determines that the hardship is temporary (less than 90 days), a minimum rent will be imposed, including back payment from time of suspension, but the family will not be evicted for nonpayment of rent during the 90-day period commencing on the date of the family's request for exemption.

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

1. ☐ Yes X 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
X No

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

N/A

☐ 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)

N/A

☐ 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
X Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) $500 per Month.
X Other (list below)

New Income.

g. ☐ Yes X 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
X Other (list/describe below)

Section 8 Fair Market Rent adjusted for local conditions.

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

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

☐ At or above 90% but below100% of FMR
☐ 100% of FMR
X 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)

X FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
X Reflects market or submarket
X To increase housing options for families
☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

X 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)

X Success rates of assisted families
X Rent burdens of assisted families
X Other (list below)

Market rent comparables.

(2) Minimum Rent

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

☐ $0
☐ $1-$25
X $26-$50

b. X Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

In order for a family to qualify for a hardship exemption the family's circumstances must fall under one of the following HUD harship criteria:

> The family has lost eligibility or is awaiting an eligibility determination for Federal, State, or local assistance;
>
> The family would be evicted as a result of the imposition of the minimum rent requirements;
>
> The income of the family has decreased because of changed circumstances including, loss of employment, death in the family, or other circumstances as determined by the CDA or HUD

The CDA will notify all families subject to a minimum rent of their right to request a minimum rent hardship exemption.

The CDA will grant the minimum rent exemption to all families who request it, effective the first month following the request. The "Suspension" of minimum rent will last until the CDA determines whether the hardship is covered by statute, or is temporary or long term.

During the minimum rent suspension period, the family will not be required to pay a minimum rent and the housing assistance payment will be increased accordingly. If the CDA determines that the minimum rent is not covered by statute, the family is responsible for paying the minimum rent including the amount of minimum rent that was suspended.

If the CDA determines that the hardship is temporary, the suspension will continue for a period of up to 90 days from the date of the family's request. At the end of the suspension period, a minimum rent will be imposed and the family must pay the amount of the minimum rent that was suspended.

The CDA will offer a repayment agreement to the family for any such rent not paid during the temporary hardship period.

If the CDA determines that there is a qualifying long-term financial hardship, the CDA must exempt the family from the minimum rent requirements for as long as the hardship continues. The exemption from minimum rent shall apply from the first day of the month following the family's request for exemption.

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

X 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:

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	752	120
Section 8 Vouchers	1,500	90
Section 8 Certificates		

Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers: **- Project Base Voucher Program**	40	10
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

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

See Admissions Policies

(2) Section 8 Management: (list below)

See Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. X 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:

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

X PHA main administrative office

☐ PHA development management offices

☐ Other (list below)

B. Section 8 Tenant-Based Assistance

1. X 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?

If yes, list additions to federal requirements below:

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

X PHA main administrative office

☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

X The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) (WI-003-A02)

-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. X 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:

X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) (WI-003-A04)

-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 X 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 X 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 X 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:

☐ Yes X 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)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to 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: 1b. Development (project) number:
2. Activity type: Demolition ☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. X 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; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

☐ Yes X 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: Romnes Apartments and Tenney Park Apartments 1b. Development (project) number: WI-003-04 (Romnes) and WI-003-05 (Tenney)
2. Designation type: Occupancy by only the elderly X (Romnes and Tenney) Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application X (Romnes and Tenney)
4. Date this designation approved, submitted, or planned for submission: 2nd Quarter (April/May) of 2006 (Romnes and Tenney)
5. If approved, will this designation constitute a (select one) ☐ New Designation Plan X Revision of a previously-approved Designation Plan? (Romnes and Tenney)
6. Number of units affected: 167 Romnes Apartments and 21 Tenney Park Apartments 7. Coverage of action (select one) X Part of the development – For Tenney Park Apartments X Total development – For Romnes Apartments

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

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

1. ☐ Yes X 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: 1b. Development (project) number:
2. What is the status of the required assessment? ☐ Assessment underway ☐ Assessment results submitted to HUD ☐ Assessment results approved by HUD (if marked, proceed to next question) ☐ Other (explain below)
3. ☐ Yes ☐ 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) ☐ Conversion Plan in development ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY) ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY) ☐ 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

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes X 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: ☐ HOPE I ☐ 5(h) ☐ Turnkey III ☐ Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) ☐ Approved; included in the PHA's Homeownership Plan/Program ☐ Submitted, pending approval ☐ 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) ☐ Part of the development ☐ Total development

B. Section 8 Tenant Based Assistance

1. X 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. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

X 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)

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

b. PHA-established eligibility criteria

X 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:

- Be able to secure a mortgage loan from a lender.
- Be consistently employed (30 hours a week), for at least one year before homeownership assistance starts (elderly and disabled families are exempt from this requirement).
- Earn a minimum annual income of $10,300 or $7,773.36, if you are disabled.
- Be a current Section 8 Rental Participant for one year.
- Be in compliance with your current lease.
- Be a first time homeowner.

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

☐ Yes X 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)?

If yes, what was the date that agreement was signed? DD/MM/YY

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)

B. Services and programs offered to residents and participants

(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)

X Public housing rent determination policies
X 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)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

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)

X 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)

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)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

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
X 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
X Resident reports
X PHA employee reports
X Police reports
☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
☐ Other (describe below)

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

3-1 D Site

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
X Other (describe below)

Private security and working with Police Department.

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

3-1 D Site

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
X Police provide crime data to housing authority staff for analysis and action
X Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
X Police regularly testify in and otherwise support eviction cases
X 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)

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

3-1 D Site

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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

☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?

☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: ___)

14. 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. X 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))?
   (If no, skip to component 17.)
2. X Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes X No: Were there any findings as the result of that audit?
4. ☐ Yes X 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?
   If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes X 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

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. X 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)
X Provided below:

Resident Advisory Board Meeting Minutes
July 7, 2005 9:00 a.m.
Brittingham Apartments 755 Braxton Place
Meeting Room 1st Floor

A draft of the Annual Plan has been prepared and distributed to each of the Site Offices and the Downtown office, and is available for review. A notice was placed in the newspaper. The Resident Advisory Board was convened to allow for resident representative input. A copy of proposed changes to the Lease and the Admissions Policies were distributed and made available beforehand. A notice was also issued to all residents with their rent statements.

The meeting convened at 9:00 a.m. In attendance:

RAB members: Rebecca Margiotta (Brittingham Apts. Resident Association president), Alice Fike (Brittingham Elderly Housing representative), Anna Torrel (Romnes near elderly housing representative), Michael Howe (Project based Section 8 Disabled Representative).

CDA staff: June Garvin, Larry Hamlin, Angela Grimm, Lurlie Richardson, Lori Sommers, Bob Simon, Agustin Olvera

Community Service – Mr. Olvera explained that this was a HUD requirement, all acknowledged that this could be difficult to administer and for some residents to comply with. However, as a HUD mandate the CDA has little choice in the matter.

Transfer Policy - Several residents felt that there should be some more leeway in the policy, giving the Site Managers authority to approve transfers for hardship cases. Also that transfers continue to be permitted for purposes of moving closer to school and/or work.

Other proposed changes –
Late fee – it was noted that by City of Madison Ordinance it cannot be more than 5% of rent. Therefore a $300 unit could be no more than $15

Swimming pool – suggested to allow baby pools but that they cannot be left unattended, the intent is not to allow them to remain full of water for any length of time to prevent safety hazard to toddlers, damage sod, or attract insects.

Other provisions were discussed with some slight tweaking of the wording. In general some felt the changes were fine while others felt the additional rules unnecessary. Mr. Olvera pointed out that these were requested by the Site Managers and advised by the City Attorney's Office to strengthen the legal authority of the lease in unfortunate cases where the CDA needed to act on lease enforcement and evictions.

Meeting adjourned at 10:30 a.m.

Resident Advisory Board Meeting Minutes
Tuesday, September 20, 2005
Karabis Apartments, 201 S. Park Street
Meeting Room

RAB Members Present: Michael Howe (Parkside Apts. disabled resident), Alice Fike (Brittingham Apts. elderly resident) Rebecca Margiota (CDA resident board member)

RAB Members Absent: Judy Campbell (Sec 8 participant), Anna Torrel (Romnes Apts. near elderly resident)

CDA Staff Present: Agustin Olvera, Lisa Daniels

Previously proposed changes to the Public Housing Lease and Admissions Policies were reviewed as part of the review of the CDA Annual Plan. This session was to review proposed changes to the Housing Choice Voucher (Section 8) Administrative Plan, again, as a part of the Annual Plan. A draft of the Annual Plan was previously distributed and made available to residents and the general public.

Proposed Changes and comments

1) Clarification on Reasonable Accommodation requests to exceed 40% of income toward rent. HUD indicates that 40% is the maximum allowed and cannot be exceeded. An Accommodation Request would require a request from the HA to exceed 110% of the Payment Standard which would go to HUD Milwaukee, up to 120%. Above 120% would require a request to Washington D.C. Approved.

2) Add On of Family members. Proposed change would require any increase in assistance by the addition of an adult family member would require income of the add on to fully offset or reduce the current assistance allowed. Exceptions would be for elderly or disabled adults. Approved

3) Recertification requests based on loss of income. Rewrite of policy to try and reduce administrative burden of excessive recertifications when minor income changes (losses) occur. Approved

4) Utility delinquencies. Rewrite of policy to try and reduce the number of people who become delinquent on utility bills, which can force or bring about termination from the program. Approved

5) Portability. Rewrite of Policy to limit port outs to locations of equal or lesser payment standards/higher housing costs. Approved

6) Informal Hearings. Appeal process currently allows for 1) informal review, then 2) informal hearing and then 3) a formal review and finally 4) going to court. It is proposed to eliminate step 2) Informal review. Approved.

7) Converting Tenant Based Voucher to Project Based. Proposed “strategic” use of conversion in support of neighborhood revitalization. Must follow HUD guidelines and process. Approved.

All of the above were approved based on compliance with HUD regulations.

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

X 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 X 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 X 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
X Other: (describe)

Solicitation of volunteers who were appointed by the Mayor and confirmed by the Common Council.

b. Eligible candidates: (select one)

☐ Any recipient of PHA assistance
☐ Any head of household receiving PHA assistance
X 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) N/A

☐ 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

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

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

X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
X 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)

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

See Consolidated Plan

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

PHA Plan
Table Library

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

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

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP 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	1498 Mod Used for Development	
19	1502 Contingency	
20	**Amount of Annual Grant (Sum of lines 2-19)**	
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

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

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

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 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include 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 Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years		

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		**Activity Description**						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III *Component 7a*	Development Activities *Component 7b*	Demolition / disposition *Component 8*	Designated housing *Component 9*	Conversion *Component 10*	Home-ownership *Component 11a*	Other (describe) *Component 17*

COMMUNITY DEVELOPMENT AUTHORITY
HOUSING OPERATIONS UNIT

DECONCENTRATION POLICY

It is Community Development Authority (CDA) Housing Operations Unit's policy 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. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

The CDA Housing Operations Unit 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 incentives to implement.

Deconcentration Incentives

The CDA Housing Operations Unit may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.

Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and nondiscriminatory manner.

Offer of a Unit

When the CDA Housing Operations Unit discovers that a site will have vacancies, we will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goals.

The CDA Housing Operations Unit will make a first offer/letter of interest for the site. The family will be given ten (10) business days from the date of the letter to accept or decline the offer.

If the first offer is accepted, the application is sent to the Program Eligibility Monitor for screening. Upon successful completion of the screening, the file will be sent to the site manager.

Rejection of a Unit

If in making the first offer to the family the CDA Housing Operations Unit skipped over other families on the waiting list in order to meet their deconcentration goal or offered the family any other deconcentration incentive and the family rejects the unit, the family will not lose their place on the waiting list and will not be otherwise penalized.

If the first offer is declined, the family is placed on a waiting list until another vacancy occurs. When another vacancy occurs, if the family has a local preference, a second and final offer will be made. The second offer/letter of interest will be mailed to the family with instructions to return the offer within ten (10) business days.

If the second offer is accepted, the application is forwarded to the Program Eligibility Monitor for screening. Upon successful screening the file will be sent to the site manager.

If the CDA Housing Operations Unit did not skip over other families on the waiting list to reach this family, did not offer any other deconcentration incentive, and the family rejects the unit without good cause (if this is the second offer) the family's application will be cancelled.

If the family rejects the second offer with good cause, they will not lose their place on the waiting list. Good cause includes reasons related to health, proximity to work, school, and childcare (for those working or going to school). The family will be offered the right to an informal meeting of the decision to alter their application status.

Acceptance of Unit

Upon acceptance of a specific unit, all families (head of household) and other adult family members will be required to attend the Lease and Occupancy Orientation. Failure of an applicant to attend the orientation, without good cause, may result in the cancellation of the occupancy process.

The applicant will be provided a copy of the lease, the grievance procedure, utility allowances, utility charges, and the current schedule of routine maintenance charges. These documents will be explained in detail.

The signing of the lease and the review of financial information are to be privately handled. The head of household and all adult family members will be required to execute the lease prior to admission. One executed copy of the lease will be furnished to the head of household and the CDA Housing Operations Unit will retain the original executed lease in the tenant's file. A copy of the grievance procedure will be attached to the resident's copy of the lease.

The family will pay a security deposit at the time of lease signing. The security deposit will be equal to a set amount determined by the Housing Operations Unit.

In exceptional situations, the CDA Housing Operations Unit reserves the right to allow a new resident to pay their security deposit in up to three (3) payments. One third shall be paid in advance, one third with their second rent payment, and one third with their third rent payment. This shall be at the sole discretion of the CDA Housing Operations Unit.

In the case of a move within public housing, the security deposit for the first unit will be transferred to the second unit. Additionally, if the security deposit for the second unit is greater than that for the first, the difference will be collected from the family.

In the event there are costs attributable to the family for bringing the first unit into condition for re-renting, the family shall be billed for these charges.

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	Federal FY of Grant: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ■ Revised Annual Statement (revision no. 3)
☐ Performance & 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-CGP Funds				
2	1406 Operations	208,000.00	194,000.00	208,000.00	208,000.00
3	1408 Management Improvements	309,200.00	264,768.08	230,188.15	219,385.28
4	1410 Administration	86,300.00	121,300.00	121,300.00	72,090.35
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,341.00	10,309.92	4,400.03	4,400.03
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000.00	99,800.00	660.00	660.00
10	1460 Dwelling Structures	195,500.00	284,368.00	121,974.01	121,974.01
11	1465.1 Dwelling Equipment-Nonexpendable	30,000.00	6,500.00	6,500.00	6,500.00
12	1470 Nondwelling Structures	122,000.00	15,000.00	0.00	0.00
13	1475 Nondwelling Equipment	46,500.00	48,795.00	25,048.40	25,048.40
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	25,000.00	0.00	0.00	0.00
21	**Amount of Annual Grant (Sum of Lines 2-20)**	1,044,841.00	1,044,841.00	718,070.59	658,058.07
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	130,200.00	140,284.69		
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

Facsimile-form HUD-52837
ref Handbook 7485.3

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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

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	
WI 3-1	1. Stove & Fridge Replacement A,B,D	1465		30,000.00	6,500.00	6,500.00	6,500.00	Complete
A,B,C,D	2. Flooring ABD 5 of 5	1460		10,000.00	10,000.00	5,858.00	5,858.00	Underway
Sites	3. A & E Services	1430		0.00	4,192.50	4,192.50	4,192.50	Complete
	4. Bathroom remodel	1460		0.00	80,000.00	70,135.56	70,135.56	Underway
				40,000.00	**100,692.50**	**86,686.06**	**86,686.06**	

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Facsimile-form HUD-52837
ref Handbook 7485.3

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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-4	1. Unit Floor Repl. 7 of 20	1460		10,000.00	10,000.00	2,361.00	2,361.00	Underway
Romnes	2. Office Improvements	1470		27,000.00	0.00			
Apts.	3. A & E Services	1430		1,000.00	0.00			
				38,000.00	**10,000.00**			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-5	1. Unit Floor Repl.	1460		3,500.00	3,500.00			
Tenney Park	2. Common Area Improvements	1470		30,000.00	0.00			
Apts.								
				33,500.00	**3,500.00**			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Facsimile-form HUD-52842
ref Handbook 7485.3

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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-6	1. Patio Awning & Furniture	1460		12,000.00	0.00			
Brittingham	2. Lobby areas carpet/base repl.	1470		50,000.00	0.00			
Apts.								
				62,000.00	**0.00**			

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Facsimile-form HUD-52842
ref Handbook 7485.3

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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-7	1. Unit Flr/Base Repl. 2 of 5	1460		10,000.00	10,000.00	3,859.00	3,859.00	Underway
Scattered	2. Extr Siding Stein-Tracwy-Grnwy.	1460		60,000.00	92,368.00			
Sites	3. Vehicle #5	1475		21,500.00	23,795.00	23,795.00	23,795.00	Complete
	4. Exterior Storage Door Repl.	1460		0.00	0.00			
	5. Closet Door Repl.	1460		0.00	0.00			
	6. A & E Services	1430		3,000.00	3,000.00			
				94,500.00	**129,163.00**			

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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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-8	1. Kit. Cabinet Repl.	1460		0.00	0.00			
Truax Park	2. Unit Flr / Base Repl. 1 of 8	1460		12,000.00	12,000.00			
Apts.	3. A & E Services	1430		0.00	0.00			
	4. Common Area painting	1470		15,000.00	15,000.00			
	5. Parking Lot Improvements	1450		0.00	84,800.00			Underway
				27,000.00	**111,800.00**			

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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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-9 Scattered Sites				0.00	0.00			
				0.00	**0.00**			

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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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-13 Scattered Sites				0.00	0.00			
				0.00	**0.00**			

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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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	1. Sundry	1430		3,341.00	3,117.42	207.53	207.53	Underway
PHA Wide	2. Contingency	1502		25,000.00	0.00			
	3. Site Improvements	1450		15,000.00	15,000.00	660.00	660.00	
	4. Computer Hardware	1475		25,000.00	25,000.00	1,253.40	1,253.40	Underway
	5. Accessibility Improvements	1460		3,000.00	3,000.00	86.47	86.47	Underway
	6. On Demand	1460		75,000.00	63,500.00	39,673.98	39,673.98	Underway
	7. Operations	1406		208,000.00	194,000.00	208,000.00	208,000.00	Complete
				354,341.00	**303,617.42**	**249,881.38**	**249,881.38**	

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Facsimile-form HUD-52842
ref Handbook 7485.3

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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Management	1. Computer Software	1408		25,000.00	25,000.00	25,000.00	14,197.13	Underway
Improvements	2. Computer Coordinator	1408		29,500.00	29,500.00	4,143.92	4,143.92	Underway
PHA Wide	3. Housing Counsellor	1408		37,000.00	0.00			
	4. Program Eligibility Monitor	1408		26,000.00	12,214.78	12,214.78	12,214.78	Complete
	5. Marketing	1408		4,000.00	2,000.00	1,281.00	1,281.00	Underway
	6. Resident Laborers	1408		0.00	0.00			
	7. Resident Clerk	1408		0.00	0.00			
	8. Maintenance Training	1408		5,000.00	5,000.00			
	9. Management Training	1408		10,000.00	24,035.61	24,035.61	24,035.61	Complete
	10. Security	1408		130,200.00	140,284.69	140,284.69	140,284.69	Complete
	11. Resident Services Coordinator	1408		40,500.00	22,733.00	22,733.00	22,733.00	Complete
	12. Residents Assoc. Training	1408		2,000.00	0.00			
	13. AAspire Student	1408		0.00	4,000.00	495.15	495.15	Underway
				309,200.00	**264,768.08**	**230,188.15**	**219,385.28**	

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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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration	1. Grants Administrator	1410		0.00	0.00			
PHA Wide	2. Administrative Clerk	1410		55,000.00	71,000.00	71,000.00	54,899.45	Underway
	3. Maintenance Supervisor	1410		21,000.00	40,000.00	40,000.00	11,472.09	Underway
	4. Unit Director	1410		10,300.00	10,300.00	10,300.00	5,718.81	Underway
				86,300.00	**121,300.00**	**121,300.00**	**72,090.35**	

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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: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A & E Summary Sheet								
3-1	A & E Services	1430		5,000.00				
3-4	A & E Services	1430		1,000.00				
3-7	A & E Services	1430		2,000.00				
3-8	A & E Services	1430		8,000.00				
				16,000.00				

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: **WI39-P003-501-03** Replacement Housing Factor Grant No:	Federal FY of Grant: **2003**

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	
WI39-P003-001	2004			2006			
WI39-P003-004	2004			2006			
WI39-P003-005	2004			2006			
WI39-P003-006	2004			2006			
WI39-P003-007	2004			2006			
WI39-P003-008	2004			2006			
WI39-P003-009	2004			2006			
WI39-P003-0013	2004			2006			
WI39-P003-00all	2004			2006			
WI39-P003-00mngt.	2004			2006			
WI39-P003-00admin.	2004			2006			

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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	Federal FY of Grant: **2004**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ■ Revised Annual Statement (revision no. 1)
☐ Performance & 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-CGP Funds				
2	1406 Operations	0.00	244,530.00	0.00	0.00
3	1408 Management Improvements	195,000.00	237,300.00	0.00	0.00
4	1410 Administration	55,000.00	84,000.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000.00	5,670.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	109,000.00	136,653.00	0.00	0.00
10	1460 Dwelling Structures	533,000.00	407,500.00	0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	25,000.00	5,000.00	0.00	0.00
12	1470 Nondwelling Structures	63,000.00	33,000.00	0.00	0.00
13	1475 Nondwelling Equipment	50,000.00	37,000.00	0.00	0.00
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	6,841.00	35,000.00	0.00	0.00
21	**Amount of Annual Grant (Sum of Lines 2-20)**	1,044,841.00	1,225,653.00	0.00	0.00
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	125,000.00	130,000.00	0.00	0.00
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

Facsimile-form HUD-52837
ref Handbook 7485.3

COMMUNITY DEVELOPMENT AUTHORITY
HOUSING OPERATIONS UNIT

DECONCENTRATION POLICY

It is Community Development Authority (CDA) Housing Operations Unit's policy 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. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

The CDA Housing Operations Unit 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 incentives to implement.

Deconcentration Incentives

The CDA Housing Operations Unit may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.

Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and nondiscriminatory manner.

Offer of a Unit

When the CDA Housing Operations Unit discovers that a site will have vacancies, we will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goals.

The CDA Housing Operations Unit will make a first offer/letter of interest for the site. The family will be given ten (10) business days from the date of the letter to accept or decline the offer.

If the first offer is accepted, the application is sent to the Program Eligibility Monitor for screening. Upon successful completion of the screening, the file will be sent to the site manager.

Rejection of a Unit

If in making the first offer to the family the CDA Housing Operations Unit skipped over other families on the waiting list in order to meet their deconcentration goal or offered the family any other deconcentration incentive and the family rejects the unit, the family will not lose their place on the waiting list and will not be otherwise penalized.

If the first offer is declined, the family is placed on a waiting list until another vacancy occurs. When another vacancy occurs, if the family has a local preference, a second and final offer will be made. The second offer/letter of interest will be mailed to the family with instructions to return the offer within ten (10) business days.

If the second offer is accepted, the application is forwarded to the Program Eligibility Monitor for screening. Upon successful screening the file will be sent to the site manager.

If the CDA Housing Operations Unit did not skip over other families on the waiting list to reach this family, did not offer any other deconcentration incentive, and the family rejects the unit without good cause (if this is the second offer) the family's application will be cancelled.

If the family rejects the second offer with good cause, they will not lose their place on the waiting list. Good cause includes reasons related to health, proximity to work, school, and childcare (for those working or going to school). The family will be offered the right to an informal meeting of the decision to alter their application status.

Acceptance of Unit

Upon acceptance of a specific unit, all families (head of household) and other adult family members will be required to attend the Lease and Occupancy Orientation. Failure of an applicant to attend the orientation, without good cause, may result in the cancellation of the occupancy process.

The applicant will be provided a copy of the lease, the grievance procedure, utility allowances, utility charges, and the current schedule of routine maintenance charges. These documents will be explained in detail.

The signing of the lease and the review of financial information are to be privately handled. The head of household and all adult family members will be required to execute the lease prior to admission. One executed copy of the lease will be furnished to the head of household and the CDA Housing Operations Unit will retain the original executed lease in the tenant's file. A copy of the grievance procedure will be attached to the resident's copy of the lease.

The family will pay a security deposit at the time of lease signing. The security deposit will be equal to a set amount determined by the Housing Operations Unit.

In exceptional situations, the CDA Housing Operations Unit reserves the right to allow a new resident to pay their security deposit in up to three (3) payments. One third shall be paid in advance, one third with their second rent payment, and one third with their third rent payment. This shall be at the sole discretion of the CDA Housing Operations Unit.

In the case of a move within public housing, the security deposit for the first unit will be transferred to the second unit. Additionally, if the security deposit for the second unit is greater than that for the first, the difference will be collected from the family.

In the event there are costs attributable to the family for bringing the first unit into condition for re-renting, the family shall be billed for these charges.

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: **2004**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-4	1. Medicine Cabinet Replacement	1460		25,000.00	25,000.00			
Romnes	2. Bath Vanity Replacement	1460		84,000.00	84,000.00			
Apts.	3. Unit Floor Replace. 8 of 20	1460		15,000.00	15,000.00			
	4. Power Assist Doors A, D	1460		5,000.00	5,000.00			
	5. A & E Services	1430		3,000.00	3,000.00			
	6. Vehicle #10	1475		25,000.00	0.00			
				157,000.00	**132,000.00**			

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Part II: Supporting Pages

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Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-5	1. Hallway Paint, carpet, lighting	1470		33,000.00	0.00			
Tenney Park	2. Unit Floor Replacement	1460		3,000.00	3,000.00			
Apts.								
				36,000.00	**3,000.00**			

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Part II: Supporting Pages

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Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-6	1. Hallway Floor/Base Replacement	1460		66,000.00	0.00			
Brittingham	2. A & E Services	1430		2,000.00	0.00			
Apts.								
				68,000.00	**0.00**			

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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-7	1. Unit Floor/Base Replace. 3 of 5	1460		18,000.00	18,000.00			
Scattered	2. Exterior Stain Traceway	1460		8,000.00	0.00			
Sites	3. Interior Door/Frame Replacement	1460		84,000.00	0.00			
	4. Exterior Lighing	1450		25,000.00	37,653.00			
				135,000.00	**55,653.00**			

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Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-8	1. Dumpster Enclosure Replacement	1470		30,000.00	30,000.00			
Truax Park	2. Sewer Replacement	1460		12,000.00	12,000.00			
Apts.	3. Unit Floor/Base Replace. 2 of 8	1460		30,000.00	30,000.00			
	4. Parking Lot Asphalt Replacement	1450		84,000.00	84,000.00			
	5. Roof Replacement	1460		130,000.00	130,000.00			
				286,000.00	**286,000.00**			

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Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-9 Scattered Sites	1. Stove Replacement	1460		13,000.00	13,000.00			
				13,000.00	**13,000.00**			

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PHA Name:	Grant Type and Number	Federal FY of Grant: **2004**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-13	1. Vehicle #14	1475		25,000.00	25,000.00			
Scattered	2. Stove Replacement	1460		12,000.00	12,000.00			
Sites								
				37,000.00	**37,000.00**			

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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: **2004**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	1. Sundry	1430		3,000.00	2,670.00			
PHA Wide	2. Contingency	1502		6,841.00	35,000.00			
	3. Site Improvements	1450		15,000.00	15,000.00			
	4. Computer Hardware	1475		12,000.00	12,000.00			
	5. Accessibility Improvements	1460		3,000.00	3,000.00			
	6. On Demand	1460		25,000.00	27,500.00			
	7. Operations	1406		0.00	244,530.00	0.00	0.00	
				64,841.00	**339,700.00**			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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: **2004**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Management	1. Computer Software	1408		20,000.00	20,000.00			
Improvements	2. Computer Coordinator	1408		29,000.00	29,500.00			
PHA Wide	3. Housing Counsellor	1408		0.00	5,000.00			
	4. Program Eligibility Monitor	1408		0.00	27,300.00			
	5. Marketing	1408		4,000.00	500.00			
	6. Resident Laborers	1408		0.00	0.00			
	7. Resident Clerk	1408		0.00	0.00			
	8. Maintenance Training	1408		5,000.00	5,000.00			
	9. Management Training	1408		10,000.00	10,000.00			
	10. Security	1408		125,000.00	130,000.00			
	11. Resident Services Coordinator	1408		0.00	5,000.00			
	12. Residents Associations	1408		2,000.00	1,000.00			
	13. AAspire Student	1408		0.00	4,000.00			
				195,000.00	**237,300.00**			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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: **2004**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration	1. Grants Administrator	1410		0.00	0.00			
PHA Wide	2. Administrative Clerk	1410		55,000.00	55,000.00			
	3. Maintenance Supervisor	1410		0.00	21,000.00			
	4. Unit Director	1410		0.00	8,000.00			
				55,000.00	**84,000.00**			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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: **2004**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A & E Summary Sheet								
3-4	A & E Services	1430		3,000.00	3,000.00			
3-6	A & E Services	1430		2,000.00	0.00			
				5,000.00	**3,000.00**			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: **WI39-P003-501-04** Replacement Housing Factor Grant No:	Federal FY of Grant: **2004**

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	
WI39-P003-001	2005			2007			
WI39-P003-004	2005			2007			
WI39-P003-005	2005			2007			
WI39-P003-006	2005			2007			
WI39-P003-007	2005			2007			
WI39-P003-008	2005			2007			
WI39-P003-009	2005			2007			
WI39-P003-0013	2005			2007			
WI39-P003-00all	2005			2007			
WI39-P003-00mngt.	2005			2007			
WI39-P003-00admin.	2005			2007			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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	Federal FY of Grant: **2005**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-05** Replacement Housing Factor Grant No:	

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no. 1)
■ Performance & 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-CGP Funds				
2	1406 Operations	269,157.00	224,443.00		
3	1408 Management Improvements	252,436.00	241,607.00		
4	1410 Administration	86,940.00	105,205.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,578.00	4,578.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	50,525.00	34,233.00		
10	1460 Dwelling Structures	456,508.00	336,508.00		
11	1465.1 Dwelling Equipment-Nonexpendable	177,000.00	127,000.00		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	12,420.00	12,420.00		
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	36,225.00	36,225.00		
21	**Amount of Annual Grant (Sum of Lines 2-20)**	1,345,789.00	1,122,219.00		
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	134,550.00	134,550.00		
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

Facsimile-form HUD-52837
ref Handbook 7485.3

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	Federal FY of Grant: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

■ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no.)
☐ Performance & 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-CGP Funds				
2	1406 Operations	224,443.00	0.00		0.00
3	1408 Management Improvements	269,000.00	0.00		0.00
4	1410 Administration	106,500.00	0.00		0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,666.00	0.00		0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	65,000.00	0.00		0.00
10	1460 Dwelling Structures	342,000.00	0.00		0.00
11	1465.1 Dwelling Equipment-Nonexpendable	75,610.00	0.00		0.00
12	1470 Nondwelling Structures				0.00
13	1475 Nondwelling Equipment	12,000.00	0.00		0.00
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	25,000.00	0.00		0.00
21	**Amount of Annual Grant (Sum of Lines 2-20)**	1,122,219.00	0.00	0.00	0.00
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	160,000.00	0.00		
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

Facsimile-form HUD-52837
ref Handbook 7485.3

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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

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	
WI 3-1	1. Refridgerator Replacement	1465		0.00				
A,B,C,D	2. Asphalt Paving Replace - C Site	1450		40,000.00				
Sites	3. Water Softener Relacement	1465		7,610.00				
	4. Bathroom remodel	1460		120,000.00				
	5. Insulation Removal - slab units	1460		6,000.00				
				173,610.00	**0.00**	**0.00**	**0.00**	

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-4	1. Parking Lot Resurface	1465		60,000.00				
Romnes	2. Public Bathroom Accessibility	1460		8,000.00				
Apts.	3. RSVP Office Improvements	1460		20,000.00				
				88,000.00	**0.00**			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Facsimile-form HUD-52842
ref Handbook 7485.3

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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-5	1. Exit Door Replacement	1460		30,000.00				
Tenney Park	2. Hardware Replacement	1460		5,000.00				
Apts.	3. Water Heater Replacement - 302	1465		1,000.00				
	4. Flooring Replacement	1460		3,000.00				
				39,000.00	**0.00**			

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-6	1. Boiler Replacement	1460		55,000.00				
Brittingham	2. Community Room Carpet Replace	1460		3,000.00				
Apts.	3. Flooring Replacement	1460		10,000.00				
				68,000.00	**0.00**			

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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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-7 Scattered Sites	1. Play Equipment	1450		10,000.00				
				10,000.00	**0.00**			

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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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-8	1. Balcony Storage Door Replace	1460		12,000.00				
Truax Park	2. Sewer Replacement	1460		12,000.00				
Apts.	3. Water Heater Replacement - 10	1465		7,000.00				
				31,000.00	**0.00**			

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Facsimile-form HUD-52842
ref Handbook 7485.3

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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-9	1. Closet Door Replacement	1460		0.00				
Scattered	2. Stove Replacement	1465		0.00				
Sites	3. Bath Exhaust Fans	1460		0.00				
				0.00	**0.00**			

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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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-13 Scattered Sites								
				0.00	**0.00**			

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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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	1. Sundry	1430		2,666.00				
PHA Wide	2. Contingency	1502		25,000.00				
	3. Site Improvements	1450		15,000.00				
	4. Computer Hardware	1475		12,000.00				
	5. Accessibility Improvements	1460		3,000.00				
	6. On Demand	1460		55,000.00				
	7. Operations	1406		224,443.00				
				337,109.00	**0.00**	**0.00**	**0.00**	

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Management	1. Computer Software	1408		20,000.00				
Improvements	2. Computer Coordinator	1408		30,000.00				
PHA Wide	3. Housing Counsellor	1408		5,000.00				
	4. Program Eligibility Monitor	1408		25,000.00				
	5. Marketing	1408		4,000.00				
	6. Resident Laborers	1408		0.00				
	7. Resident Clerk	1408		0.00				
	8. Maintenance Training	1408		5,000.00				
	9. Management Training	1408		10,000.00				
	10. Security	1408		160,000.00				
	11. Resident Services Coordinator	1408		5,000.00				
	12. Residents Assoc. Training	1408		1,000.00				
	13. AAspire Student	1408		4,000.00				
				269,000.00	**0.00**	**0.00**	**0.00**	

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration	1. Grants Administrator	1410		0.00				
PHA Wide	2. Administrative Clerk	1410		58,000.00				
	3. Maintenance Supervisor	1410		40,000.00				
	4. Unit Director	1410		8,500.00				
				106,500.00	**0.00**	**0.00**	**0.00**	

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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: **2006**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A & E Summary Sheet								
3-1	A & E Services	1430		5,000.00				
3-4	A & E Services	1430		1,000.00				
3-7	A & E Services	1430		2,000.00				
3-8	A & E Services	1430		8,000.00				
				16,000.00				

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: **WI39-P003-501-06** Replacement Housing Factor Grant No:	Federal FY of Grant: **2006**

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	
WI39-P003-001	2007			2008			
WI39-P003-004	2007			2008			
WI39-P003-005	2007			2008			
WI39-P003-006	2007			2008			
WI39-P003-007	2007			2008			
WI39-P003-008	2007			2008			
WI39-P003-009	2007			2008			
WI39-P003-0013	2007			2008			
WI39-P003-00all	2007			2008			
WI39-P003-00mngt.	2007			2008			
WI39-P003-00admin.	2007			2008			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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	Federal FY of Grant: **2003**
Community Development Authority of the City of Madison	Capital Fund Program Grant No: **WI39-P003-502-03** Replacement Housing Factor Grant No:	

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ■ Revised Annual Statement (revision no. 1)
☐ Performance & Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report

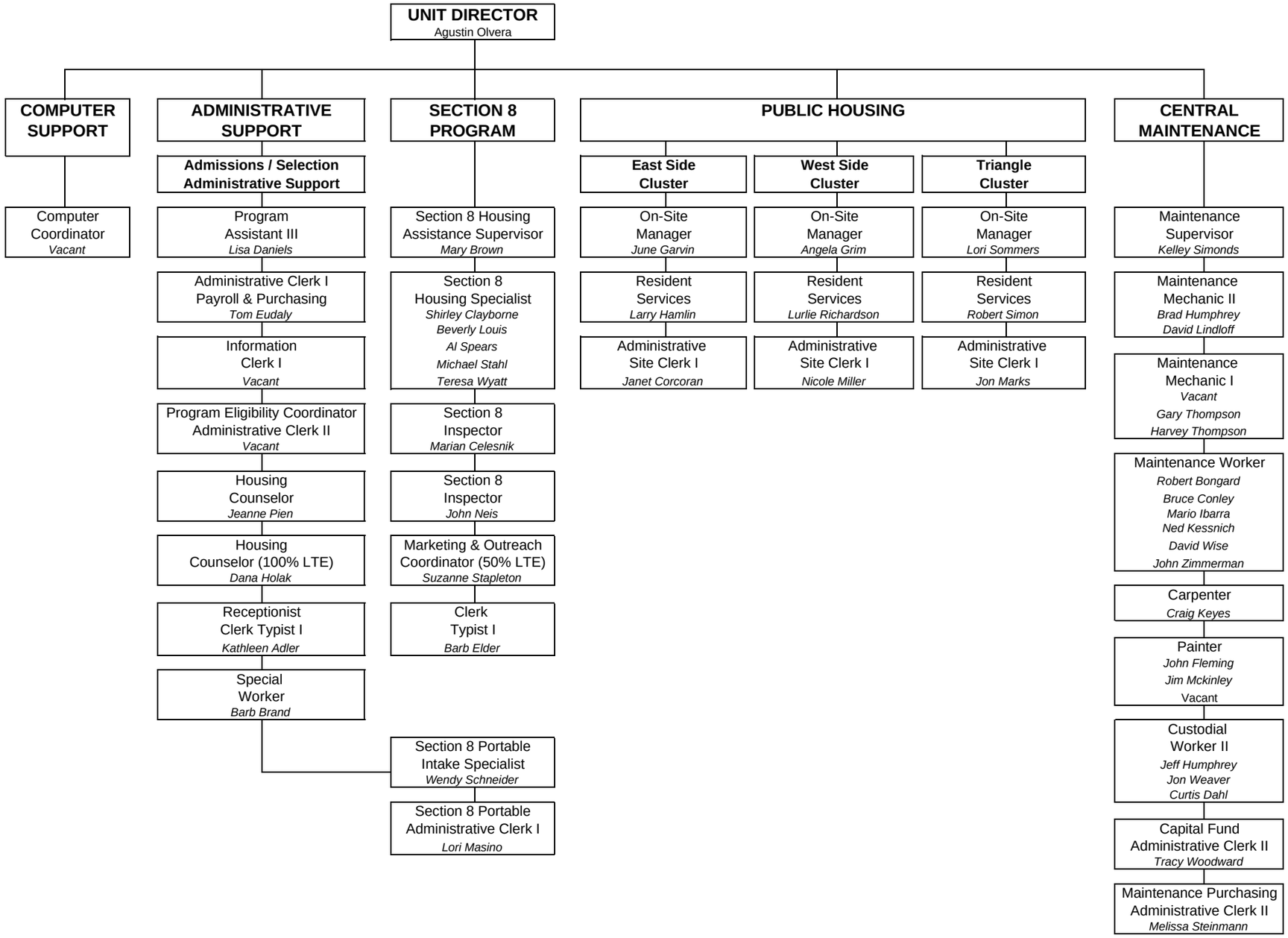
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	45,000.00	45,000.00	45,000.00	45,000.00
3	1408 Management Improvements	47,800.00	80,000.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,380.00	2,000.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000.00	49,680.00	0.00	0.00
10	1460 Dwelling Structures	0.00	19,000.00	0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	40,000.00	0.00		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	13,500.00	25,000.00	25,000.00	0.00
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	22,000.00	0.00	0.00	0.00
21	**Amount of Annual Grant (Sum of Lines 2-20)**	220,680.00	220,680.00	70,000.00	45,000.00
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	47,800.00	80,000.00		
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

Facsimile-form HUD-52837
ref Handbook 7485.3

Capital Fund Program Five - Year Action Plan

Part I: Summary

Community Development Authority of the City of Madison				■ Original 5 - Year Plan ☐ Revision No:	
Development Number/Name HA - Wide	Year 1	Work Statement for Year 2 FFY Grant: 2005 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2009
	Annual Statement				
3-1 A,B,C,D Sites		236,000.00	283,000.00	160,000.00	339,000.00
3-4 Romnes Apts.		88,735.00	0.00	0.00	0.00
3-5 Tenney Park Apts.		39,000.00	2,000.00	0.00	0.00
3-6 Brittingham Apts.		68,000.00	10,000.00	80,055.00	156,014.00
3-7 Scattered Sites		11,596.00	15,000.00	84,000.00	0.00
3-8 Truax Park Apts.		31,000.00	306,625.00	240,000.00	93,000.00
3-9 Scattered Sites		125,403.00	0.00	25,000.00	0.00
3-13 Scattered Sites		0.00	0.00	0.00	0.00
All Sites HA - Wide		396,432.00	368,983.00	385,610.00	375,313.00
Mgnt. Improvements		259,615.00	267,049.00	274,734.00	282,698.00
Administration		90,008.00	93,132.00	96,390.00	99,764.00
CFP Funds Listed for 5 - year planning		1,345,789.00	1,345,789.00	1,345,789.00	1,345,789.00
Replacement Housing Factor Funds					

Housing Operations Unit