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

PHA Plans

5 Year Plan for Fiscal Years 2007 - 2011
Annual Plan for Fiscal Year 2007

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: Milford Redevelopment and Housing Partnership

PHA Number: CT030

PHA Fiscal Year Beginning: (mm/yyyy) 04/2007

Public Access to Information: The Agency office at 75 DeMaio Drive, Milford, CT 06460-4356

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

☒ Main administrative office of the PHA
☐ PHA development management offices
☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

5-YEAR PLAN
PHA FISCAL YEARS 2007 - 2011
[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)

☐ 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)

The mission of the Milford Redevelopment and Housing Partnership (MRHP) is to assist low-income families with safe, decent, and affordable housing opportunities as they strive to achieve independence and self reliance and improve the quality of their lives. The Authority is committed to operating in a fiscally prudent, efficient, ethical, and professional manner. The MRHP will strive to provide a suitable living environment for the families we serve without discrimination.

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.

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☐ Improve public housing management: (PHAS score)
- ☒ Improve voucher management: (SEMAP score) *Recognized as a high performer by 2008*
- ☐ Increase customer satisfaction:
- ☒ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units: *On an ongoing basis*
- ☐ Demolish or dispose of obsolete public housing:
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

☒ PHA Goal: Increase assisted housing choices
Objectives:
- ☐ Provide voucher mobility counseling:
- ☒ Conduct outreach efforts to potential voucher landlords. *Annually*
- ☒ Increase voucher payment standards. *To assure participation of Section 8 landlords with quality property.*
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

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

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

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

Objectives:

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

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

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

Objectives:

- ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: *On an ongoing basis*
- ☒ 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: *On an ongoing basis*
- ☐ 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)

The goals and objectives adopted by the Milford Redevelopment and Housing Partnership are:

Goal One: *Manage the Milford Redevelopment and Housing Partnership existing public housing program in an efficient and effective manner thereby qualifying as at least a standard performer.*

Objectives:

1.) *HUD will continue to recognize the Milford Redevelopment and Housing Partnership as a high performer.*

2.) *The Milford Redevelopment and Housing Partnership shall promote a motivating work environment with a capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing industry.*

Goal two: *Provide a safe and secure environment in Milford Redevelopment and Housing Partnership's public housing developments.*

Objectives:

1.) *The Milford Redevelopment and Housing Partnership shall continue to reduce crime in its developments so that the crime rate is less than the surrounding neighborhood.*

2.) *Improve willingness of residents to report incidents of crime to the Milford Police Department and to empower residents to actively work with the police to achieve a safe and secure environment.*

Goal three: *Expand the range and quality of housing choices available to participants in the Milford Redevelopment and Housing Partnership tenant-based assistance program.*

Objectives:

1.) *The Milford Redevelopment and Housing Partnership shall achieve and sustain a utilization rate of 95% by December 31, 2007, in its tenant-based program.*

2.) *The Milford Redevelopment and Housing Partnership shall attract 15 new landlords who want to participate in the program by December 31, 2007.*

Goal four: *Enhance the image of public housing in our community.*

Objective:

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

1.) *The MRHP will continue to access the operational needs of the organization for the purpose of improving neighborhood appearance in keeping with the value of the surrounding communities.*

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Annual PHA Plan
PHA Fiscal Year 2007
[24 CFR Part 903.7]

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

☒ **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.

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.

Table of Contents

	Page #
Annual Plan	
i. Executive Summary	1
ii. Table of Contents	1
1. Housing Needs	5
2. Financial Resources	10
3. Policies on Eligibility, Selection and Admissions	12
4. Rent Determination Policies	20
5. Operations and Management Policies	23
6. Grievance Procedures	25
7. Capital Improvement Needs	26
8. Demolition and Disposition	35
9. Designation of Housing	36
10. Conversions of Public Housing	38
11. Homeownership	39
12. Community Service Programs	41
13. Crime and Safety	43
14. Pets (Inactive for January 1 PHAs)	45
15. Civil Rights Certifications (included with PHA Plan Certifications)	45
16. Audit	46
17. Asset Management	46
18. Other Information	46

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:

☒ Admissions Policy for Deconcentration
☐ FY 2000 Capital Fund Program Annual Statement
☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

☒ PHA Management Organizational Chart
☐ FY 2000 Capital Fund Program 5 Year Action Plan
☐ Public Housing Drug Elimination Program (PHDEP) Plan
☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
☒ Other (List below, providing each attachment name)

Flat Rents
Deconcentration Policy
Implementation of Public Housing Resident Community Service Requirements
Progress and Meeting the Five Year Mission and Goals
Resident Membership of the PHA Governing Board
Membership of the Resident Advisory Board
Summary of Pet Policy
Voluntary Conversion Component
2003 Final Performance and Evaluation Report Revision #2
2003Final Performance and Evaluation Report Revision #3
2004 Performance and Evaluation Report Revision #3
2005 Performance and Evaluation Report Revision #3
2006 Performance and Evaluation Report Revision #3

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 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	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
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
	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
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	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
X	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
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	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	451	5	3	2	5	3	1
Income >30% but <=50% of AMI	372	4	3	2	5	3	1
Income >50% but <80% of AMI	442	3	2	1	4	2	1
Elderly	232	4	3	2	4	2	1
Families with Disabilities	75	5	3	2	4	2	1
Black Non-Hispanic	143	N/A	N/A	N/A	N/A	N/A	N/A
Hispanic	252	N/A	N/A	N/A	N/A	N/A	N/A
White Non-Hispanic	860	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity							

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

☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2005

☒ 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)
Waiting List

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
☐ Combined Section 8 and Public Housing
☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)
If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	200		16
Extremely low income <=30% AMI	123	61%	
Very low income (>30% but <=50% AMI)	77	39%	
Low income (>50% but <80% AMI)	0	0	
Families with children	173	87%	
Elderly families	14	7%	
Families with Disabilities	13	6%	
Black Non-Hispanic	109	55%	
White Hispanic	50	25%	
White Non-Hispanic	41	20%	
Other			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)? ☐ No ☒ Yes
If yes:
How long has it been closed (# of months)? 8 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

Housing Needs of Families on the Waiting List

Waiting list type: (select one)
☐ Section 8 tenant-based assistance
☒ Public Housing
☐ Combined Section 8 and Public Housing
☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)
If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	226		31
Extremely low income <=30% AMI	193	85%	
Very low income (>30% but <=50% AMI)	33	15%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	160	71%	
Elderly families	30	13%	
Families with Disabilities	96	43%	
White Non-Hispanic	98	43%	
White-Hispanic	9	4%	
Black Non-Hispanic	114	51%	
Other	5	2%	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	21	9%	7
1 BR	45	20%	24
2 BR	101	45%	0
3 BR	59	26%	0
4 BR	0	0%	0
5 BR	0	0%	0

Is the waiting list closed (select one)? ☐ No ☒ Yes
If yes:
How long has it been closed (# of months)? Elderly 13 Month
Family 4 Months
Does the PHA expect to reopen the list in the PHA Plan year? ☐ Family - No
☒ Elderly - 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

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ 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
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☐ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ 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

- ☒ 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

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

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

Strategy 1: Target available assistance to families at or below 50% of AMI
Select all that apply

☐ Employ admissions preferences aimed at families who are working
☐ 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
☐ Other: (list below)

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
☒ 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
☒ 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

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

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

☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
☒ 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:

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

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	896,935.00	
b) Public Housing Capital Fund	375,943.00	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,844,369.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	N/A	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)	N/A	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
Capital Fund 2006	93,985.00	PH Capital Improvements
3. Public Housing Dwelling Rental Income	1,093,661.00	Public Housing Operations
4. Other income (list below)		
Estimated Investment Income	5,460.00	Public Housing Operations
Other Income	16,000.00	Public Housing Operations
4. Non-federal sources (list below)		
N/A		
Total resources	$4,326,353.00	

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) *5*

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

☐ Other: (describe)

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

☒ Criminal or Drug-related activity

☒ Rental history

☒ Housekeeping

☒ Other (describe) *Credit, Disturbance of Neighbors, Destruction of Property Listed on Sex Offenders Registry*

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

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

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

(2)Waiting List Organization

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

☒ Community-wide list

☐ Sub-jurisdictional lists

☐ Site-based waiting lists

☐ Other (describe)

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

☒ PHA main administrative office

☐ PHA development site management office

☐ Other (list below)

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 Removed
☐ Two
☐ Three or More

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

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

(4) Admissions Preferences

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

b. Transfer policies:
In what circumstances will transfers take precedence over new admissions? (list below)
☒ Emergencies
☒ Overhoused
☒ Underhoused
☒ 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. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

☒ 2 Working families and those unable to work because of age or disability *Ranking Preference*
☐ Veterans and veterans' families

☒ 2 Residents who live and/or work in the jurisdiction *Ranking Preference*
☐ Those enrolled currently in educational, training, or upward mobility programs
☒ 1 Households that contribute to meeting income goals (broad range of incomes) *Local Preference*
☒ 1 Households that contribute to meeting income requirements (targeting) *Local Preference*
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:
☒ The PHA applies preferences within income tiers
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)
☒ The PHA-resident lease
☒ The PHA's Admissions and (Continued) Occupancy policy
☒ PHA briefing seminars or written materials
☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)
☐ At an annual reexamination and lease renewal
☒ Any time family composition changes
☐ At family request for revision
☐ Other (list)

(6) Deconcentration and Income Mixing

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

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

c. If the answer to b was yes, what changes were adopted? (select all that apply)
☐ Adoption of site based waiting lists
If selected, list targeted developments below:

☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

☒ Employing new admission preferences at targeted developments
If selected, list targeted developments below: *Harrison Avenue and Scattered Site*

☐ Other (list policies and developments targeted below)

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

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

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

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
☐ Notapplicable: results of analysis did not indicate a need for such efforts
☒ List (any applicable) developments below:Harrison Avenue and Scattered Sites

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)
☒ Not applicable: results of analysis did not indicate a need for such efforts
☐ List (any applicable) developments below:

B. Section 8

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

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

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

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

☐ Criminal or drug-related activity
☒ Other (describe below) *Rental History*

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

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

☐ PHA main administrative office
☒ Other (list below)
Section 8 Contract Administrator's Office (currently Ansonia Housing Authority, 36 Main St., Ansonia, CT.)

(3) Search Time

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

If yes, state circumstances below:
Document search for housing and unable to find a unit, medical emergencies and disabled families.

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in your jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☒ Households that contribute to meeting income goals (broad range of incomes) *(Deconcentration)*
☒ 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)
-Ranking preference for families or individuals displaced by MHA acquisition of their rental unit.
-Ranking preference for families or individuals who must move because they no longer meet minimum or maximum occupancy standards for their public housing units and no right-size units are available.

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in your jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☒ 1 Households that contribute to meeting income goals (broad range of incomes) *Local Preference*
☒ 1 Households that contribute to meeting income requirements (targeting) *Local Preference*
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☒ Other preference(s) (list below)
2 Ranking preference for families or individuals displaced by MHA acquisition of their rental units.
3 Ranking preference for families or individuals who must move because they no longer meet minimum or maximum occupancy standards for their public housing units or no right-size units are available.

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

☐ 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)

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

☐ Through published notices

☐ Other (list below)

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---

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

b. Minimum Rent

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

☐ $0

☐ $1-$25

☒ $26-$50

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

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

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

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

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

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

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

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

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

e. Ceiling rents

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

☐ Yes for all developments
☐ Yes but only for some developments
☒ No

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

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

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

☐ Market comparability study
☐ Fair market rents (FMR)
☐ 95th percentile rents
☐ 75 percent of operating costs
☐ 100 percent of operating costs for general occupancy (family) developments
☐ Operating costs plus debt service

☐ The "rental value" of the unit
☐ Other (list below)

f. Rent re-determinations:

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

☐ Never
☐ At family option
☐ Any time the family experiences an income increase
☒ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) $100 / month or $1,200 / annually.
☒ Other (list below)
Annual recertification following any voluntary report of any decrease in income.

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

(2) Flat Rents

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

☐ The section 8 rent reasonableness study of comparable housing
☐ Survey of rents listed in local newspaper
☐ Survey of similar unassisted units in the neighborhood
☒ Other (list/describe below) *Based on current payment standards of the Section 8 Program.*

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
☒ 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)

d.

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

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

☐ Annually
☒ Other (list below)
Annually or as necessary to address funding issues with HUD.

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

☒ Success rates of assisted families
☒ Rent burdens of assisted families
☒ Other (list below)
Financial Constraints of Federal Funding

(2) Minimum Rent

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

☒ $0
☐ $1-$25
☐ $26-$50

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

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)

☒ 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 4/01/07**	**Expected Turnover**
Public Housing	330	36
Section 8 Vouchers	225	22
Section 8 Certificates	0	0
Section 8 Mod Rehab	N/A	N/A
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	N/A
Public Housing Drug Elimination Program (PHDEP)	N/A	N/A
Other Federal Programs(list individually)		
Comp Grant Program	330	N/A

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)

Admissions and Continuous Occupancy
Blood Bourne Disease Policy
Capitalization Policy
Check Signing Policy
Criminal Records Management Policy
Disposition Policy

Drug Free Policy
Equal Housing Opportunity Policy
Ethics Policy
Facilities Use Policy
Funds Investment Policy
Funds Transfer Policy
Grievance Procedure
Hazardous Materials Policy
Maintenance Policy
Natural Disaster Response Guidelines
Personnel Policy
Pest Control Policy
Procurement Policy
Rent Collection Policy
Sexual Harassment Policy – Part of Personnel Policy
Travel Policy – Part of Personnel Policy

(2) Section 8 Management: (list below)

Administrative Policy

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. ☐ 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)

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

B. Section 8 Tenant-Based Assistance

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

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)

☒ 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:

☐ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

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

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

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3050107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00			
2	1406 Operations	0.00			
3	1408 Management Improvements	15,000.00			
4	1410 Administration	20,000.00			
5	1411 Audit	0.00			
6	1415 Liquidated Damages	0.00			
7	1430 Fees and Costs	50,000.00			
8	1440 Site Acquisition	0.00			
9	1450 Site Improvement	0.00			
10	1460 Dwelling Structures	290,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	0.00			
12	1470 Nondwelling Structures	0.00			
13	1475 Nondwelling Equipment	0.00			
14	1485 Demolition	0.00			
15	1490 Replacement Reserve	0.00			
16	1492 Moving to Work Demonstration	0.00			
17	1495.1 Relocation Costs	0.00			
18	1499 Development Activities	0.00			
19	1501 Collaterization or Debt Service	0.00			
20	1502 Contingency	943.00			
21	Amount of Annual Grant: (sum of lines 2 – 20)	375,943.00			

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the Town of Milford		**Grant Type and Number** Capital Fund Program Grant No: CT26PO3050107 Replacement Housing Factor Grant No:			**Federal FY of Grant: 2007**
☒**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:)** ☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**					
Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
22	Amount of line 21 Related to LBP Activities	0.00			
23	Amount of line 21 Related to Section 504 compliance	0.00			
24	Amount of line 21 Related to Security – Soft Costs	0.00			
25	Amount of Line 21 Related to Security – Hard Costs	0.00			
26	Amount of line 21 Related to Energy Conservation Measures	0.00			

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

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

PHA Name: Milford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CT26PO3050107 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2007**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT 30-4 Foran Towers	Repair in Slab Horizontal Sanitary Piping		1460	43 units	150,000.00			
	Replace Windows		1460	43 units	100,000.00			
CT 30-6 DeMaio Gardens	Kitchen 504 Upgrades		1460	65 units	20,000.00			
	Bathroom 504 Upgrades		1460	65 units	20,000.00			
PHA-Wide Management Improvements	Staff Training and Computer Upgrades		1408	100%	15,000.00			
PHA Wide Administration	Staff salary prorated for Capital Fund Administration		1410	100%	20,000.00			
PHA Wide Fees & Costs	Architectural/Engineering and Modernization Consulting fees		1430	100%	50,000.00			
PHA Wide Contingency	Contingency		1502	100%	943.00			
	GRANT TOTAL				**375,943.00**			

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

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

PHA Name: Milford Housing Authority	**Grant Type and Number** Capital Fund Program No: CT26PO3050107 Replacement Housing Factor No:	**Federal FY of Grant: 2007**

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	
CT 30-1 Harrison Avenue	8/17/2009			8/17/2011			
CT 30-6 DeMaio Gardens	8/17/2009			8/17/2011			
PHA-Wide	8/17/2009			8/17/2011			

8. Capital Fund Program Five-Year Action Plan

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

☐ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name

-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)

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part I: Summary					
PHA Name: Milford Housing Authority				☒**Original 5-Year Plan** ☐**Revision No:**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2008 PHA FY: 2009	Work Statement for Year 3 FFY Grant: 2009 PHA FY: 2010	Work Statement for Year 4 FFY Grant: 2010 PHA FY: 2011	Work Statement for Year 5 FFY Grant: 2011 PHA FY: 2012
	Annual Statement				
CT 30-1 Harrison Ave.		0.00	281,390.00	320,000.00	0.00
CT 30-2 McKeen Village		30,000.00	0.00	0.00	295,943.00
CT 30-4 Foran Towers		0.00	0.00	0.00	0.00
CT 30-5 Island View Park		140,000.00	0.00	0.00	0.00
CT 30-6 DeMaio Gardens		145,000.00	0.00	0.00	0.00
Scattered Sites		0.00	38,610.00	0.00	0.00
PHA-Wide		60,943.00	55,943.00	55,943.00	80,000.00
CFP Funds Listed for 5-year planning		375,943.00	375,943.00	375,943.00	375,943.00
Replacement Housing Factor Funds		0.00	0.00	0.00	0.00

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year: 2 FFY Grant: 2008 PHA FY: 2009			Activities for Year: 3 FFY Grant: 2009 PHA FY: 2010		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	CT 30-2 McKeen Village	504 Upgrades	30,000.00	CT 30-1 Harrison Avenue	Renovate four (4) units	281,390.00
Annual		**Subtotal**	**30,000.00**		**Subtotal**	**281,390.00**
Statement						
	CT 30-5 Island View Park	Elevator Upgrades	50,000.00	Scattered Sites	176 Platt St. 504 Upgrades	38,610.00
		Corridor Flooring	60,000.00		**Subtotal**	**38,610.00**
		504 Upgrades	30,000.00			
		Subtotal	**140,000.00**			
	CT 30-6 DeMaio Gardens	Roof Replacement	145,000.00			
		Subtotal	**145,000.00**			
	PHA-Wide	Management Improvements	20,000.00	PHA-Wide	Management Improvements	15,943.00
		Administration	20,000.00		Administration	15,000.00
		Fees and Costs	20,943.00		Fees and Costs	25,000.00
		Subtotal	**60,943.00**		**Subtotal**	**55,943.00**
		Total CFP Estimated Cost	**$375,943.00**			**$375,943.00**

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan **Part II: Supporting Pages—Work Activities**					
Activities for Year : 4 FFY Grant: 2010 PHA FY: 2011			Activities for Year: 5 FFY Grant: 2011 PHA FY: 2012		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
CT 30-1 Harrison Ave.	Renovate four (4) units	320,000.00	CT 30-2 McKeen Village	Replace Windows	150,000.00
	Subtotal	**320,000.00**		Replace Roof	145,943.00
				Subtotal	**295,943.00**
PHA-Wide	Management Improvements	15,943.00	PHA-Wide	Management Improvements	30,000.00
	Administration	15,000.00		Administration	20,000.00
	Fees and Costs	25,000.00		Fees and Costs	30,000.00
	Subtotal	**55,943.00**		**Subtotal**	**80,000.00**
Total CFP Estimated Cost		**$375,943.00**			**$375,943.00**

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

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

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

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
   - ☐ Revitalization Plan under development
   - ☐ Revitalization Plan submitted, pending approval
   - ☐ Revitalization Plan approved
   - ☐ Activities pursuant to an approved Revitalization Plan underway

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

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

☒ Yes ☐ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:
Build, acquire and rehabilitate 18 additional public housing units.

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 ☒ 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. ☒ 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 ☒ 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: Demaio Gardens 1b. Development (project) number: CT03006
2. Designation type: Occupancy by only the elderly ☒ 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 ☐
4. Date this designation approved, submitted, or planned for submission: (07/07/02)
5. If approved, will this designation constitute a (select one) ☒ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) ☐ Part of the development ☒ Total development

Designation of Public Housing Activity Description
1a. Development name: Foran Towers 1b. Development (project) number: CT030004
2. Designation type: Occupancy by only the elderly ☒ 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 ☐
4. Date this designation approved, submitted, or planned for submission: (07/07/02)
5. If approved, will this designation constitute a (select one) ☒ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) ☐ Part of the development ☒ Total development

Designation of Public Housing Activity Description
1a. Development name: Island View Park 1b. Development (project) number: CT030005
2. Designation type: Occupancy by only the elderly ☒ 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 ☒
4. Date this designation approved, submitted, or planned for submission: (15/03/07)
5. If approved, will this designation constitute a (select one) ☒ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 110 7. Coverage of action (select one) ☐ Part of the development ☒ Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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 ☒ 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

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 ☒ 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. ☐ 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

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

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

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

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

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (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 ☒ 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)

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Meals on Wheels	All Homebound	Specific Criteria	MHA Main Office	BOTH
Visiting Nurse Services	All Homebound	Specific Criteria	VNA	BOTH
VNA Home Makers	All Homebound	Specific Criteria	MHA Main Office	BOTH
Legal Services	All	Other	Legal Service Office	BOTH
Family Support/Parenting Skills	All	Specific Criteria	Main Office	BOTH
Adult Basic Ed	All	Specific Criteria	Main Office	BOTH
Drug and Alcohol Out Reach and Prevention	All	Specific Criteria	Main Office	BOTH

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: 15/11/06)
Public Housing	0	0
Section 8	3	3

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

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
☒ Informing residents of new policy on admission and reexamination
☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
☐ Other: (list below)

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
☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
☐ Other (describe below)

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

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

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

Jespon Manor
Island View Park

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

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

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

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

C. Coordination between PHA and the police

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

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

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

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 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 2000 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. ☒ 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. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain?____
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD? 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 ☒ 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. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

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

☐ Attached at Attachment (File name)

☐ Provided below:

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

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

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

☐ Other: (list below)

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

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

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

3. Description of Resident Election Process

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

☐ Candidates were nominated by resident and assisted family organizations

☐ Candidates could be nominated by any adult recipient of PHA assistance

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

☐ Other: (describe)

b. Eligible candidates: (select one)

☐ Any recipient of PHA assistance

☐ Any head of household receiving PHA assistance

☐ Any adult recipient of PHA assistance

☐ Any adult member of a resident or assisted family organization

☐ Other (list)

c. Eligible voters: (select all that apply)

☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)

☐ Representatives of all PHA resident and assisted family organizations

☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) *City of Milford*

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

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

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
The Consolidated Plan of the City of Milford lists affordable rental housing as one of its top priorities. The plan explains that the City must maintain and increase the supply of rental housing for its low income families. The Milford Redevelopment and Housing Partnership has done this by supplying 18 new Scattered Site Public Housing units. In addition, the Authority is in the process of rehabilitating family units at Harrison Ave. When this is complete another 45 units which were off line will be available for rental by lower income families. The Authority also runs a Section 8 Program which assists low income families by making their rents affordable.

D. Other Information Required by HUD

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

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners

Attachments

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

CT030a01 Goals and Accomplishments

CT030b01 Flat Rents

CT030c01 Organizational Structure

CT030d01 Deconcentration and Income Mixing

CT030e01 Resident Member of the PHA Governing Board

CT030f01 Membership of the Resident Advisory Board

CT030g01 Pet Policy Summary

CT030h01 Implementation of Public Housing Resident Community Service Requirements

CT030i01 Voluntary Conversion Component

CT030j01 2003 Final Performance and Evaluation Report Revision #2

CT030k01 2003Final Performance and Evaluation Report Revision #3

CT030l01 2004 Performance and Evaluation Report Revision #3

CT030m01 2005 Performance and Evaluation Report Revision #3

CT030n01 2006 Performance and Evaluation Report Revision #3

Housing Authority of the City of Milford
Goals and Accomplishments – FY 2000

HUD Strategic Goal: Goal #1

Acquire or build units or developments: In order to increase the quality and quantity of public housing units, the Milford Housing Authority has acquired five duplexes and two single family homes and a six unit building for a total of eighteen additional units.

Improve public housing management (PHAS Scores): All efforts of the Housing Authority are being directed to improve the quality of life for residents in both the Public Housing Program and Section 8 Program. As a direct result of those efforts, the Milford Housing Authority has achieved high performer status.

Renovate or modernize public housing units: The Housing Authority continues to upgrade and improve the Public Housing inventory through the Capital Fund Program.

Conduct outreach efforts to potential voucher landlords: To date the Housing Authority has expanded its efforts to recruit new Section 8 Landlords through various advertisements in local and regional newspapers.

Increase voucher payment standards: The Authority has increased the payment standard up to a maximum of 110% of the Fair Market Rent and will review the standard yearly in order to provide the appropriate standard amount for the clients to lease decent, safe and affordable units.

HUD Strategic Goal #2:

Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: The rehabilitation of the Jespon Maor property will provide the Authority with a family development that is competitive with units in the private sector and will attract higher income, qualified families.

Implement public housing security improvements: In order to provide further security for elderly residents in public housing, the Authority has alarmed all side entrances in all of the elderly developments. Subject to finding the Authority intends to procure a web enabled camera based security system for all developments.

HUD Strategic Goal: Goal #3

Provide or attract supportive services to increase independence for the elderly or families with disabilities: In an effort to provide a wide range of support services for elderly and families with disabilities, the Authority has created a Public Housing Assistant Manager position. This staff person will enable the elderly/families with disabilities to access various support services needed to achieve independent living.

HUD Strategic Goal: Goal #4

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability: The Housing Authority is committed to a regional advertising approach for Section 8 Landlords and Tenants.

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: Upgrade facilities for persons with disabilities and comply with PHAS exigent and fire safety requirements

Other PHA Goals and Objectives

PHA Goal #1

The Authority has done the following:

Implemented an updated and improved automated accounting system to manage fiscal responsibilities.

Provided employees with access to web based information

Contracted with a qualified Housing Quality Standard Inspection Service who is trained on the most recent HQS revisions including the Lead Based Paint revisions.

Initiated a Departmentalized and Asset based Budgeting Process.

Implemented a work center concept to improve responsiveness and delivery of service to the clients.

Achieved and maintained all GAP Requirements.

PHA Goal #2

The Milford Housing Authority shall reduce crime in its developments so that the crime rate remains less than their surrounding neighborhoods: Improved security at elderly developments and the Authority also performs applicant criminal background investigation reports.

PHA Goal #3

The Milford Housing Authority is working forward attaining the goal of a 95% utilization rate in its tenant based programs and is attracting new landlords through news releases and landlord workshops.

PHA Goal #4

The Milford Housing Authority has implemented an outreach program to inform the community of what good managers of the public's dollars the Housing Authority is: It actively participates in community organizations such as the Rotary, and attends monthly meetings of the Social Service Network. The Authority also provides prompt response to all media requests.

Summary of Flat Rents = FMR By Project & Bedroom Size

Project	0 BR	1 BR	2 BR	3 BR
30-1				
Harrison Development (Harrison Ave.)			$1,146.00	$1,459.00
30-2				
Catherine McKeen (Jepson Drive)	$883.00	$1,025.00		
30-4				
Foran Towers (High Street)	$883.00	$1,025.00	$1,146.00	
30-5				
Island View Park (Viscount Drive)	$883.00	$1,025.00	$1,146.00	
30-6				
DeMaio Gardens (DeMaio Drive)		$1,025.00		

MILFORD HOUSING AUTHORITY
ORGANIZATIONAL STRUCTURE

Board of Commissioners
Policy

Executive Director
Administration

Professional/Technical Staff (Contracted & Deployed as Required)

Legal
Labor
Program Administrator
Section 8 Administration
Capital Development Programs
Comprehensive Grant Applications
FSS – FSS Coordinator
Other

Section 8 Administration (Contracted &/or Deployed as Required)

S8 Applications
Waiting List (S8)
Verifications (S8)
Screening (S8)
Marketing (S8)
Unit/Voucher Offers
Marketing (S8)
S8 Inspections
S8 Budget
S8 Recertifications
Reporting (S8)
Leasing (S8)
HAP Administration
SEMAP Administration

Public Housing Occupancy (PHM)

Showing Units
Leasing (P.H.)
Inspections
Lease Enforcement
Rent Collections
Recertifications
Evictions
Resident Services
Security/Coord with Police
Resident Relations
Reporting
Coord. With Social Services
Elderly Service Program
Public Housing Program Assistant
PHAS Administration

Finance and Administration (Director of Finance & Administration)

Budgets/Accounting
Bookkeeping
Financial Reports
Investments
Personnel
Payroll & Related Data
Procurement
Insurance/Risk Management
Annual Report
Routine/Planned Work Orders
Finance & Administration
(Confidential Asst & Work Center Coordinator)
PHAS Administration

Capital Development Program (Contracted and deployed as required)

Modernization Budgets
Contracts/Construction
Design/Specifications
Quality Control
Modernization Reporting
Site/Building Acquisition
Rehab Design Specifications
Progress Meetings
Reporting
Inspections
Development Reporting
Development Program Admin.
Comprehensive Grant Oversight.

Property Maintenance (Work Center Supervisor)

Maintenance Budget
Vacant Unit Turnaround
Inspections
Grounds/Curb Appeal
Planned Maintenance
Janitorial
Planned/Emergency Work Orders
Vehicles
Procurement
Warehouse
Development Safety
Systems Inspections
Assit/Mod Manager
Reporting
PHAS Administration
Personnel Contracted & Deployed as Operationally Required

Attachment D Deconcentration and Income Mixing

a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	**Number of Units**	**Explanation (if any) [see step 4 at §903.2(c)(1)((iv)]**	**Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]**

RESIDENT MEMBER OF THE PHA GOVERNING BOARD

Jack J. Tucciarone Term Date 01/03/05-11/30/09
109 Jagoe Court
Milford, CT 06450
Office: Assistant Secretary

List of Resident Committee Members for the Milford Housing Authority

Olive Beaulieu
73-3 Jepson Drive
Milford, CT 06460

Stella Moher
91-5 Jepson Drive
Milford, CT 06460

Michael Lisej
100 Viscount Drive
Apt. C10
Milford, CT 06460

Eleanor Smith
100 Viscount Drive
Apt. 2J
Milford, CT 06460

Carmela Micik
264 High Street
Apt. 2J
Milford, CT 06460

Dorothy Denning
264 High Street
Apt. 2A
Milford, CT 06460

Marcella Schmidt
75 DeMaio Drive
Apt. B11
Milford, CT 06460

Michelle Middlebrook
75 DeMaio Drive
Apt. B2
Milford, CT 06460

Shawnisa Mackey
172C Harrison Avenue
Milford, CT 06460

Felicia Jackson
81 Elaine Road
Milford, CT 06460

PET OWNERSHIP POLICY

A. Pet Rules

The following rules shall apply for the keeping of pets by Residents living in the units operated by the Housing Authority. These rules do not apply to service or companion animals verified to be needed by a person with a documented disability. In such event, a simple written certification under penalties for making false statements concerning the type of animal, that the animal is a service/companion animal, and the animal's name will be required. Service and companion animals are not otherwise subject to the pet policy of the MHA. No other certification will be required.

1. Common household pets as authorized b this policy means domesticated animals, such as cats, dogs, fish, birds and turtles, that are traditionally kept in the home for pleasure rather than for commercial purposes.

2. Residents will register their pet with the Authority **BEFORE** it is brought onto the Authority premises, and will update the registration with inoculation documentation at the appropriate inoculation interval(s). The registration will include:

   - Information sufficient to identify the pet and to demonstrate that it is a common household pet *(Appendix 1)*;

   - A certificate signed by a licensed veterinarian or a State or Local Authority empowered to inoculate animals, stating that the pet has received all inoculations required by applicable State and Local Law;

   - The name, address, and telephone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet. *(Appendix 1)*

   - The registration will be updated annually at the annual re-examination of the Residents' income.

   - A statement indicating that the pet owner has read the pet rules and agrees to comply with them; *(Appendix 2)*

   - The Authority may refuse to register a pet if:

     1) The pet is not a common household pet;

     2) The keeping of the pet would violate any applicable house pet rule;

     3) The pet owner fails to provide complete pet registration information;

     4) The pet owner fails annually to update the pet registration;

     5) The Authority reasonably determines, based on the pet owners' habits and practices and the pet's temperament, that the pet owner will be unable to keep the pet in compliance with the pet rules and other legal obligations;

     6) Financial ability to care for the pet will not be a reason for the Authority to refuse to register a pet.

- The Authority will notify the pet owner if the Authority refuses to register a pet. The notice will:

  1) State the reasons for refusing to register the pet;

  2) Be served on the pet owner in accordance with procedure outlined in paragraph B1 of this policy; and

  3) Be combined with a notice of a pet rule violation if appropriate *(Appendix 3)*.

3. Cats and dogs shall be limited to small breeds where total weight shall not exceed twenty (20) pounds and total height at the shoulder shall not exceed twelve (12) inches. The size limitations do not apply to service animals.

4. No chows, pit bulls, german police dogs, dobermans, rottweilers, or any other known fighter breed will be allowed on the premises.

5. All cat and dog pets shall be neutered or spayed, and verified by veterinarian, cost to be paid by the owner. Pet owners will be required to present a certificate of health from their veterinarian verifying all required annual vaccines, initially and at re-examination.

6. A refundable pet fee of $250.00 shall be made to the Housing Authority. Such fee will be a one-time fee (per pet) and shall be used to help cover cost of damages to the unit caused by the pet. The pet fee will be refunded (after any deduction for damages) when the resident moves out or no longer has a pet on the premises, whichever occurs first.

7. Pets shall be quartered in the Residents unit.

8. Dogs and cats shall be kept on a leash and controlled by a responsible individual when taken outside.

9. No dog houses will be allowed on the premises.

10. Pets shall be walked only on lawns or areas as designated by MHA. Owners shall clean up after pet after each time the animal eliminates. Failure to do so will result in a pet waste removal charge. Litter box waste shall be disposed of in a sealed plastic trash bag and placed in a trash bin.

11. The City Ordinance concerning pets will be complied with.

12. Pets shall be removed from the premises when their conduct or condition is duly determined to constitute a nuisance or a threat to the health and safety of the pet owner or other occupants of the Authority in accordance with paragraph B below.

13. Birds must be kept in regular bird cages and not allowed to fly throughout the unit.

14. Each resident family will be allowed to house only one (1) animal at any time. Visiting guests with pets will not be allowed.

15. Dishes or containers for food and water will be located within the owners apartment. Food and/or table scraps will not be deposited on the owners porches or yards.

16. Residents will not feed or water stray animals or wild animals.

17. Pets will not be allowed on specified common areas (under clotheslines, social rooms, office, maintenance space, etc.).

18. Each resident family will be responsible for the noise or odor caused by their pet. Obnoxious odors can cause health problems and will not be tolerated.

B. Pet Violation Procedure

1. **NOTICE OF PET RULE VIOLATION *(Appendix 3)*:** When the Authority determines on the basis of objective facts supported by written statements, that a pet owner has violated one or more of these rules governing the owning or keeping of pets, the Authority will:

   - Serve a notice of the pet rule violation on the owner by sending a letter by first class mail, properly stamped and addressed to the Resident at the leased dwelling unit, with a proper return address, or

   - serve a copy of the notice on any adult answering the door at the Residents' leased dwelling unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door;

2. The notice of pet rule violation must contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated;

3. The notice must state that the pet owner has ten (10) days from the effective date of service of notice to correct the violation (including, in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation, (the effective date of service is that day that the notice is delivered or mailed, or in the case of service by posting, on the day that the notice was initially posted);

4. The notice must state that the pet owner is entitled to be accompanied by another person on his or her choice at the meeting;

5. The notice must state that the pet owners' failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the pet owners' lease.

6. **PET RULE VIOLATION MEETING:** If the pet owner makes a timely request for a meeting to discuss an alleged pet rule violation, the Authority shall establish a mutually agreeable time and place for the meeting to be held within fifteen (15) days from the effective date of service of the notice of pet rule violation (unless the Authority agrees to a later date).

   - The Authority and the pet owner shall discuss any alleged pet rule violation and attempt to correct it and reach an agreeable understanding.

   - The Authority may, as a result of the meeting, give the pet owner additional time to correct the violation.

- Whatever decision or agreements, if any, are made will be reduced to writing, signed by both parties, with one copy for the pet owner and one copy placed in the Authority's Resident file.

7. **NOTICE OF PET REMOVAL:** If the pet owner and the Authority are unable to resolve the pet rule violation at the pet rule violation meeting, or if the Authority determines that the pet owner has failed to correct the pet rule violation within the time set forth in the Notice of Pet Rule Violation or within any additional time provided for this purpose, the Authority shall issue a Notice requiring the pet owner to remove the pet. This notice must:

- Contain a brief statement of the factual basis for the determination and the pet rule or rules that have been violated;

- State that the pet owner must remove the pet within ten (10) days of the effective date of service of notice of pet removal (or within ten (10) days of the meeting, if the notice is served at the meeting);

- State the failure to remove the pet may result in initiation of procedures to terminate the pet owners' residency.

8. **INITIATION OF PROCEDURE TO TERMINATE PET OWNERS RESIDENCY:** The Authority will not initiate procedure to terminate a pet owners' residency based on a pet rule violation unless:

- The pet owner has failed to remove the pet or correct the pet rule violation within the applicable time period specified above;

- The pet rule violation is sufficient to begin procedures to terminate the pet owners' residency under the terms of the lease and application regulations,

- Provisions of Resident's Lease, Section XIV: Termination of Lease will apply in all cases.

C. Protection of the Pet

1. No pet shall be left unattended for a period in excess of 24 hours. If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the Authority may:

- Contact the responsible party or parties listed in the registration form and ask that they assume responsibility for the pet;

- If the responsible party or parties are unwilling or unable to care for the pet, the Authority may contact the appropriate State or Local Authority (or designated agent of such Authority) and request the removal of the pet;

- If the Authority is unable to contact the responsible parties despite reasonable efforts, action as outlined above will be followed; and

- If none of the above actions reap results, the Authority may enter the pet owners' unit, remove the pet, and place the pet in a facility that will provide care and

shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner.

D. NUISANCE OR THREAT TO HEALTH OR SAFETY

Nothing in this policy prohibits the Authority or the Appropriate City Authority from requiring the removal of any pet from the Authority property. If the pet's conduct or condition is duly determined to constitute, under the provisions of State or Local Law, a nuisance or a threat to the health or safety or other occupants of the Authority property or of other persons in the community where the project is located.

E. APPLICATION OF RULES

1. Pet owners will be responsible and liable for any and all bodily harm to other residents or individuals. Destruction of personal property belonging to others caused by owner's pet will be the moral and financial obligation of the pet owner.

2. All pet rules apply to resident and/or resident's guests.

Appendix I
Pet Agreement

1. Management considers the keeping of pets a serious responsibility and a risk to each resident in the apartment. If you do not properly control and care for a pet, you will be held liable if it causes any damages or disturbs other residents.

2. Conditional Authorization for Pet. You may keep the pet that is described below in the apartment until Dwelling Lease is terminated. Management may terminate this authorization sooner if your right of occupancy is lawfully terminated or if you or your pet, your guests or any member of your household violate any of the rules contained in the Authority's pet Policy or this Agreement.

3. Pet Fee. The Pet Fee for your current pet will be $250.00; paid as follows: $100.00 down payment and thereafter $50.00 per month until paid in full. The Pet Fee is a one-time, non-refundable charge.

   - If, at any time in the future, this pet is replaced by another animal, then the current pet fee will be applied to the replacement animal, <u>but only if</u> the current pet fee does not have to be used for repairs, in which case another one-time fee will be charged for the replacement animal.

   - This fee will be used to pay reasonable expenses directly attributable to the presence of the pet in the complex, including but not limited to, the cost of repairs and replacement to, and fumigation of, the apartment.

4. Liability Not Limited. The fee under this Pet Agreement does not limit resident's liability for property damages, cleaning, deodorization, defleaing, replacements, or personal injuries.

5. Description of Pet. You may keep only one pet as described below. The pet may not exceed twelve (12) inches in height at the shoulder and twenty (20) pounds in adult weight. You may not substitute other pets for this one without amending this agreement.

Pet's Name_____Type_____

Breed_____Color_____ Weight_____ Age _____

Housebroken?_____City of License_____License No._____

Date of last Rabies shot _____

Name, address and phone number of person able to care for pet in case of resident's permanent or temporary inability to care for animals

Name_____

Address _____

Phone_____

Appendix 2
Pet Policy Certification

I have read, fully understand and will abide by the rules and regulations contained in the Housing Authority Pet Policy and in this Pet Agreement.

Resident _____

Resident _____

Resident _____

Appendix 3
Pet Policy Rules Violation Notice

DATE:_____

TIME: (IF DELIVERED)_____A.M. / P.M.

TO:_____

NAME OF RESIDENT: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE_____

PET NAME OR TYPE:_____

This notice hereby informs you of the following pet rule violation:

_____

_____

_____

Factual Basis for Determination of Violation:

_____

_____

_____

As pet owner you have ten (10) calendar days from the date shown on this notice (date notice delivered or mailed) in which to correct the violation or make a written request for a meeting to discuss the violation.

As pet owner you are entitled to be accompanied by another person of your choice at the meeting.

Failure to correct the violation, to request a meeting, or to appear at the requested meeting may result in initiation of procedures to terminate your tenancy.

_____
Executive Director

Implementation of Public Housing Resident Community Service Requirements

The Housing Authority sent letters to all public housing residents outlining the requirements for each adult member to provide eight (8) hours of community service or economic self-sufficiency activities a month. The letter listed the exemptions for individuals who need not fulfill the requirement, but also provided notice that, unless advised otherwise, the Authority will presume all adult family members will be required to complete and provide verification of the obligation.

After a 30 day comment period the Housing Authority made the required changes to the Lease.

Tenants are advised that they will be required to submit evidence of community service 30 days prior to annual recertification (or for those on flat rents, when the recertification would have occurred). The Housing Authority conducts third-party verification of the statements received regarding community service and proceeds with any required action.

The community service requirements are detailed in full in the Housing Authority's Admissions and Continued Occupancy Policy.

Component 10 (B) Voluntary Conversion Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments? 2

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly, and/or disabled developments not general occupancy projects)? 5

c. How many Assessments were conducted for the PHA's covered developments? 2 One for each covered development

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

NONE

Development Name	Number of Units

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:

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

PHA Name: Housing Authority of the Town of Milford	Grant Type and Number: Capital Fund Program Grant No: CT26P03050203; Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 2)
☒ Performance and Evaluation Report for Period Ending: 09/30/2006 ☒ Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	7,179.00	13,325.00	13,325.00	13,325.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	41,812.08	35,599.27	35,599.27	35,599.27
11	1465.1 Dwelling Equipment—Nonexpendable	22,800.92	22,867.73	22,867.73	22,867.73
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	71,792.00	71,792.00	71,792.00	71,792.00

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:**
Housing Authority of the Town of Milford	Capital Fund Program Grant No: CT26P03050203 Replacement Housing Factor Grant No:	**2003**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☒**Revised Annual Statement (revision no: 2)**
☒**Performance and Evaluation Report for Period Ending: 09/30/2006** ☒**Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: Housing Authority of the Town of Milford		**Grant Type and Number** Capital Fund Program Grant No: CT26P03050203 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT 30-1 Harrison Ave	Phase III A Unit Renovations	1460	12 units	41,812.08	35,599.27	35,599.27	35,599.27	
CT 30-4 Foran Towers	Water Heater Replacement	1465.1	43 units	0.00	12,598.78	12,598.78	12,598.78	
CT 30-5 Island View	Water Heater Replacement	1465.1	109 units	22,800.92	10,268.95	10,268.95	10,268.95	
PHA-Wide Fees & Costs	Architect, Modernization Consultant and Clerk of the Works Fees	1430	100%	7,179.00	13,325.00	13,325.00	13,325.00	

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

PHA Name: Housing Authority of the Town of Milford	**Grant Type and Number** Capital Fund Program No: CT26P03050203 Replacement Housing Factor 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	
CT 30-4 Foran Towers	02/13/06		01/31/05	02/13/08		06/30/06	
CT 30-5 Island View	02/13/06		01/31/05	02/13/08		06/30/06	

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3050103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 3)
☒ Performance and Evaluation Report for Period Ending: 9/30/2006 ☒ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	26,097.00	20,057.30	20,057.30	20,057.30
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	133,807.00	139,846.70	139,846.70	139,846.70
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	180,000.00	180,000.00	180,000.00	180,000.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant	339,904.00	339,904.00	339,904.00	339,904.00

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

PHA Name: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3050103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 3)**
☒ **Performance and Evaluation Report for Period Ending: 9/30/2006** ☒ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: Milford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CT26PO3050103 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2003**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	% Comp
CT 30-1 Harrison Avenue	Phase III A Unit Renovations	1460	12 units	133,807.00	108,840.41	108,840.41	108,840.41	
CT 30-4 Foran Towers	Masonry Façade Repairs	1460	43 units	0.00	31,006.29	31,006.29	31,006.29	
PHA-Wide Management Improvements	Staff Training	1408	100%	26,097.00	20,057.30	20,057.30	20,057.30	
CT 30-009-91F Scattered Sites	Renovations of Units	1499	18 Units	180,000.00	180,000.00	180,000.00	180,000.00	100% Comp

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

PHA Name: Milford Housing Authority	**Grant Type and Number** Capital Fund Program No: CT26PO3050103 Replacement Housing Factor 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	
CT 30-1 Harrison Avenue	9/16/2005		3/31/2005	9/16/2007		6/30/2006	
CT 30-4 Foran Towers	9/16/2005		3/31/2005	9/16/2007		6/30/2006	
CT30-009-91F Scattered Sites	9/16/2005		9/30/2004	9/16/2007		6/30/2006	
PHA-Wide	9/16/2005		9/30/2004	9/16/2007		6/30/2006	

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3050104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 3)
☒ Performance and Evaluation Report for Period Ending: 09/30/06 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	15,000.00	0.00	0.00	0.00
4	1410 Administration	14,000.00	14,000.00	14,000.00	10,787.96
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	30,000.00	45,000.00	45,000.00	30,000.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	326,217.03	326,217.03	326,217.03	290,311.51
11	1465.1 Dwelling Equipment—Nonexpendable	12,531.97	12,531.97	12,531.97	12,531.97
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	397,749.00	397,749.00	397,749.00	343,631.44
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00

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

PHA Name: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3050104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 3)**
☒ **Performance and Evaluation Report for Period Ending: 09/30/06** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: Milford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CT26PO3050104 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2004**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT 30-1 Harrison Avenue	Unit Renovations	1460	12 units	326,217.03	322,771.89	322,771.89	286,866.37	
CT 30-4 Foran Towers	Masonry Façade Repairs	1460	100%	0.00	3,445.14	3,445.14	3,445.14	
CT 30-5 Island View	Water Heaters	1465	109 units	12,531.97	12,531.97	12,531.97	12,531.97	
PHA-Wide Management Improvements	Staff Training	1408	30%	15,000.00	0.00	0.00	0.00	
PHA-Wide Administration	Staff salary prorated for Capital Fund Administration	1410	40%	14,000.00	14,000.00	14,000.00	10,787.96	
PHA-Wide Fees and Costs	Modernization Consulting and Architect & Engineer Fees	1430	100%	30,000.00	45,000.00	45,000.00	30,000.00	
	TOTAL GRANT AMOUNT			**397,749.00**	**397,749.00**	**397,749.00**	**343,631.44**	

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

PHA Name: Milford Housing Authority	**Grant Type and Number** Capital Fund Program No: CT26PO3050104 Replacement Housing Factor 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	
CT 30-1 Harrison Avenue	9/16/2006		12/31/2005	9/16/2008			
CT 30-4 Foran Towers	9/16/2006		12/31/2005	9/16/2008		9/30/2006	
CT 30-5 Island View	9/16/2006		12/31/2005	9/16/2008		9/30/2006	
PHA-Wide	9/16/2006		12/31/2005	9/16/2008			

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3050105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 3)
☒ Performance and Evaluation Report for Period Ending: 09/30/2006 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	20,000.00	20,000.00	20,000.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	70,000.00	70,000.00	70,000.00	46,925.65
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	307,749.00	60,000.00	60,000.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	250,642.00	250,642.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	2,893.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	400,642.00	400,642.00	400,642.00	46,925.65
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00

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

PHA Name: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3050105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 3)**
☒ **Performance and Evaluation Report for Period Ending: 09/30/2006** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: Milford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CT26PO3050105 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
CT 30-1 Harrison Ave.	Unit Renovations	1460	12 units	0.00	60,000.00	60,000.00	0.00	
CT 30-4 Foran Towers	Brick Façade Repair	1460	43 units	307,749.00	0.00	0.00	0.00	
	Replace Boilers	1465	43 units	0.00	250,642.00	250,642.00	0.00	
	Subtotal			**307,749.00**	**250,642.00**	**250,642.00**	**0.00**	
PHA-Wide Administration	Staff salary prorated for Capital Fund Administration	1410	100%	20,000.00	20,000.00	20,000.00	0.00	
PHA Wide Fees & Costs	Architectural/Engineering and Modernization Consulting fees	1430	100%	70,000.00	70,000.00	70,000.00	46,925.65	
PHA Wide Contingency	Contingency	1502	100%	2,893.00	0.00	0.00	0.00	

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

PHA Name: Milford Housing Authority	**Grant Type and Number** Capital Fund Program No: CT26PO3050105 Replacement Housing Factor No:	**Federal FY of Grant: 2005**

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	
CT 30-1 Harrison Avenue	8/17/2007		9/30/2006	8/17/2009			
CT 30-4 Foran Towers	8/17/2007		9/30/2006	8/17/2009			
PHA-Wide	8/17/2007		9/30/2006	8/17/2009			

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3050106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 3)
☒ Performance and Evaluation Report for Period Ending: 09/30/06 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00		
2	1406 Operations	0.00	0.00		
3	1408 Management Improvements	15,000.00	15,000.00		
4	1410 Administration	20,000.00	20,000.00		
5	1411 Audit	0.00	0.00		
6	1415 Liquidated Damages	0.00	0.00		
7	1430 Fees and Costs	40,000.00	40,000.00		
8	1440 Site Acquisition	0.00	0.00		
9	1450 Site Improvement	0.00	0.00		
10	1460 Dwelling Structures	248,400.00	231,400.00		
11	1465.1 Dwelling Equipment—Nonexpendable	50,000.00	68,000.00		
12	1470 Nondwelling Structures	0.00	0.00		
13	1475 Nondwelling Equipment	0.00	0.00		
14	1485 Demolition	0.00	0.00		
15	1490 Replacement Reserve	0.00	0.00		
16	1492 Moving to Work Demonstration	0.00	0.00		
17	1495.1 Relocation Costs	0.00	0.00		
18	1499 Development Activities	0.00	0.00		
19	1501 Collaterization or Debt Service	0.00	0.00		
20	1502 Contingency	2,543.00	1,543.00		
21	Amount of Annual Grant: (sum of lines 2 – 20)	375,943.00	375,943.00		

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

PHA Name: Housing Authority of the Town of Milford	Grant Type and Number Capital Fund Program Grant No: CT26PO3050106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 3)**
☒ **Performance and Evaluation Report for Period Ending: 09/30/06** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities	0.00	0.00		
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00		
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00		
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00		
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00		

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

PHA Name: Milford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CT26PO3050106 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide Administration	Staff salary prorated for Capital Fund Administration	1410	100%	20,000.00	20,000.00			
PHA-Wide Fees and Costs	Modernization Coordinator Consulting	1430	100%	20,000.00	20,000.00			
	Architectural/Engineering	1430	100%	20,000.00	20,000.00			
	Subtotal			**40,000.00**	**40,000.00**			
PHA-Wide Management Improvements	Staff Training and Computer Upgrades	1408	100%	15,000.00	15,000.00			
CT30-4 Foran Towers	504 Kitchen Upgrades	1460	43 Units	18,000.00	22,000.00			
	504 Bathroom Upgrades	1460	43 Units	18,000.00	15,000.00			
	Replace Toilets and Shower Heads	1460	43 Units	18,000.00	0.00			
	Replace Roof	1460	43 Units	194,400.00	194,400.00			
	Replace Boilers	1465	43 units	50,000.00	68,000.00			
	Subtotal			**298,400.00**	**299,400.00**			
PHA-Wide Contingency	Contingency	1502	100%	2,543.00	1,543.00			

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

PHA Name: Milford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CT26PO3050106 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	GRANT TOTAL			**375,943.00**	**375,943.00**			

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

PHA Name: Milford Housing Authority	**Grant Type and Number** Capital Fund Program No: CT26PO3050106 Replacement Housing Factor 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	
CT 30-4 Foran Towers	8/17/08	8/17/08		8/17/10	8/17/10		
PHA Wide	8/17/08	8/17/08		8/17/10	8/17/10		