

# **PHA Plans**

## **Streamlined Annual Version**

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

OMB No. 2577-0226  
(exp. 06/30/2006)

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

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

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# **Streamlined Annual PHA Plan**

## **for Fiscal Year: 2007**

# **PHA Name: Low Rent Housing Agency of Burlington, Iowa**

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



PHA Plan Supporting Documents are available for inspection at: (select all that apply)  
X Main business office of the PHA  PHA development management offices  
 Other (list below)

## **Streamlined Annual PHA Plan**

**Fiscal Year 2007**

[24 CFR Part 903.12(c)]

### **Table of Contents**

[24 CFR 903.7(r)]

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

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

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

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

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?
2.  Yes  No: Are any or all of the PHA’s site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

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

## **2. Capital Improvement Needs**

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

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

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

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

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

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

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

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

- |   |
|---|
| <input type="checkbox"/> Revitalization Plan approved<br><input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway |
|---|

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:
4.  Yes  No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5.  Yes  No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

### **3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**

(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description: The PHA is using the conventional design that provides assistance over a ten-year period or fifteen-year period. The PHA intends to couple HOME funds, in amounts up to \$24,999, to projects to increase their viability.

a. Size of Program

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

If the answer to the question above was yes, what is the maximum number of participants this fiscal year? Board previously allocated 5 Vouchers. One project will be completed in 2006 leaving 4 slots to be filled.

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:
- 1) Competitive selection process for initial five candidates.
  - 2) Willingness to accept restrictions associated with use of Community Rehabilitation and Ownership Program (CROP).

- c. What actions will the PHA undertake to implement the program this year (list)?
- 1) Continue direct marketing campaign.
  - 2) Accomplish individual training using Money Smart (CBI).
  - 3) Conduct individual training regarding home maintenance, property selection, etc.
  - 4) Meet with financial institutions on behalf of the program and individuals.
  - 5) Coordinate with CROP Program partners.

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

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

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

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

**Intent to Use Project-Based Assistance**

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

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

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

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

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

[24 CFR Part 903.15]

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

1. Consolidated Plan jurisdiction: Non-metropolitan jurisdictions within the State of Iowa.
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
  - The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
  - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - Other: (list below)
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

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

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

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
IA015001	Autumn Heights	5	2	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
1. Complete storage building			25,000	2008
2. Construct second means of access			100,000	2008
3. Storm sewer for new access			25,000	2008
4. Water hydrant for fire protection			25,000	2008
5. Widen east-west driveway			35,000	2008
6. Replace L/R air conditioners			15,000	2008

7. Repair Gazebo	5,000	2008
8. General Administration	20,000	2008
	<b><u>Year 1 Total</u></b>	<b><u>250,000</u></b>
9. Powder-coat heat registers and fan grills	10,000	2009
10. Complete street access projects (retainers)	15,000	2009
11. Replace central fire alarm	25,000	2009
12. Replace drapes	55,000	2009
13. Upgrade computers	15,000	2009
14. Replace sidewalks	20,000	2009
15. Replace/expand landscaping	20,000	2009
16. Caulk H/R exterior	40,000	2009
17. Benches	10,000	2009
18. Remodel H/R community room	20,000	2009
19. General Administration	20,000	2009
	<b><u>Year 2 Total</u></b>	<b><u>250,000</u></b>
20. Continue security improvements	15,000	2010
21. Replace sidewalks/drives	50,000	2010
22. Replace dining room chairs	5,000	2010
23. Replace folding chairs	5,000	2010
24. Replace beauty salon equipment	5,000	2010
25. Complete set of hand tools	5,000	2010
26. Add electric outlet in apartments	20,000	2010
27. Complete lighting in apartments	10,000	2010
28. Replace telephone lines	15,000	2010
29. Complete drapes replacement	50,000	2010
30. Remodel kitchens and bathrooms	50,000	2010
31. General Administration	20,000	2010
	<b><u>Year 3 Total</u></b>	<b><u>250,000</u></b>
32. Replace floor tile throughout	50,000	2011
33. Continue to remodel kitchens and bathrooms	130,000	2011
34. Remodel offices	20,000	2011
35. Replace mowing equipment	30,000	2011
36. General administration	20,000	2011
	<b><u>Year 4 Total</u></b>	<b><u>250,000</u></b>
37. Continue to remodel kitchens and bathrooms	235,000	2012
38. General administration	15,000	2012
	<b><u>Year 5 Total</u></b>	<b><u>250,000</u></b>
<b><u>Five-Year Subtotal</u></b>		

<b>Activities that have not been assigned by year, but are fungible:</b>	<b>1,250,000</b>	
1. Level slab floors	100,000	
2. Procure floor maintenance equipment	6,000	
3. Construct shelter house	40,000	
4. Complete security improvements	17,500	
5. Emergency generator	200,000	
6. Continue remodel kitchens and bathrooms	1,000,000	
7. Install canopies over main entry and east entry	110,000	
8. Procure maintenance power equipment, including, but not limited to the following: concrete saw, table saw, miter saw, chain saw, mig welder, and air compressor.	10,000	
9. Maintenance trailer	750	
10. Landscape equipment including power rake and box scraper	5,000	
11. Replace door locks	30,000	
12. Paint apartments interiors	50,000	
13. Replace office equipment	10,000	
14. Refuse collection equipment	2,000	
15. Remodel elevator cars	10,000	
16. Remodel / redecorate L-R community and laundry rooms	25,000	
17. Replace sidewalks	50,000	
18. Carpentry / cabinet-making power equipment	10,000	
<b>Subtotal</b>	<b>1,250,000</b>	
<b>Unassigned Subtotal</b>	<b>1,676,250</b>	
<b>Total estimated cost over next 5 years</b>	<b>2,926,250</b>	

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. X 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. X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if	Annual Plan: Operations and

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	necessary)	Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types X Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (Section 15 of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs X Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). X Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program Grant No: IA05P01550104 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: October 10, 2006 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	2,949.00	2,949.00	2,949.00	2,949.00
4	1410 Administration	12,413.89	12,413.89	12,413.89	12,413.89
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	23,612.33	23,219.68	23,219.68	23,219.68
10	1460 Dwelling Structures	142,368.60	142,814.93	142,814.93	142,814.93
11	1465.1 Dwelling Equipment—Nonexpendable	67,408.96	67,168.98	67,168.98	67,168.98
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	7,654.22	7,840.52	7,840.52	1,043.62
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	256,407.00	256,407.00	256,407.00	249,610.10
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa	Grant Type and Number Capital Fund Program Grant No: IA05P01550104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 4)  
 Performance and Evaluation Report for Period Ending: October 10, 2006  Final Performance and Evaluation Report

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

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		Grant Type and Number Capital Fund Program Grant No: IA05P01550105 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	
IA015001 Autumn Heights				Original	Revised	Funds Obligated	Funds Expended	
1.	Replace shingles on five low-rise buildings	1460	5 Roofs	133,855.52	133,909.30	133,909.30	133,909.30	Completed
2.	Replace refrigerators	1465.1	195	62,507.30	62,507.30	62,507.30	62,507.30	Completed
3.	Install security cameras in high-rise	1475	4	6,850.68	6,796.90	6,796.90		In Progress
4.	Remodel high-rise community room kitchen	1460	1					Rescheduled
5.	Complete landscape borders	1450	2,495 L.F.	6,657.00	6,657.00	6,657.00	6,657.00	Completed
6.	Complete cooking ranges	1465.1	195	4,901.66	4,901.66	4,901.66	4,901.66	Completed
7.	Training	1408	4 Classes	2,949.00	2,949.00	2,949.00	2,949.00	Completed
8.	Map file drawer	1475	1	803.64	803.64	803.64	803.64	
9.	Sidewalk replacement	1450	500 S.F.	5,321.21	5,321.21	5,321.21	5,321.21	Completed
10.	General Administration	1410	4 Programs	12,413.89	12,413.89	12,413.89	12,413.89	Completed
11.	Force Account labor and benefits		4 Programs					Completed
A.		1450		11,241.47	11,241.47	11,241.47	11,241.47	
B.		1460		8,905.63	8,905.63	8,905.63	8,905.63	

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		<b>Grant Type and Number</b> Capital Fund Program No: IA05P01550105 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	
IA015001 Autumn Heights							
1.	11/30/2005		07/20/2005	12/31/2005		09/06/2006	
2.	11/30/2005		05/13/2005	12/31/2005		06/22/2005	
3.	11/30/2005		09/01/2006	12/31/2005			Scope of activity was revised.
4.	09/30/2006	Rescheduled		10/31/3006		Rescheduled	Moved to a subsequent program.
5.	11/30/2005		07/15/2005	12/31/2005		07/31/2005	
6.	06/30/2005		08/18/2004	07/31/2005		01/24/2005	
7.	07/31/2005		01/07/2005	08/31/2006		11/07/2005	
8.	08/31/2005		03/17/2005	09/30/2005		06/15/2005	
9.	11/30/2005		11/16/2005	12/31/2005		12/07/2005	
10.	11/30/2005		12/31/2004	12/31/2005		12/31/2004	
11.	11/30/2005		11/30/2005	12/31/2005		12/31/2005	

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Low Rent Housing Agency of Burlington, Iowa			Grant Type and Number Capital Fund Program Grant No: IA05P01550105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: October 10, 2006 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	14,128.15	14,128.15	12,122.75	12,122.75
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,655.14	3,655.14	3,655.14	3,655.14
8	1440 Site Acquisition				
9	1450 Site Improvement	60,358.18	90,121.34	65,593.21	8,018.06
10	1460 Dwelling Structures	116,616.66	119,397.60	60,188.76	34,170.40
11	1465.1 Dwelling Equipment—Nonexpendable	9,983.00	0.00		
12	1470 Nondwelling Structures	24,575.96	1,501.50	1,501.50	1,501.50
13	1475 Nondwelling Equipment	30,665.91	31,179.27	26,179.27	26,179.27
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	259,983	259,983.00	169,240.63	85,647.12
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa	Grant Type and Number Capital Fund Program Grant No: IA05P01550105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: October 10, 2006  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs		16,500.00	2,467.60	2,467.60
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P01550105 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 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	
IA015001 Autumn Heights				Original	Revised	Funds Obligated	Funds Expended	
1.	Computer Upgrades	1475	System	13,450.00		13,450.00	13,450.00	Completed
2.	Trash Receptacles	1475	17	3,500.00	2,998.37	2,998.37	2,998.37	Completed
3.	Trash Pump	1475	1	1,223.24		1,223.24	1,223.24	Completed
4.	Landscape Borders	1450	Continued	5,536.18	5,633.68	5,633.68	5,633.68	Completed
5.	Boiler Pump	1460	1	1,500.00				
6.	Laundry Conversion							Completed
A.	Materials	1460	Continued	328.79		328.79	328.79	
B.	Chairs	1475	6	275.94		275.94	275.94	
7.	Survey	1430	1	3,655.14		3,655.14	3,655.14	Completed
8.	Remodel/Paint Commons	1460	6 Bldgs.	32,580.00		5,000.00		In Progress
9.	Paint Hallways	1460	13	25,000.00		20,000.00	391.32	In Progress
10.	Replace Sidewalk	1450	3,000 SF	15,000.00	0.00			
11.	Floor Burnisher	1475	1	3,468.75		3,468.75	3,468.75	Completed
12.	Storage Building	1470	1	24,575.96	1,501.50	1,501.50	1,501.50	Completed
13.	Force Account Labor							In Progress
A.	Site Improvements	1450	500 Hrs.	10,000.00				
B.	Dwelling Structures	1460	500 Hrs	10,000.00				
14.	Replace Site Lighting	1450	20 Fixtrs.	9,000.00		51.43	51.43	
15.	Window Panels/Doors	1460	Continued	20,000.00		4,871.16	4,871.16	In Progress
16.	Air Conditioning							In Progress
A.	High-Rise (SE)	1460	7 Rooms	12,000.00		12,000.00	10,590.32	

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		Grant Type and Number Capital Fund Program Grant No: IA05P01550105 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	
IA015001 Autumn Heights								
B.	High-Rise (sleeve units)	1465.1	16 Units	9,983.00	0.00			
C.	High-Rise (P-TAC)							
(1)	Materials	1460	11	0.00	13,512.21	13,512.21	13,512.21	
(2)	Equipment	1475	3	0.00	1,166.60	1,166.60	1,166.60	
17.	Bridge Replacement							In Progress
A.	Materials	1450	Continued	5,698.87		119.31	119.31	
B.	Welder	1475	1	751.13		751.13	751.13	
18.	Rebuild Pond	1450	1	20,000.00	58,583.79	58,583.79	1,008.64	In Progress
19.	General Administration		3 Programs					In Progress
A.	Personnel	1410		14,128.15		12,122.75	12,122.75	
B.	Equipment	1475		871.85		871.85	871.85	
20.	Replace Water Valves	1460	1-M units	2,009.00		2,009.00	2,009.00	Completed
21.	Tree Replacement	1450	4 Trees	822.00		822.00	822.00	Completed
22.	Smoke Alarms	1460	220	7,500.00	2,467.60	2,467.60	2,467.60	Completed
23.	Telephone System	1475	1	5,000.00				In Progress
24.	Trash Cans	1475	85	2,125.00	1,973.39	1,973.39	1,973.39	Completed
25.	Grill	1450	1	0.00	383.00	383.00	383.00	Completed

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		<b>Grant Type and Number</b> Capital Fund Program No: IA05P01550105 Replacement Housing Factor No:					<b>Federal FY of Grant: 2005</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
IA015001 Autumn Heights	Original	Revised	Actual	Original	Revised	Actual		
1.	12/31/2005		02/01/2006	01/31/2006		02/06/2006		
2.	06/30/2006		06/07/2006	07/31/2006		07/10/2006		
3.	12/31/2005		09/12/2005	01/31/2006		09/12/2005		
4.	12/31/2005		09/12/2005	01/31/2006		09/12/2005		
5.	03/31/2006			05/31/2006				
6.	12/31/2005		09/12/2005	01/31/2006		09/12/2005		
7.	12/31/2006		09/21/2005	01/31/2007		12/29/2005		
8.	08/12/2007			09/30/2007				
9.	08/12/2007		09/20/2006	09/30/2007				
10.	08/12/2007			09/30/2007				
11.	12/31/2005		08/02/2005	01/31/2006		08/09/2005		
12.	08/31/2007		06/27/2006	09/30/2007		09/06/2006		
13.	08/12/2007		07/24/2006	09/30/2007		08/03/2006		
14.	08/12/2007			09/30/2007				
15.	09/30/2006			10/31/2006				
16.	08/12/2007			09/30/2007				
17.	08/12/2007			09/30/2007				
18.	08/12/2007			09/30/2007				
19.	08/12/2007			09/30/2007				
20.	11/30/2006		03/26/2006	12/31/2006		06/21/2006		
21.	11/30/2006		05/22/2006	12/31/2006		06/06/2006		
22.	06/30/2007			07/31/2007				
23.	06/30/2007			07/31/2007				

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		<b>Grant Type and Number</b> Capital Fund Program No: IA05P01550105 Replacement Housing Factor No:				<b>Federal FY of Grant:</b> 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
IA015001 Autumn Heights	Original	Revised	Actual	Original	Revised	Actual	
24.	06/30/2007		07/10/2006	07/31/2007		08/03/2006	
25.	10/31/2006		08/21/2006	11/30/2006		10/06/2006	

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

<b>PHA Name:</b> Low Rent Housing Agency of Burlington, Iowa	<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P01550106 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2006
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: October 2, 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				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	2,500.00	20,322.00	650.00	650.00
10	1460 Dwelling Structures	119,322.00	76,500.00	1,500.00	
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	75,000.00	100,000.00		
13	1475 Nondwelling Equipment	40,000.00	40,000.00		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	236,822.00	236,822.00	2,150.00	650.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

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

<b>PHA Name:</b> Low Rent Housing Agency of Burlington, Iowa	<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P01550106 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2006
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: October 2, 2006  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P01550106 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 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	
IA015001 Autumn Heights								
1.	Complete high-rise Community Room kitchen remodel	1460	1	20,000	20,000			
2.	Remodel kitchens and bathrooms	1460	193	74,322	30,000			
3.	Soundproof L/R corridors	1460	5	25,000	25,000			
4.	Reconditioned backhoe	1475	1	40,000	40,000			
5.	Equipment storage building	1470	1	50,000	50,000			
6.	Complete storage building	1470	1	25,000	50,000			
7.	Tree removal	1450	3	2,500	1,050	1,050.00	650.00	Completed
8.	Fire test head	1460	1		1,500	1,500.00		
9.	Complete Pond	1450	Continued		4,272			
10.	Replace sidewalk	1450	3,000 s.f.		15,000			

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		<b>Grant Type and Number</b> Capital Fund Program No: IA05P01550106 Replacement Housing Factor No:					<b>Federal FY of Grant: 2006</b>	
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		
1.	06/30/2008			09/30/2009				
2.	06/30/2008			09/30/2009				
3.	06/30/2008			09/30/2009				
4.	06/30/2008			09/30/2009				
5.	06/30/2008			09/30/2009				
6.	06/30/2008			09/30/2009				
7.	10/31/2006		09/21/2006	10/30/2006				
8.	10/31/2006		09/21/2006	10/31/2007				
9.	07/30/2007			08/31/2007				
10.	09/30/2007			11/30/2007				

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

<b>PHA Name:</b> Low Rent Housing Agency of Burlington, Iowa	<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P01550107 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2007
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**Original Annual Statement**
 **Reserve for Disasters/ Emergencies**
 **Revised Annual Statement**  
 **Performance and Evaluation Report for Period Ending:**
 **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	20,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	185,000			
10	1460 Dwelling Structures	15,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	30,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

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

<b>PHA Name:</b> Low Rent Housing Agency of Burlington, Iowa	<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P01550107 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2007
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**Original Annual Statement**  **Reserve for Disasters/ Emergencies**  **Revised Annual Statement**  
 **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
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		<b>Grant Type and Number</b> Capital Fund Program Grant No: IA05P01550107 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 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	
IA015001 Autumn Heights								
1.	Complete storage building	1470	1	25,000				
2.	Construct Second Means of Access	1450	1	100,000				
3.	Storm Sewer for New Access	1450	1	25,000				
4.	Water Hydrant for Fire Protection	1450	1	25,000				
5.	Widen east-west driveway	1450	1	35,000				
6.	Replace L/R air conditioners	1460	10	15,000				
7.	Repair Gazebo	1470	1	5,000				
8.	General Administration	1410		20,000				

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

PHA Name: Low Rent Housing Agency of Burlington, Iowa		<b>Grant Type and Number</b> Capital Fund Program No: IA05P01550106 Replacement Housing Factor No:				<b>Federal FY of Grant:</b> 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	
1.	06/30/2009			06/30/2010			
2.	06/30/2009			06/30/2010			
3.	06/30/2009			06/30/2010			
4.	06/30/2009			06/30/2010			
5.	06/30/2009			06/30/2010			
6.	06/30/2009			06/30/2010			
7.	06/30/2009			06/30/2010			
8.	06/30/2009			06/30/2010			

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

### Part I: Summary

PHA Name: Low Rent Housing Agency of Burlington, Iowa					<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5	
	2007	FFY Grant: 2008 PHA FY: 2009	FFY Grant: 2009 PHA FY: 2010	FFY Grant: 2010 PHA FY: 2011	FFY Grant: 2011 PHA FY: 2012	
<b>IA015001 Autumn Heights</b>	<b>Annual Statement</b>	250,000	250,000	250,000	250,000	
CFP Funds Listed for 5- year planning		250,000	250,000	250,000	250,000	
Replacement Housing Factor Funds						



