

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

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# PHA Plans

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

Muskegon Heights Housing Commission  
615 East Hovey Avenue  
Muskegon Heights, MI 49444

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

**PHA Plan  
Agency Identification**

**PHA Name:**

**PHA Number:**

**PHA Fiscal Year Beginning: 04/01/2007**

**Public Access to Information**

**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)

**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)

**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)
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: (PHAS score) 65%
  - Improve voucher management: (SEMAP score) 85%
  - 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:
  - Demolish or dispose of obsolete public housing:

- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

X PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling:
- Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

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

X PHA Goal: Provide an improved living environment

Objectives:

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

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

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

Objectives:

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

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

- X PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2007**  
[24 CFR Part 903.12]

**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)**

**X** **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan (optional)**

[24 CFR Part 903.12 (b), 24 CFR 903.7(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.

The Muskegon Heights Housing Commission will continue its efforts to reorganize and build staff capacity in order to improve its performance under PHAS. The Commission is also working to upgrade its public housing stock with Capital Fund Program dollars, Capital fund Financing, and a Energy Performance Contract. The Housing Commission has approval of its Environmental Reviews through 2011. The Commission is anticipating the start of a Public Housing Family Self- Sufficiency Program.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.12(b)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

**Table of Contents**

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9. Other Information (criteria for significant deviations/substantial modifications, progress in meeting 5-year goals)
10. Project Based Voucher Program

**Attachments**

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

**Required Attachments:**

- X Admissions Policy for Deconcentration
- X FY 2007 Capital Fund Program Annual Statement
- X 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 2005 Capital Fund Program 5-Year Action 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)

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
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	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 of 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;

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions
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 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	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 903.12 (b), 903.7(a)]

### **A. 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.

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
X Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> 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	32		183 = 54%
Extremely low income <=30% AMI	30	94%	
Very low income (>30% but <=50% AMI)	2	6%	
Low income (>50% but <80%	0	0	

Housing Needs of Families on the Waiting List			
AMI)			
Families with children	19	59%	
Elderly families	13	41%	
Families with Disabilities	15	47%	
Race/ethnicity	Caucasian - 4	13%	
Race/ethnicity	African American - 28	87%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	13	41%	36 = 20%
2 BR	9	28%	44 = 24%
3 BR	7	22%	77 = 42%
4 BR	3	9%	26 = 14%
5 BR			
5+ BR			
Is the waiting list closed (select one)? X No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### B. 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.

The PHA has amended its ACOP to decrease the a previous resident can re-apply for tenancy from 1 year to 6 months for all reasons other than One Strike violations. Many former residents have found it very difficult to find affordable, decent, & safe housing outside the public housing community. A number of families terminated for Community Service non-compliance are begging to return.

#### (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
- X Adopt rent policies to support and encourage work
- Other: (list below)

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

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

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

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- X 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
- X Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- X Affirmatively market to races/ethnicities shown to have disproportionate housing needs

Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

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

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- X Funding constraints
- X Staffing constraints
- X Limited availability of sites for assisted housing
- 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
- X 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 903.12 (b), 903.7 (c)]

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
<b>1. Federal Grants (FY 2000 grants)</b>		
a) Public Housing Operating Fund	\$882,316	
b) Public Housing Capital Fund	\$675,000	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$215,243	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	\$700,243	
<b>4. Other income (list below)</b>	\$2,400	
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	\$2,475,202	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

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

## 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)

- X When families are within a certain number of being offered a unit: (state number) 2 WEEKS  
 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)?

- X Criminal or Drug-related activity  
X Rental history  
 Housekeeping  
 Other (describe)

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

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

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

### (2) Waiting List Organization

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

- X Community-wide list  
 Sub-jurisdictional lists  
 Site-based waiting lists  
 Other (describe)

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

- X 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)
  - X  One
  - Two
  - Three or More
- b. X  Yes  No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

- a. Income targeting:
  - X  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)
- 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)

- 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)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- X The PHA-resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- 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
- X Any time family composition changes
- At family request for revision

Other (list)

**(6) Deconcentration and Income Mixing**

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

c. If the answer to b was yes, what changes were adopted? (select all that apply)

Adoption of site-based waiting lists  
If selected, list targeted developments below:

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

Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

Other (list policies and developments targeted below)

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

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

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

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- 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)

- X 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
- X More general screening than criminal and drug-related activity (list factors below)      Current landlord
- Other (list below)

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

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

d.  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
- X Other (describe below)      REPAYMENT AGREEMENTS

### **(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)

### **(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:      LANDLORD SUBSTANTIALLY ALONG WITH CODE REPAIRS, FAMILY HARD TO HOUSE, HEALTH/EMERGENCIES

### **(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)
- 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)

- 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)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)
- 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)
- X The Section 8 Administrative Plan
- X Briefing sessions and written materials
- Other (list below)
- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?
- X Through published notices
- Other (list below)

**4. PHA Rent Determination Policies**

[24 CFR Part 903.7(d)]

**A. Public Housing**

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

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

b. Minimum Rent

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

- \$0  
 \$1-\$25  
X \$26-\$50

2.  Yes X 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  
X 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 development
- 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)
- 95<sup>th</sup> 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)\_\_\_\_\_
- Other (list below)

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) FAIR MARKET RENTS

## **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 below 100% 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)

- 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)

- X Annually
- Other (list below)

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

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

## **(2) Minimum Rent**

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

- \$0
- \$1-\$25
- X \$26-\$50

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

## **5. Capital Improvement Needs**

[24 CFR Part 903.7 (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.

#### **Capital Fund Program**

A. X Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 675,000

C. X Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of this component. If no, skip to next component.

D. X Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

E. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

### **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:

## **6. Demolition and Disposition**

[24 CFR Part 903.7 (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.)

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Projected end date of activity:	

## **7. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 (k)]

### **A. Public Housing**

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

1. X 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.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	<input type="checkbox"/> HOPE I <input checked="" type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	<input checked="" type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (10/31/1985)	
5. Number of units affected:	
6. Coverage of action: (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> 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 8.)

### 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:

## **8. Civil Rights Certifications**

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

## **9. Additional Information**

[24 CFR Part 903.12 (b), 903.7 (r)]

### **A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan**

### **B. Criteria for Substantial Deviations and Significant Amendments**

### **C. Other Information**

[24 CFR Part 903.13]

#### **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 in 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**

[24 CFR Part 903.15]

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

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

- 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)

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

**10. Project-Based Voucher Program (if applicable)**

If the PHA plans to use the project-based voucher program, provide a statement of the projected number of project-based units and general locations, and how project basing would be consistent with its PHA Plan.

## **Attachments**

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

**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> <b>Muskegon Heights Housing Commission</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P031501-03 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  <b>2003</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 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	\$213,187.81		\$213,187.81	\$213,187.81
4	1410 Administration	\$73,119.13		\$73,119.13	\$73,119.13
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$27,270.61		\$18,129.13	\$18,129.13
8	1440 Site Acquisition				
9	1450 Site Improvement	\$49,097.35		\$49,097.35	\$49,097.35
10	1460 Dwelling Structures	\$226,554.10		\$210,574.66	\$210,574.66
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	\$45,476.00		\$45,476.00	\$45,476.00
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$634,705.00		\$609,584.44	\$609,584.44
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	\$101,623.76		\$101,623.76	\$101,623.76
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: Muskegon Heights Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P031501-03 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	
MI-33-01 MI-33-02	OPERATIONS – PROJECT COST OVERRUNS IN 2002 CFP DUE TO ASBESTOS, 2003 (BONUS) DUE TO FIRE MARSHAL REQUIREMENTS	1406			\$63,741	\$63,741		
PHA-WIDE	MANAGEMENT IMPROVEMENTS – HIRE SECURITY GUARDS FOR THE HIGH-RISE; RELOCATE OFFICE FOR HIGH-RISE; TRAINING ON COMPUTER, SECURITY SOFTWARE AND CAMERAS.....	1408		\$228,941	126,941	126,941	50,168.94	
PHA-WIDE	ADMINISTRATION SALARIES AND BENEFITS MISCELLANEOUS COSTS	1410		\$59,602	\$58,471	\$58,471	\$58,471	
PHA-WIDE	AUDIT	1411		\$5,000	\$5,000	\$5,000	\$5,000	
PHA-WIDE	FEES & COST	1430		\$25,000	\$25,000			
MI33-01 MI33-01	SITE IMPROVEMENTS – INSTALL 50 CROSSWALKS, CLEAR PARKING LOT STORM DRAINS, PATCH & SEAL COAT PARKING LOT AT HIGH-RISE, INSTALL EXTERIOR LIGHTING EASTSIDE COURT							

# Annual Statement/Performance and Evaluation Report

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

### Part II: Supporting Pages

PHA Name: Muskegon Heights Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P031501-03 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	
PHA-WIDE	DWELLING STRUCTURE – INSTALL CONCRETE REAR STEPS, INSTALL THIRD RAISER SUPPROT O BASEMENT STAIRS, INSTALL 50 DEADBOLT LOCKS, AND 50 KITCHEN CABINETS, INSTALL SPRINKELER TRASH CHUTE IN HIGH-RISE, REHAB OFFLINE BURN UNIT, CONTRACT UNIT REHAB TO IMPROVE UNIT TURN AROUND TIME	1460		\$206,293	\$285,822	\$10,000	\$10,000	
MI33-01	NON-DWELLING STRUCTURE	1470		\$50,000	\$20,000	\$17,131	\$17,131	

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

PHA Name: Muskegon Heights Housing Commission	Grant Type and Number Capital Fund Program No: MI33P031501-03 Replacement Housing Factor No:	Federal FY of Grant: 2003
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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	
MI-33-01	9/30/2005	6/30/2005		9/30/2007	12/31/2005		
MI-33-02	9/30/2005	6/30/2005		9/30/2005	12/31/2005		
MI-33-03	9/30/2005	6/30/2005		9/30/2005	12/31/2005		
PHA-WIDE	9/30/2005	6/30/2005		9/30/2007	10/31/2005		

**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> Muskegon Heights Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P031501-05 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  <b>2005</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 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	\$117,832.91	\$71,261.00	\$71,261.00	\$70,650.24
3	1408 Management Improvements	\$142,522.00	\$71,261.00	\$71,261.00	\$44,312.65
4	1410 Administration	\$116,406.01	\$71,261.00	\$71,261.00	
5	1411 Audit	\$5,000	\$2,500.00	\$1,375.00	\$1,375
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$28,827	\$20,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	\$37,022.00	\$100,000	\$12,594.21	\$12,594.21
10	1460 Dwelling Structures	\$193,739.00	\$305,066	\$113,976.66	\$49,266.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	\$71,261.00	\$71,261.00	\$71,261.00	
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$712,610.00	\$712,610.00	\$412,989.87	\$178,198.10

**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> Muskegon Heights Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P031501-05 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  <b>2005</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 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				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs		100,000	70,650.24	70,650.24
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures		\$64,710.66		

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

<b>PHA Name:</b> Muskegon Heights Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P031501-05 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	
PHA-WIDE	OPERATIONS – SECURITY	1406		\$117,832.91	\$71,261.00	\$71,261.00	\$70,650.24	
PHA-WIDE	MANAGEMENT IMPROVEMENT – SECURITY AND TRAINING	1408		\$142,522.00	\$71,261.00	\$71,261.00	\$71,261.00	

# Annual Statement/Performance and Evaluation Report

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

### Part II: Supporting Pages

PHA Name: Muskegon Heights Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P031501-05 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	
PHA-WIDE	ADMINISTRATION – ADMINISTRATIVE SALARIES, BENEFITS AND MISC. COST	1410		\$116,406.01	\$71,261	\$71,261		
PHA-WIDE	AUDIT	1411		\$5,000	\$2,500.00	\$1,375.00	\$1,375.00	
PHA-WIDE	FEES & COST – ARCHITECTS AND ENGINEERS	1430		\$28,827	\$20,000			
MI-33-01 MI-33-02	SITE IMPROVEMENTS – INSTALL EXTERIOR SITE LIGHTS, AND CONNECT PARKING LOT STORM DRAINS TO CITY LINES SEED LAWNS IN BOTH COMPLEXES, DEMO GARBAGE BINS AND WALLS	1450		\$37,022.00	\$100,000	\$12,592.21	\$12,592.21	
MI-33-01 MI-33-03	DWELLING STRUCTURE – REHABILITATE OFF LINE UNITS, REPLACE STORM DOORS, REPLACE 58 DEFECTIVE FRONT PORCHES COMPLETE NEW SHOWER INSTALLATION, CONTACT SOME UNIT TURN AROUND WORK.	1460		\$193,739.00	\$305,066	\$133,976.96	\$49,266.00	
PHA-WIDE	REPLACEMENT RESERVES	1490		\$71,261.00		\$71,261.00		

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

PHA Name: Muskegon Heights Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P031501-05 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	



# 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> <b>Muskegon Heights Housing Commission</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P031501-06 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2006</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: 1)

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	\$66,576.00			
3	1408 Management Improvements	\$66,576.00			
4	1410 Administration	\$66,576.00			
5	1411 Audit	\$5,000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$25,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$150,000.00	\$169,669.00		
10	1460 Dwelling Structures	\$219,464.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	\$66,576.00			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$685,437.00	\$685,437.00		
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	\$80,000.00	\$99,669.00		
26	Amount of line 21 Related to Energy Conservation Measures	\$150,000.00			

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

PHA Name: Muskegon Heights Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P031501-06 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	MANAGEMENT IMPROVEMENTS – SECURITY PERSONNEL, CONTRACT UNIT TURNAROUND, RE-HAB	1408		\$133,153.00		12/31/07		
PHA-WIDE	ADMINISTRATION – ADMINISTRATIVE SALARIES & BENEFITS, MISCELLANEOUS	1410		\$66,576.00		12/31/07		
PHA-WIDE	AUDIT – ANNUAL AUDIT	1411		\$5,000		12/31/08		
PHA-WIDE	FEES & COST – ARCHITECT/ENGINEERING	1430		\$25,000		12/31/08		
MI-33-01 MI-33-02 MI-33-03	SITE IMPROVEMENTS - TRIM OR REMOVE TREES, INSTALL OUTDOOR WATER FAUCETS AND CONNECT PARKING LOTS STORM DRAINS TO CITY LINES EASTSIDE COURT, INSTALL SECURITY CAMERAS & SUPPLEMENTAL POLICE SERVICES	1450		\$150,000.00	\$169,669.00	12/31/08		
MI-33-01	DWELLING STRUCTURES – INSTALL BACKFLOW DIVERTER AT HIGH-RISE, REPLACE WINDOWS & INSTALL STEEL SCREENS EAST PARK MANOR	1460		\$223,963.00		12/31/08		

# Annual Statement/Performance and Evaluation Report

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

### Part II: Supporting Pages

PHA Name: Muskegon Heights Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P031501-06 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	REPLACEMENT RESERVES	1490		\$66,576.00		9/30/08		

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

PHA Name: MUSKEGON HEIGHTS HOUSING COMMISSION		Grant Type and Number Capital Fund Program No: MI33P031501-06 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	
PHA-WIDE	9/30/2007	3/31/08		9/30/2008	3/31/09		
MI33-01	9/30/2007	3/31/08		9/30/2008	3/31/09		
MI33-02	9/30/2007	3/31/08		9/30/2008	3/31/09		
MI33-03	9/30/2007	3/31/08		9/30/2008	3/31/09		

## 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> Muskegon Heights Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI33P031501-07 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 (revision no:    )  
  Performance and Evaluation Report for Period Ending:      
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$140,000.00			
4	1410 Administration	\$70,000.00			
5	1411 Audit	\$5,000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$15,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$150,000.00			
10	1460 Dwelling Structures	\$250,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	\$70,000.00			
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$700,000.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	\$80,000.00			
25	Amount of Line 21 Related to Security – Hard Costs	\$20,000.00			
26	Amount of line 21 Related to Energy Conservation Measures	\$52,000.00			

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

PHA Name: Muskegon Heights Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI33P031501-07 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	
PHA-WIDE	<b>Management Improvements</b> – security personnel, contract unit turn around, Energy Performance Contract partial payment, miscellaneous	1408		\$140,000.00				
PHA-WIDE	<b>Administration</b> – Administrative salaries & benefits, miscellaneous expenses, administration improvements	1410		\$70,000.00				
PHA – WIDE	<b>Audit</b> – Annual Audit	1411		\$5,000.00				
PHA – WIDE	<b>Fees &amp; Costs</b> – Architect, engineering & legal	1430		\$15,000.00				
MI-33-01 MI-33-02	<b>Site Improvements</b> – Phase 2 installation of security cameras & supplemental police services, install exterior water faucets	1450		\$150,000.00				
MI-33-01 MI-33-02	<b>Dwelling Structures</b> – Capital Fund Financing loan payments: remodeling 290 kitchens, replacing all townhouse windows to include security screens,	1460		\$250,000.00				
PHA-WIDE	<b>Replacement Reserves</b>	1490		\$70,000.00				

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

PHA Name: Muskegon Heights Housing Commission		Grant Type and Number Capital Fund Program No: MI33P031501-07 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	
PHA-WIDE	03/31/08			12/31/09			
MI-33-01	03/31/08			12/31/09			
MI-33-02	03/31/08			12/31/09			

# 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> Muskegon Heights Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>X</b>	<b>Federal FY of Grant:</b> <b>2004</b>
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Original Annual Statement 
  Reserve for Disasters/ Emergencies 
  Revised Annual Statement (revision no: ) 
  Performance and Evaluation Report for Period Ending: 
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	24,956		0	0
19	1501 Collateralization or Debt Service				
20	1502 Contingency	24,956		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





# 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> Muskegon Heights Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>X</b>	<b>Federal FY of Grant:</b> 2005
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Original Annual Statement
  Reserve for Disasters/ Emergencies
  Revised Annual Statement (revision no: )
  Performance and Evaluation Report for Period Ending:
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	14,028		0	0
19	1501 Collateralization or Debt Service				
20	1502 Contingency	14,028		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





**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> Muskegon Heights Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: X	<b>Federal FY of Grant:</b> 2006
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**Original Annual Statement**  **Reserve for Disasters/ Emergencies**  **Revised Annual Statement (revision no: )**  
 **Performance and Evaluation Report for Period Ending:**  **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	460			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	19,669		0	0
19	1501 Collateralization or Debt Service				
20	1502 Contingency	19669		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





PHA Name Muskegon Heights Housing Commission		<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 FFY Grant: 2008 PHA FY: 04/01/08	Work Statement for Year 3 FFY Grant: 2009 PHA FY: 04/01/09	Work Statement for Year 4 FFY Grant: 2010 PHA FY: 04/01/10	Work Statement for Year 5 FFY Grant: 2011 PHA FY: 04/01/11
PHA-WIDE	Annual Statement	Security personnel, staff salaries, benefits, management improvements, contract unit turn around rehab, administration improvements, replacement reserves, annual audit, fees, costs	Security personnel, staff salaries, benefits, management improvements, contract unit turn around rehab, administrative improvements, replacement reserves, annual audit, fees, costs	Security personnel, staff salaries, benefits, management & administrative improvements, contract unit turn around rehab, replacement reserves, annual audit, fees, costs	Security personnel, staff salaries, benefits, management & administrative improvements, contract unit turn around rehab, replacement reserves, annual audit, fees, costs
MI-33-01 MI-33-02 MI-33-03		Capital Fund financed loan payment, remodeled kitchens, new windows with security screens, improved exterior lighting, security cameras, exterior faucets, connect parking lot storm drains to City storm drains, supplemental police services, trim trees	Capital Fund financed loan payment, remodeled kitchens, new windows with security screens, improved exterior lighting, security cameras, exterior faucets, connect parking lot storm drains to City storm drains, supplemental police services, trim trees	Capital Fund financed loan payment, remodeled kitchens, new windows with security screens, improved exterior lighting, security cameras, exterior faucets, connect parking lot storm drains to City storm drains, supplemental police services, trim trees	Capital Fund financed loan payments, remodeled kitchens, new windows with security screens, improved exterior lighting, security cameras, exterior faucets, connect parking lot storm drains to City storm drains, supplemental services
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					





Annual Statement / Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
(exp. 3/31/2010)

HA Name: Muskogon Heights Housing Commission

Comprehensive Grant Number: M133R031501-4

FFY of Grant Approval: 2004

Original Annual Statement  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Reserve for Disasters/Emergencies  
 Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original Total Estimated Cost	Revised 1	Obligated Total Actual Cost 2 Expended
1	Total Non-CGP Funds			
2	1406 Operations (May not exceed 10% of line 20)			
3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment—Non-expendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1498 Mod Used for Development	24,956		0
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant (Sum of lines 2-19)	24,956		0
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

Signature of Executive Director: *Michael W. Campbell* Date: 7/26/07  
Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

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

Page \_\_\_ of \_\_\_ Previous edition is obsolete Form HUD-52837 (9/96) ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI-33-04	Combine RHF funds with Capital Funds & home sale proceeds to construct a duplex with 3 bedrooms in each unit for rent in a Family Self Sufficiency Program.	1498	1	125,000		0	0	Planning

Signature of Executive Director: *M. K. Peland* Date: *7/26/67* Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete

Form HUD-52837 (9/98)  
 ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
MI-33-04	12/31/07			12/31/08			Planning

Signature of Executive Director: *[Signature]* Date: *7/30/07* Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete form HUD-52837 (9/98) ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2010)

HIA Name: **Muskogon Heights Housing Commission**  
 Original Annual Statement  Reserve for Disasters/Emergencies   
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  
 Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report   
 Comprehensive Grant Number: **M133R031501-5**  
 FFY of Grant Approval: **2005**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>
		Original	Revised <sup>1</sup>	
1	Total Non-CGP Funds			
2	1406 Operations (May not exceed 10% of line 20)			
3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment--Non-expendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1498 Mod Used for Development	14,028		0
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant (Sum of lines 2-19)	14,028		0
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

Signature of Executive Director: *Mark Miller* Date: *7/24/07*  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_  
<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.  
 Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete  
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 ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
MI-33-05	Combine RHF funds with Capital Funds & home sale proceeds to construct a duplex with 3 bedrooms in each unit for rent in a Family Self Sufficiency Program.	1498	1	125,000		0	0	Planning

Signature of Executive Director: *M. Campbell* Date: 7/26/07  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete

form HUD-52837 (9/98)  
 ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
MI-33-05	12/31/07			12/31/09			Planning
Signature of Executive Director: <i>M. L. [Signature]</i> Date: <i>7/26/07</i>							
Signature of Public Housing Director: _____ Date: _____							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
(exp. 3/31/2010)

HA Name: Muskrigon Heights Housing Commission

Comprehensive Grant Number: MI33R031501-6  
FFY of Grant Approval: 2006

Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost <sup>2</sup> Expended
		Original	Revised <sup>1</sup>		
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		460		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development		19,669		0
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)		19,669		0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director: *Michael W. Coppeland* Date: 7/20/07  
Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Page \_\_\_\_ of \_\_\_\_  
Previous edition is obsolete  
form HUD-52837 (9/96)  
ref Handbook 7485.3

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

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
MI-33-06	Combine RHF funds with Capital Funds & home sale proceeds to construct a duplex with 3 bedrooms in each unit for rent in a Family Self Sufficiency Program.	1498	1	125,000		0	0	Planning

Signature of Executive Director

*M. J. [Signature]*

Date

7/25/07

Signature of Public Housing Director

Date

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	
MI-33-06	12/31/08			12/31/10		Planning

Signature of Executive Director

*M. C. Campbell*

Date

7/26/07

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2010)

HA Name

MUSKEGON HEIGHTS HOUSING COMMISSION

Comprehensive Grant Number  
 MI33P031501-03

FFY of Grant Approval  
 2003

Original Annual Statement      Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_      Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements	226,698.37	226,698.37	226,698.37	226,698.37
4	1410 Administration	73,119.13	73,119.13	73,119.13	73,119.13
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,129.49	18,129.49	18,129.49	18,129.49
8	1440 Site Acquisition				
9	1450 Site Improvement	49,097.35	49,097.35	49,097.35	49,097.35
10	1460 Dwelling Structures	222,184.66	222,184.66	222,184.66	222,184.66
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures	45,476.00	45,476.00	45,476.00	45,476.00
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	634,705.00	634,705.00	634,705.00	634,705.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director: *[Signature]* Date: 06/06/2007 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete

form HUD-52837 (9/98)  
 ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI-33-01	PROJECT COST OVER RUN IN 2002 CFP DUE TO ASBESTOS, 2003 (BONUS) DUE TO FIRE MARSHALL REQUIREMENTS	1408		228,941	226,698.37	226,698.37	226,698.37	COMPLETE
PHA-WIDE	MANAGEMENT IMPROVEMENTS HIRE SECURITY GUARDS FOR THE HIGH RISE, RELOCATE OFFICE FOR HIGH RISE, TRAINING ON COMPUTER, SECURITY SOFTWARE AND CAMERAS...	1410		63,471	73,119.13	73,119.13	73,119.43	COMPLETE
PHA-WIDE	AUDIT	1411		-0-	-0-	-0-	-0-	COMPLETE
PHA-WIDE	FEES & COSTS	1430		25,000	18,129.19	18,129.19	18,129.19	COMPLETE
MI-33-01	SITE IMPROVEMENT INSTALL 50 CROSSWALKS, CLEAR PARKING LOT STORM DRAINS, PATCH & SEAL, COAT PARKING LOT AT HIGH RISE, INSTALL EXTERIOR LIGHTING-EAST-SIDE COURT	1450		58,000	49,097.35	49,097.35	49,097.35	COMPLETE
MI-33-02								

Signature of Executive Director

Date

Signature of Public Housing Director

Date

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
PHA-WIDE	DWELLING STRUCTURE INSTALL CONCRETE REAR STEPS, INSTALL THIRD RAISER SUPPORT TO BASE- MENT STAIRS, INSTALL 50 DEADBOLT LOCKS, & 50 KITCHEN CABINETS, INSTALL SPRINKLERED TRASH CHUTE IN HIGH RISE, REHAB OFF- LINE BURN UNIT, CONTRACT UNIT REHAB TO IMPROVE UNIT TURN AROUND TIME	1460		209,293	222,184.66	222,184.66	222,184.66	COMPLETE
MI-33-02								
MI-33-03								
MI-33-01	NON-DWELLING STRUCTURE REMODEL ACTIVITY ROOM, HALLWAY, COMPUTER LAB AND LANDSCAPE	1470		50,000	45,476.00	45,476.00	45,476.00	COMPLETE

Signature of Executive Director

Date

Signature of Public Housing Director

Date

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>2</sup>	
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original		Revised <sup>1</sup>
MI-33-01	09/30/05		06/30/05	09/30/07		12/31/05
MI-33-02	09/30/05		06/30/05	09/30/07		12/31/05
MI-33-03	09/30/05		06/30/05	09/30/07		12/31/05
PHA-Wide	09/30/05		06/30/05	09/30/07		12/31/05

Signature of Executive Director  
*M. W. Copeland*  
 Date  
 6/6/07

Signature of Public Housing Director  
 Date

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2010)

HA Name: MUSKEGON HEIGHTS HOUSING COMMISSION  
 Comprehensive Grant Number: M133P031501-05  
 FY of Grant Approval: 2005

Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  
 Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised 1	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	117,832.91	130,824.07	130,824.07	130,830.66
3	1408 Management Improvements	142,522.00	136,830.66	136,830.66	130,830.66
4	1410 Administration	71,261.00	71,261.00	71,261.00	71,261.00
5	1411 Audit	2,500.000	2,500.000	2,500.000	2,500.00
6	1415 Liquidated Damages				0
7	1430 Fees and Costs		0		0
8	1440 Site Acquisition				
9	1450 Site Improvement	37,022.00	41,222.71	41,222.71	41,222.71
10	1460 Dwelling Structures	193,739.00	258,710.56	258,710.56	258,710.56
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	71,261.00	71,261.00	71,261.00	71,261.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	712,610.00	712,610.00	712,610.00	712,610.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director: *Mark Miller* Date: *6/27/07*  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
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Page 1 of 3 Previous edition is obsolete form HUD-52837 (9/98) ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/Name PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	OPERATIONS Security	1406		117,832.91	130,824.07	130,824.07	130,824.07	
PHA-WIDE	MANAGEMENT IMPROVEMENTS Security, training	1408		142,522.00	136,830.66	136,830.66	130,830.66	
PHA-WIDE	ADMINISTRATION Administrative salaries, benefits, misc costs	1410		71,261.00	71,261.00	71,261.00	71,261.00	
PHA-WIDE	AUDIT	1411		2,500.00	2,500.00	2,500.00	2,500.00	
PHA-WIDE	FEES and COSTS Architects and engineers	1430		-0-	-0-	-0-	-0-	
MI-33-01,	SITE IMPROVEMENTS	1450		37,022.00	41,222.71	41,222.71	41,222.71	
MI-33-02	Install exterior site lights, connect parking lot storm drains to City lines, seed							

Signature of Executive Director

*William J. ...*

Date 6/27/07

Signature of Public Housing Director

Date

This report is prepared for the Performance and Evaluation Report of a Revised Annual Statement. It is completed for the Performance and Evaluation Report.

Previous edition is obsolete

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI-33-01	Rehabilitate off line units, replace storm doors, relace 58 defective front porches complete new shower installation, com track some unit turn around work	1480	193,739.00	258,710.56	258,710.56	258,710.56		
MI-33-03	REPLACEMENT RESERVES	1490	71,261.00	71,261.00	71,261.00	71,261.00		

Signature of Executive Director: *Will Campbell* Date: *10/27/07*

Signature of Public Housing Director

Date

<sup>2</sup> to be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
 to be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
MI-33-01	03/31/06		03/31/07	09/30/07		06/30/07	
MI-33-02	03/31/06		03/31/07	09/30/07		06/30/07	
MI-33-03	03/31/06		03/31/07	09/30/07		06/30/07	
PHA-Wide	03/31/06		03/31/07	09/30/07		06/30/07	

Signature of Executive Director  
*William P. ...*  
 Date  
 6/27/07

Signature of Public Housing Director  
 Date

Operating Budget

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

Owned Rental Housing

OMB Approval No. 2577-0026 (exp. 9/30/2006)

Public reporting burden for this collection of information is estimated to average 116 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project 2577-0026, Washington D.C. 20503. Do not send this completed form to either of the above addressees.

a. Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____		b. Fiscal Year Ending 03/31/2008	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. <input type="checkbox"/> Other (specify) _____	d. Type of HUD assisted Projects	
e. Name of Public Housing Agency / Indian Housing Authority (PHA/IHA) Muskegon Heights Housing Commission				01 <input checked="" type="checkbox"/> PHA/IHA-Owned Rental Housing	
f. Address (City, State, zip code) 615 East Hovey Avenue Muskegon Heights, MI 49444				02 <input type="checkbox"/> IHA Owned Mutual Help Homeownership	
g. ACC Number C - 3018				03 <input type="checkbox"/> PHA/IHA Leased Rental Housing	
h. PAS/LOCCS Project No. MI031				04 <input type="checkbox"/> PHA/IHA Owned Turnkey III Homeownership	
i. HUD Field Office Detroit				05 <input type="checkbox"/> PHA/IHA Leased Homeownership	
j. No. of Dwelling Units 346		k. No. of Unit Months Available 4152	m. No. of Projects 4	DUNS Number 16108828	

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 3/31/2005 PUM (2)	Estimates or Actual Current Budget Yr. 3/31/2006 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
<b>Homebuyers Monthly Payments for:</b>								
010	7710	Operating Expense						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
040	Total Break-Even Amount (sum of lines 010, 020, and 030)							
050	7716	Excess (or deficit) in Break-Even						
060	7790	Homebuyers Monthly Payments - Contra						
<b>Operating Receipts:</b>								
070	3110	Dwelling Rental	162.88	156.27	157.76	655,000		
080	3120	Excess Utilities	0.82	0.19	0.22	900		
090	3190	Non dwelling Rental			1.54	6,410		
100	Total Rental Income (sum of lines 070, 080, and 090)		163.70	156.46	159.52	662,310		
110	3610	Interest on General Fund Investments	0.59	0.07	0.12	500		
120	3690	Other Income	45.75	60.94	19.27	80,000		
130	Total Operating Income (sum of lines 100, 110, and 120)		210.04	217.47	178.90	742,810		
<b>Operating Expenditures - Administration:</b>								
140	4110	Administrative Salaries	42.00	36.23	38.36	159,264		
150	4130	Legal Expense	2.67	5.18	1.32	5,500		
160	4140	Staff Training		0.74	1.32	5,500		
170	4150	Travel		1.02	0.96	4,000		
180	4170	Accounting Fees	2.00	1.75	1.93	8,000		
190	4171	Auditing Fees						
200	4190	Other Administrative Expenses	17.17	16.13	19.38	80,450		
210	Total Administrative Expense (sum of line 140 thru line 200)		63.84	61.05	63.28	262,734		
<b>Tenant Services:</b>								
220	4210	Salaries	2.11		5.96	24,736		
230	4220	Recreation, Publications and Other Services	1.39	0.23	0.82	3,400		
240	4230	Contract Costs, Training and Other			0.82	3,400		
250	Total Tenant Services Expense (sum of lines 220, 230, and 240)		3.50	0.23	7.60	31,536		
<b>Utilities:</b>								
260	4310	Water	27.26	29.51	30.11	125,000		
270	4320	Electricity	36.97	23.45	24.08	100,000		
280	4330	Gas	30.26	32.96	33.72	140,000		
290	4340	Fuel						
300	4350	Labor						
310	4390	Other utilities expense						
320	Total Utilities Expense (sum of line 260 thru line 310)		94.51	85.92	87.91	365,000		

Name of PHA/HA Muskegon Heights Housing Commission			Fiscal Year Ending 03/31/2008			DUNS Number 161088828		
Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 03/31/05 PUM (2)	<input type="checkbox"/> Estimates <input checked="" type="checkbox"/> or Actual Current Budget Yr. 03/31/06 PUM (3)	Requested Budget Estimates			
					PHA/HA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
<b>Ordinary Maintenance and Operation:</b>								
330	4410	Labor	43.59	40.55	46.41	192,704		
340	4420	Materials	33.35	19.11	19.27	80,000		
350	4430	Contract Costs	79.08	42.56	32.37	134,420		
360	Total	Ordinary Maintenance and Operation Expense (line 330 to 350)	156.02	102.22	98.05	407,124		
<b>Protective Services:</b>								
370	4460	Labor						
380	4470	Materials						
390	4480	Contract Costs			28.66	119,000		
400	Total	Protective Services Expense (sum of lines 370 to 390)			28.66	119,000		
<b>General Expense:</b>								
410	4510	Insurance	32.85	31.82	32.51	135,000		
420	4520	Payments in Lieu of Taxes	6.92	7.05	7.16	29,730		
430	4530	Terminal Leave Payments						
440	4540	Employee Benefit Contributions	3.57	32.82	20.40	84,690		
450	4570	Collection Losses	9.83	4.30	4.46	18,500		
460	4590	Other General Expense	0.23					
470	Total	General Expense (sum of lines 410 to 460)	53.40	75.99	64.53	267,920		
480	Total	Routine Expense (sum of lines 210, 250, 320, 360, 400, and 470)	371.27	325.41	350.03	1,453,314		
<b>Rent for Leased Dwellings:</b>								
490	4710	Rents to Owners of Leased Dwellings						
500	Total	Operating Expense (sum of lines 480 and 490)	371.27	325.41	350.03	1,453,314		
<b>Nonroutine Expenditures:</b>								
510	4610	Extraordinary Maintenance	2.80					
520	7520	Replacement of Nonexpendable Equipment						
530	7540	Property Betterments and Additions						
540	Total	Nonroutine Expenditures (sum of lines 510, 520, and 530)	2.80					
550	Total	Operating Expenditures (sum of lines 500 and 540)	374.07	325.41	350.03	1,453,314		
<b>Prior Year Adjustments:</b>								
560	6010	Prior Year Adjustments Affecting Residual Receipts						
<b>Other Expenditures:</b>								
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.						
580	Total	Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)	374.07	325.41	350.03	1,453,314		
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)	(164.03)	(107.94)	(171.12)	(710,504)		
<b>HUD Contributions:</b>								
600	8010	Basic Annual Contribution Earned-Leased Projects:Current Year						
610	8011	Prior Year Adjustments - (Debit) Credit						
620	Total	Basic Annual Contribution (line 600 plus or minus line 610)						
630	8020	Contributions Earned - Op.Sub.-Cur.Yr.(before year-end adj)	146.00	141.09	139.69	580,000	Estimate	
640		Mandatory PFS Adjustments (net)						
650		Other (specify):						
660		Other (specify):						
670	Total	Year-end Adjustments/Other (plus or minus lines 640 thru 660)						
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)	146.00	141.09	139.69	580,000		
690	Total	HUD Contributions (sum of lines 620 and 680)	146.00	141.09	139.69	580,000		
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690) Enter here and on line 810	(18.03)	33.15	(31.43)	(130,504)		

Name of PHA/IHA Muskegon Heights Housing Commission		Fiscal Year Ending 03/31/2008	DUNS Number 161088828
Operating Reserve		PHA/IHA Estimates	HUD Modifications
Part I - Maximum Operating Reserve - End of Current Budget Year			
740	2821 PHA/IHA-Leased Housing - Section 23 or 10(c) 50% of Line 480, column 5, form HUD-52564		

Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End			
780	Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date): GAAP reserve FYE 3/31/05 Unrestricted Net Assets	03/31/2005	(179,895)
790	Provision for Operating Reserve - Current Budget Year (check one) <input type="checkbox"/> Estimated for FYE <input checked="" type="checkbox"/> Actual for FYE	03/31/2006	166,054
800	Operating Reserve at End of Current Budget Year (check one) <input type="checkbox"/> Estimated for FYE <input checked="" type="checkbox"/> Actual for FYE GAAP Reserve FYE 3/31/06 Unrestricted Net Assets	03/31/2006	(13,841)
810	Provision for Operating Reserve - Requested Budget Year Estimated for FYE Enter Amount from line 700	03/31/2007	(130,504)
820	Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810)	03/31/2008	(144,345)
830	Cash Reserve Requirement- _____ of line 480		

Comments:

PHA/IHA Approval Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Field Office Approval Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Operating Budget**

Summary of Budget Data  
and Justifications

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

OMB Approval No. 2577-0026 (Exp. 9/30/2006)

Public Reporting Burden for this collection of information is estimated to average 0.75 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026) Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Name of Local Housing Authority:	Locality	Fiscal Year Ending
Muskegon Heights Housing Commission	Muskegon Heights, MI 49444	03/31/2008

**Operating Receipts**

Dwelling Rent: Explain basis for estimate. For HUD-aided low-rent housing, other than Section 23 Leased housing, state amount of latest available total HA monthly rent roll, the number of dwelling units available for occupancy and the number accepted for the same month end. Cite HA policy revisions and economic and other factors which may result in a greater or lesser average monthly rent roll during the Requested Budget Year. For Section 23 Leased housing, state the number of units under lease, the PUM lease price, and whether or not the cost of utilities is included. If not included, explain method for payment of utility costs by HA and/or tenant.

ESTIMATE BASED ON 2006 REVENUES

**Total Operating Receipts:** 655,000

Excess Utilities: (Not for Section 23 Leased housing.) Check appropriate spaces in item 1, and explain "Other". Under item 2, explain basis for determining excess utility consumption. For example, Gas; individual check meters at OH-100-1, proration of excess over allowances at OH-100-2, etc. Cite effective date of present utility allowances. Explain anticipated changes in allowances or other factors which will cause a significant change in the total amount of excess utility charges during the Requested Budget Year.

1. Utility Services Surcharged:     Gas                     Electricity                     Other                    (Specify) \_\_\_\_\_
2. Comments

EXCESS UTILITY CHARGES: METERS ARE INSTALLED TO CHARGE  
RESIDENTS FOR EXCESS USE OF UTILITIES

**Total Excess Utilities:** 900

Non-dwelling Rent: (Not for Section 23 Leased housing.) Complete item 1, specifying each space rented, to whom, and the rental terms. For example: Community Building Space - Nursery School - \$50 per month, etc. Cite changes anticipated during the Requested Budget Year affecting estimated Non-dwelling Rental Income.

1.	Space Rented	To Whom	Rental Terms
	Roof Top	Antenna Rental	1,500.00
	Office Rental	Section 8	4,910.00

2. Comments

**Total Non-Dwelling Rent:** 6,410

Interest on General Fund Investments: State the amount of present General Fund Investment and the percentage of the General Fund it represents. Explain circumstances such as increased or decreased operating reserves, dwelling rent, operating expenditures, etc., which will affect estimated average monthly total investments in the Requested Budget Year. Explain basis for distribution of interest income between housing programs.

ESTIMATE

Total Interest on Investments: 500

Other Comments On Estimates of Operating Receipts: Give comments on all other significant sources of income which will present a clear understanding of the HA's prospective Operating Receipts situation during the Requested Budget Year. For Section 23 Leased housing explain basis for estimate of utility charges to tenants.

BASED ON ACTUAL CHARGES FROM FYE 3/31/06 TENANT CHARGES

LATE FEES	12,700.00	MISC INCOME FROM KEYS, RAKES, NSF FEES, OTHER CHARGES	15,000.00
MAINTENACE CHARGES	6,000.00		
MOVE OUT CHARGES	23,300.00		
COURT COSTS	23,000.00		

Total Other Income: 80,000

**Operating Expenditures**

**Summary of Staffing and Salary Data**

Complete the summary below on the basis of information shown on form HUD-52566, Schedule of All Positions and Salaries, as follows:

Column (1) Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566.

Column (2) Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to such housing at the rate of 80%, 70%, and 50 % respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 + 5/10).

Column (3) Enter the portion of total salary expense shown in Column (5) or Column (6), form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.

Column (4) Enter the portion of total salary expense shown in Column (5) or Column (10), form HUD-52566, allocable to Section 23 Leased housing in management.

Column (5) Enter the portion of total salary expense shown in Column (5) or Column (7), form HUD-52566, allocable to Modernization programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).

Column (6) Enter the portion of total salary expense shown in Column (5) or Column (9), form HUD-52566, allocable to Section 8 Programs.

Note: The number of equivalent full-time positions and the amount of salary expense for all positions designated "M" on form HUD-52566 must be equitably distributed to account lines Ordinary Maintenance and Operation-Labor, Extraordinary Maintenance Work Projects, and Betterments and Additions Work Projects

Account Line	Total Number of Positions (1)	Equivalent Full-Time Positions (2)	HUD-Aided Management Program			
			Salary Expense			
			Management (3)	Home Ownership Development (4)	Capital Fund Programs (5)	Section 8 Program (6)
Administration-Nontechnical Salaries 1	6	6	184,020.00	16,573.00	19,732.00	20,701.00
Administration-Technical Salaries 1						
Ordinary Maintenance and Operation-Labor 1	5	5	192,704.00	6,718.00	18,078.00	
Utilities-Labor 1						
Other (Specify) (Legal, etc.) 1						
Extraordinary Maintenance Work Projects 2						
Betterments and Additions Work Projects 2						

1 Carry forward to the appropriate line on HUD-52564, the amount of salary expense shown in Column (3) on the corresponding line above. Carry forward to the appropriate line on HUD-52564 (Section 23 Leased Housing Budget), the amount of salary expense shown in Column (4) on the corresponding line above.

2 The amount of salary expense distributed to Extraordinary Maintenance Work Projects and to Betterments and Additions Work Projects is to be included in the cost of each individual project to be performed by the HA Staff, as shown on form HUD-52567.

Specify all proposed new positions and all present positions to be abolished in the Requested Budget Year. Cite prior HUD concurrence in proposed staffing changes or present justification for such changes. Cite prior HUD concurrence in proposed salary increases for Administration Staff or give justification and pertinent comparability information. Cite effective date for current approved wage rates (form HUD-52158) and justify all deviations from these rates.

Travel, Publications, Membership Dues, and Fees, Telephone and Telegraph, and Sundry: In addition to "Justification for Travel to Conventions and Meetings" shown on Form HUD-52574, give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for these accounts in the Current Budget Year. Explain basis for allocation of each element of these expenses.

Utilities: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for each utility service in the Current Budget Year. Describe and state estimated cost of each element of "Other Utilities Expense."

Total Water	125,000.00
Total Electricity	100,000.00
Total Gas	140,000.00
Total Fuel	
Total Other	
<b>Total Utilities:</b>	<b>365,000</b>

Ordinary Maintenance & Operation-Materials: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for materials in the Current Budget Year.

**Total Maintenance, Materials:** 80,000

Ordinary Maintenance & Operation-Contract Costs: List each ordinary maintenance and operation service contracted for and give the estimated cost for each. Cite and justify new contract services proposed for the Requested Budget Year. Explain substantial Requested Budget Year increases over the PUM rate of expenditure for Contract Services in the Current Budget Year. If LHA has contract for maintenance of elevator cabs, give contract cost per cab.

HEATING CONTRACTOR	10,000.00
LAWN CARE	36,923.00
PEST CONTROL	10,000.00
TEMP SERVICES	15,000.00
CONTRACTOR SERVICES	29,000.00
ELECTRICAL CONTRACTOR	5,500.00
PLUMBING SERVICES	10,000.00
ELEVATOR SERVICES	18,000.00

**Total Maint. Contract Costs:** 134,423

Insurance: Give an explanation of substantial Requested Budget Year estimated increases in the PUM rate of expenditures for insurance over the Current Budget Year. Cite changes in coverage, premium rates, etc.

## ESTIMATE BASED ON 2006 COSTS

Total Insurance: 135,000

Employee Benefit Contributions: List all Employee Benefit plans participated in. Give justification for all plans to be instituted in the Requested Budget Year for which prior HUD concurrence has not been given.

	ADMIN	MAINT
FICA	15,320.00	11,090.00
HEALTH INS	30,710.00	988.00
DENTAL INS	5,207.00	1,036.00
VISION & LIFE INS	1,363.00	1,003.00
RETIREMENT	11,070.00	6,900.00
TOTAL	63,670.00	21,017.00

Total Employee Benefits: 84,687

Collection Losses: State the number of tenants accounts receivable to be written off and the number and total amount of all accounts receivable for both present and vacated tenants as of the month in which the estimate was computed.

## BASED ON 2006 ACTUALS

Total Collection Losses: 18,500

Extraordinary Maintenance, Replacement of Equipment, and Betterments and Additions: Cite prior HUD approval or give justification for each nonroutine work project included in the Requested Budget and for those for future years which make up the estimate on form HUD-52570. Justifying information incorporated on or attached to form HUD-52567 need not be repeated here.

Contracts: List all contracts, other than those listed on page 3 of this form under Ordinary Maintenance & Operation (OMO). Cite the name of the contractor, type of contract, cost of contract, and contract period. Justification must be provided for all contract services proposed for the Requested Budget Year (RBY). Explain substantial RBY increases over the PUM rate of expenditure for these contracts in the Current Budget Year.

Operating Budget  
Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0028 (Exp. 9/30/2006)

Name of Housing Authority: Muskegon Heights Housing Commission  
Locality: Muskegon Heights, MI 49444  
Fiscal Year End: 03/31/2008

Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date)	Requested Budget Year			Allocation of Salaries by Program						Method of Allocation
		Salary Rate	No. Months	Amount	Management	Section 8	Capital Fund	Home Ownership	Development	Other Programs	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
EXECUTIVE DIRECTOR - MCKINLEY COPELAND	71,926.40	73,365.93	12	73,365	47,700	5,137	10,274	5,137	5,137		
DEPUTY DIRECTOR/FINANCE - FAYE BROWN	41,995.20	42,835.10	12	42,835	35,125		3,855	1,713	2,142		
RESIDENT SERVICES COORDINATOR - PEARLINE MURRAY	24,148.80	24,736.19	12	24,736	24,736						
ADMIN ASSISTANT / WORK ORDER CLERK - LISA PASCHEL	29,369.60	30,544.60	12	30,545	23,214	1,222	3,665	1,222	1,222		
SENIOR PROPERTY MANAGER/SECTION 8 COORDINATOR - PAM KEMP	38,001.60	38,761.63	12	38,762	22,482	14,342	1,936				
PROPERTY MANAGER - GELINDA DIGGS	30,160.00	30,763.20	12	30,763	30,763						
MODERNIZATION COOR / MAINT SUPERVISOR				241,026							
MAINTENANCE WORKER II - WILLIAM STEPHENS	28,870.40	40,000.00	12	40,000	20,000		15,200	3,200	1,600		
MAINTENANCE WORKER II - HARVEY SMITH	29,016.00	29,736.51	12	29,737	29,737						
MAINTENANCE WORKER II - EDITH OAKES	29,120.00	29,886.48	12	29,886	29,886						
MAINTENANCE WORKER II - MCKINLEY PAYNE	29,120.00	29,702.40	12	29,702	29,702						
ASSISTANT MAINTENANCE SUPERVISOR - DONALD TAYLOR	30,742.40	31,972.40	12	31,972	29,702		2,878	959	959		
PAINTER		26,500.00	12	26,500	26,500						
<b>TOTALS THIS PAGE</b>				486,526	378,723	20,701	37,810	12,231	11,060		

ALL POSITIONS AS IDENTIFIED. DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEE'S TIME  
Executive Director or Designated Official: \_\_\_\_\_ Date: \_\_\_\_\_

**Operating Budget**  
**Schedule of Administration**  
**Expense Other Than Salary**

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

OMB Approval No. 2577-0026 (Exp. 9/30/2006)

Public Reporting Burden for this collection of information is estimated to average 1.0 hour 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington D.C. 20503. Do not send this completed form to either of the above addressees.

Name of Housing Authority:		Locality:					Fiscal Year End:	
Muskegon Heights Housing Commission		Muskegon Heights, MI 49444					03/31/2008	
(1)	(2)	(3)	(4)	(5)	(6a)	(6b)	(6c)	
Description	Total	Management	Development	Leased Rental	Turnkey III	Section 8	Other	
1	Legal Expense (see Special Note in Instructions)	5,500	5,500					
2	Training (list and provide justification)	6,000	5,500			500		
3	Travel - Trips To Conventions and Meetings (list and provide justification)	5,500	4,000			1,500		
4	Other Travel: Outside Area of Jurisdiction							
5	Within Area of Jurisdiction							
6	Total Travel	5,500	4,000			1,500		
7	Accounting	10,500	8,000			2,500		
8	Auditing							
9	Sundry Rental of Office Space	4,910				4,910		
10	Publications	500	500					
11	Membership Dues and Fees (list organization and amount)	550	550					
12	Telephone, Fax, Electronic Communications	12,900	12,400			500		
13	Collection Agent Fees and Court Costs	58,000	58,000					
14	Administrative Services contracts (list and provide justification)							
15	Forms, Stationary and Office Supplies	10,000	9,000			1,000		
16	Tenant League Expenses							
17	Total Sundry	86,860	80,450			6,410		
18	Total Administration Expense Other Than Salaries	114,360	103,450			10,910		

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements.

Conviction may result in criminal and/or civil penalties:

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of authorized representative & Date.

X

## Justification/Breakdown:

## TRAINING

Spring Conference	225.00
Summer Conference	505.00
Fall Conference	495.00
Castle Line Training	1,650.00
Inspection Group	1,050.00

## TRAVEL

Hotel Accommodations	4,900.00
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## Instructions for Preparation of Form HUD-52571

Prepare this form to reflect detailed estimates of Administration Expense, other than salaries, and the distribution to all programs administered by the Housing Authority.

The identification boxes in the upper right hand corner are self-explanatory.

1. Legal Expense: Enter in Column (2), Line 1 the estimated cost of legal service. Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

Special Note: The amount entered on Form HUD-52564 should also include salaries of Staff Attorneys as shown on Form HUD-52566 and included on line for "Other" in the Summary of Staffing and Salary Data section of Form HUD-52573.

2. Training: List and provide justification for all training.

Travel Expense: Justification must be provided for travel.

3. Trips to Conventions and Meetings: Under Justification/Breakdown, list each convention and meeting to be attended by commissioners and staff, with the location. Enter the number of persons expected to attend and show the aggregate number of travel days and the estimated total cost of each trip including subsistence allowance, cost of transportation, and reimbursable miscellaneous expenses. Enter the sum of the total costs of all trips in Column (2). Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

4. Other Travel: Outside Area of Jurisdiction: Enter in Column (2), Line 4 the estimated cost for travel by commissioners and staff, including subsistence, transportation, and reimbursable miscellaneous expenses. Follow instructions 3 above for columns (3) through (6).

5. Other Travel: Within Area of Jurisdiction: Enter in Column (2), Line 5 the estimated cost for travel, including fixed monthly allowances for reimbursement on a mileage basis for use of privately owned automobiles; and reimbursement for authorized use of local public transportation. Follow instructions 3 above for columns (3) through (6).

6. Total Travel: Sum Lines 3, 4, and 5 for Columns (2) through (7) and enter total for each on Line 6 "Total Travel."

7 thru 16. Accounting, Auditing and Sundry: Enter the estimated total for all programs in Column (2) for each item of expense in Lines 7 through 16. In Columns (3) through (6) enter the pro rata share of amounts shown in Column (2) chargeable to all programs administered by the Housing Authority.

14. Administrative Services Contracts: List and provide justification for all contracts (excluding accounting contracts).

16. All Other Sundry Expense: List all items identified under this expense.

18. Total Administration Expense Other Than Salaries:

Add the amounts on the following Lines:

Line 1	Legal Expense
Line 2	Training
Line 6	Total Travel
Line 7	Accounting
Line 8	Auditing
Line 17	Total Sundry

On Line 18 enter the appropriate totals in Columns (2) through (6). The amount shown in Column (3), lines 1, 2, 6, 7, 8, and 17, should be carried forward to Lines 150 through 200 of Form HUD-52564 Operating Budget.

## **MUSKEGON HEIGHTS HOUSING COMMISSION VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY**

### **I. Purpose and Applicability**

The purpose of this policy (herein, "Policy") is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162), and more generally, to set forth the Muskegon Heights Housing Commission's policies and procedures regarding domestic violence, dating violence, and stalking, as hereinafter defined.

This Policy shall be applicable to the administration by the Muskegon Heights Housing Commission of all federally subsidized public housing and Section 8 rental assistance under the United States Housing Act of 1937 (42 U.S.C. §1437, *et seq.*). Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking, as well as to female victims of such violence.

### **II. Goals and Objectives**

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking, who are assisted by the Muskegon Heights Housing Commission;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintaining collaborative arrangements between the Muskegon Housing Commission, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by the Muskegon Heights Housing Commission; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by the Muskegon Housing Commission.

### **III. Other Muskegon Heights Housing Commission Policies and Procedures**

This Policy shall be referenced in and attached to the Muskegon Heights Housing Commission's Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of the Muskegon Housing Commission's Admissions and Continued Occupancy Policy ("ACOP"). The Muskegon Heights Housing Commission's annual public housing agency plan shall also

contain information concerning the Muskegon Heights Housing Commission's activities, services or programs relating to domestic violence, dating violence, and stalking.

To the extent that any provision of this policy shall vary or contradict any previously adopted policy or procedure of the Muskegon Heights Housing Commission, the provisions of this Policy shall prevail.

#### **IV. Definitions**

As used in this Policy:

A. *Domestic Violence* – The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

B. *Dating Violence* – means violence committed by a person—

(A) Who is or has been in a social relationship of a romantic or intimate nature with the victim; and

(B) Where the existence of such a relationship shall be determined based on a consideration of the following factors:

(i) The length of the relationship.

(ii) The type of relationship.

(iii) The frequency of interaction between the persons involved in the relationship.

C. *Stalking* – means –

(A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and

(B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to –

(i) that person;

(ii) a member of the immediate family of that person; or

(iii) the spouse or intimate partner of that person;

D. *Immediate Family Member* - means, with respect to a person –

(A) A spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parents; or

(B) Any other person living in the household of that person and related to that person by blood or marriage.

E. *Perpetrator* – means person who commits an act of domestic violence, dating violence or stalking against a victim.

## **V. Admissions and Screening**

A. *Non-Denial of Assistance.* The Muskegon Heights Housing Commission will not deny admission to public housing or to the Section 8 rental assistance program to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

B. *Mitigation of Disqualifying Information.* When so requested in writing by an applicant for assistance whose history includes incidents in which the applicant was a victim of domestic violence, the Muskegon Heights Housing Commission may, but shall not be obligated to, take such information into account in mitigation of potentially disqualifying information, such as poor credit history or previous damage to a dwelling. If requested by an applicant to take such mitigating information into account, the Muskegon Heights Housing Commission shall be entitled to conduct such inquiries as are reasonably necessary to verify the claimed history of domestic violence and its probable relevance to the potentially disqualifying information. The Muskegon Heights Housing Commission will not disregard or mitigate potentially disqualifying information if the applicant household includes a perpetrator of a previous incident or incidents of domestic violence.

## **VI. Termination of Tenancy or Assistance**

A. *VAWA Protections.* Under VAWA, public housing residents and persons assisted under the Section 8 rental assistance program have the following specific protections, which will be observed by the Muskegon Heights Housing Commission:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a “serious or repeated” violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.

2. In addition to the foregoing, tenancy or assistance will not be terminated by the Muskegon Heights Housing Commission as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant’s control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:

(a) Nothing contained in this paragraph shall limit any otherwise available authority of the Muskegon Heights Housing Commission or a Section 8 owner or manager to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant's household. However, in taking any such action, neither the Muskegon Heights Housing Commission nor a Section 8 manager or owner may apply a more demanding standard to the victim of domestic violence dating violence or stalking than that applied to other tenants.

(b) Nothing contained in this paragraph shall be construed to limit the authority of the Muskegon Heights Housing Commission or a Section 8 owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or the Muskegon Heights Housing Commission, as the case may be, can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance.

*B. Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI.A.2. or Federal, State or local law to the contrary, the Muskegon Heights Housing Commission or a Section 8 owner or manager, as the case may be, may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the tenant or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by the Muskegon Heights Housing Commission. Leases used for all public housing operated by the Muskegon Heights Housing Commission and, at the option of Section 8 owners or managers, leases for dwelling units occupied by families assisted with Section 8 rental assistance administered by the Muskegon Heights Housing Commission, shall contain provisions setting forth the substance of this paragraph.

## **VII. Verification of Domestic Violence, Dating Violence or Stalking**

*A. Requirement for Verification.* The law allows, but does not require, the Muskegon Housing Commission or a section 8 owner or manager to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph VII. C., the Muskegon Housing Commission shall require verification in all

cases where an individual claims protection against an action involving such individual proposed to be taken by the Muskegon Housing Commission. Section 8 owners or managers receiving rental assistance administered by the Muskegon Heights Housing Commission may elect to require verification, or not to require it as permitted under applicable law.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways:

1. *HUD-approved form* - by providing to the Muskegon Heights Housing Commission or to the requesting Section 8 owner or manager a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD) (*i.e.*, Form HUD-50066), that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.
2. *Other documentation* - by providing to the Muskegon Heights Housing Commission or to the requesting Section 8 owner or manager documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.
3. *Police or court record* – by providing to the Muskegon Heights Housing Commission or to the requesting Section 8 owner or manager a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.

B. Time allowed to provide verification/ failure to provide. An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by the Muskegon Housing Commission, or a Section 8 owner or manager to provide verification, must provide 6 such verification within 14 business days (*i.e.*, 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.

C. Waiver of verification requirement. The Executive Director of the Muskegon Housing Commission, or a Section 8 owner or manager, may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this policy based on the victim's statement or other corroborating evidence. Such waiver may be granted in the sole discretion of the Executive Director, owner or manager. Any such waiver must be in writing. Waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases, regardless of similarity in circumstances.

## **VIII. Confidentiality**

A. *Right of confidentiality.* All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to the Muskegon Housing Commission or to a Section 8 owner or manager in connection with a verification required under section VII of this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:

1. requested or consented to by the individual in writing, or
2. required for use in a public housing eviction proceeding or in connection with termination of Section 8 assistance, as permitted in VAWA, or
3. otherwise required by applicable law.

B. *Notification of rights.* All tenants of public housing and tenants participating in the Section 8 rental assistance program administered by the Muskegon Heights Housing Commission shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

## **IX. Transfer to New Residence**

A. Application for transfer. In situations that involve significant risk of violent harm to an individual as a result of previous incidents or threats of domestic violence, dating violence, or stalking, the Muskegon Heights Housing Commission will, if an approved unit size is available at a location that may reduce the risk of harm, approve transfer by a public housing or Section 8 tenant to a different unit in order to reduce the level of risk to the individual. A tenant who requests transfer must attest in such application that the requested transfer is necessary to protect the health or safety of the tenant or another member of the household who is or was the victim of domestic violence dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

B. Action on applications. The Muskegon Heights Housing Commission will act upon such an application reasonably promptly.

C. No right to transfer. The Muskegon Heights Housing Commission will make every effort to accommodate requests for transfer when suitable alternative vacant units are available and the circumstances warrant such action. However, except with respect to portability of Section 8 assistance as provided in paragraph IX. E., below, the decision to grant or refuse to grant a transfer shall lie within the sole discretion of the Muskegon Housing Commission, and this policy does not create any right on the part of any applicant to be granted a transfer.

D. Family rent obligations. If a family occupying Muskegon Heights Housing Commission public housing moves before the expiration of the lease term in order to protect the health or safety of a household member, the family will remain liable for the rent during the remainder of the lease term unless released by the Muskegon Heights Housing Commission. In cases where the Muskegon Heights Housing Commission determines that the family's decision to move was reasonable under the circumstances, the Muskegon Heights Housing Commission may wholly or partially waive rent payments and any rent owed shall be reduced by the amounts of rent collected for the remaining lease term from a tenant subsequently occupying the unit.

E. Portability. Notwithstanding the foregoing, a Section 8-assisted tenant will not be denied portability to a unit located in another jurisdiction (notwithstanding the term of the tenant's existing lease has not expired, or the family has not occupied the unit for 12 months) so long as the tenant has complied with all other requirements of the Section 8 program and has moved from the unit in order to protect a health or safety of an individual member of the household who is or has been the victim of domestic violence dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

## **X. Court Orders/Family Break-up**

A. Court orders. It is the Muskegon Heights Housing Commission's policy to honor orders entered by courts of competent jurisdiction affecting individuals assisted by the Muskegon Housing Commission and their property. This includes cooperating with law enforcement authorities to enforce civil protection orders issued for the protection of victims and addressing the distribution of personal property among household members in cases where a family breaks up.

B. Family break-up. Other Muskegon Heights Housing Commission policies regarding family break-up are contained in the Muskegon Heights Housing Commission's Public Housing Admissions and Continuing Occupancy Plan (ACOP) and its Section 8 Administrative Plan.

## **XI. Relationships with Service Providers**

It is the policy of the Muskegon Heights Housing Commission to cooperate with organizations and entities, both private and governmental that provides shelter and/or services to victims of domestic violence. If Muskegon Heights Housing Commission staff becomes aware that an individual assisted by the Muskegon Heights Housing Commission is a victim of domestic violence, dating violence or stalking, the Muskegon Heights Housing Commission staff may refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring the Muskegon Heights Housing Commission or its staff either to maintain a relationship with any particular provider of shelter or services to victims of domestic violence or to make a referral in any particular case. The Muskegon Heights Housing Commission's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which the Muskegon Heights Housing Commission has referral or other cooperative relationships.

## **XII. Notification**

The Muskegon Heights Housing Commission shall provide written notification to applicants, tenants, and Section 8 owners and managers, concerning the rights and obligations created under VAWA relating to confidentiality, denial of assistance and, termination of tenancy or assistance.

## **XIII. Relationship with Other Applicable Laws**

Neither VAWA nor this Policy implementing it shall preempt or supersede any provision of Federal, State or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence or stalking.

## **XIV. Amendment**

This policy may be amended from time to time by the Muskegon Heights Housing Commission as approved by the Commission.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2010)

HA Name  
**MUSKEGON HEIGHTS HOUSING COMMISSION**

Comprehensive Grant Number  
**2006**

FFY of Grant Approval  
**MI33P031501-06**

Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original Total Estimated Cost	Revised 1	Obligated Total Actual Cost 2	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	66,576.00	66,576.00	65,271.86	65,271.86
3	1408 Management Improvements	66,576.00	66,576.00	48,613.33	48,613.33
4	1410 Administration	66,576.00	66,576.00	26,681.66	26,681.66
5	1411 Audit	5,000.00	5,000.00	0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000.00	69,862.60	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	169,669.00	147,237.70	7,121.92	7,121.92
10	1460 Dwelling Structures	219,464.00	197,032.70	498.60	498.60
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	66,576.00	66,576.00	66,576.00	66,576.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	685,437.00	685,437.00	214,763.37	214,763.37
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director \_\_\_\_\_ Date **09/20/2007** Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

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

Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete form HUD-52837 (9/98) ref Handbook 7495.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
HA-Wide	Management Improvements SECURITY PERSONNEL, CONTRACT UNIT TURN- AROUND RE-HAB	1408		133,153.00		9/30/2006		
HA-Wide	Administration ADMINISTRATIVE SALARIES & BENEFITS, MISCELLANEOUS	1410		66,576.00		9/30/2006		
HA-Wide	Audit ANNUAL AUDIT	1411		5,000.00		12/31/2007		
HA-Wide	Fees & Costs ARCHITECT/ENGINEERING	1430		25,000.00		12/31/2007		
MI-33-01	Site Improvements TRIM OR REMOVE TREES, INSTALL OUTDOOR WATER FAUCETS & CONNECT PARKING LOTS STORM DRAINS TO CITY LINES EAST SIDE COURT	1450		150,000.00		12/31/2007		
MI-33-02								
MI-33-03								

Signature of Executive Director

Date

Signature of Public Housing Director

Date

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

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
MI-33-01	Dwelling Structures INSTALL BACKFLOW DIVERTER AT HIGH RISE, REPLACE WINDOWS & INSTALL STEEL SCREENS EAST PARK MANOR	1460		223,963.00		12/31/2006		
MI-33-02								
HA-Wide	Replacement Reserves	1490	66,576.00	66,576.00		9/30/2006		

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Annual Statement / Performance and Evaluation Report**  
**Comprehensive Grant Program (CGP) Part III: Implementation Schedule**  
 U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
HA-Wide	9/30/2007			9/30/2008			
MI33-01	9/30/2007			9/30/2008			
MI33-02	9/30/2007			9/30/2008			
MI33-03	9/30/2007			9/30/2008			
Signature of Executive Director _____ Date _____ Signature of Public Housing Director _____ Date _____							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.  
 Page 4 of 4  
 Previous edition is obsolete  
 Form HUD-52837 (9/98)  
 ref Handbook 7485.3