PHA Plans

Streamlined Annual Version

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

OMB No. 2577-0226
(exp. 08/31/2009)

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

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

Streamlined Annual PHA Plan for Fiscal Year: 2008

PHA Name: Pasco County Housing Authority

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

Streamlined Annual PHA Plan
Agency Identification

PHA Name: Pasco County Housing Authority **PHA Number:** FL104

PHA Fiscal Year Beginning: 10/2007

PHA Programs Administered:

☒**Public Housing and Section 8** ☐**Section 8 Only** ☐**Public Housing Only**

Number of public housing units: **207** Number of S8 units: Number of public housing units:
Number of S8 units: **1424**

☐PHA Consortia: (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

PHA Plan Contact Information:

Name: Karen Turner, Executive Director Phone: (352) 567-0848
TDD: 352-567-1438 Email (if available): kturner@pascocountyhousing.org

Public Access to Information

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

☒ PHA's main administrative office ☐ PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. ☒ Yes ☐ No.
If yes, select all that apply:
☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library ☐ PHA website ☐ Other (list below)

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

☐ Other (list below)

Streamlined Annual PHA Plan
Fiscal Year 2008
[24 CFR Part 903.12(c)]

Table of Contents
[24 CFR 903.7(r)]

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

A. PHA PLAN COMPONENTS

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903.7(b)(2) Policies on Eligibility, Selection, and Admissions
☒ 2. Capital Improvement Needs — Page 9
903.7(g) Statement of Capital Improvements Needed
☐ 3. Section 8(y) Homeownership — Page 10 N/A
903.7(k)(1)(i) Statement of Homeownership Programs
☐ 4. Project-Based Voucher Programs — Page 11 N/A
☒ 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan. — Page 11
☒ 6. Supporting Documents Available for Review — Page 13

- **Copy of the 5 Year Plan for Fiscal Years 2005-2009 and Streamlined Annual Plan for Fiscal Year 2005**
- **Pasco County, Florida Consolidated Plan: Federal Fiscal Years (2005-2010)**
- **Copies of Newspaper Notices**
- **PHA Certifications of Compliance**
- **Limited English Proficiency Policies and Procedures added to the ACOP and Section 8 Administrative Plan**
- **Flat Rent Study Reflecting New Rents**
- **Resident Advisory Board Meeting Sign in Sheets and Meeting Notes Pertaining to Participation in the Annual Plan Development and Submittal**
- **Addendum to the Pasco County Housing Authority Administrative Plan that Outlines Reasonable Steps the Pasco County Housing Authority will take to Affirmatively Further Fair Housing in its Housing Choice Voucher Family Self Sufficiency Program and How it Will Maintain Records of Those Steps and Their Impacts.**

X 7. VAWA Statement — Page 15

☒ 8. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report **(Please see Attachments: fl104a02, fl104b02, fl104c02 fl104d02, fl104e02, fl104f02, fl104g02)**

☒ 9. Capital Fund Program 5-Year Action Plan **(Please see Attachment fl104h02)**

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

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

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

Form HUD-50070, *Certification for a Drug-Free Workplace;*
Form HUD-50071, *Certification of Payments to Influence Federal Transactions*; and
Form SF-LLL &SF-LLLa, *Disclosure of Lobbying Activities*.

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

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

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

A. Site-Based Waiting Lists-Previous Year

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

Please see next Page

Site-Based Waiting Lists				
Development Information: (Name, number, location)	**Date Initiated**	**Initial mix of Racial, Ethnic or Disability Demographics**	**Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL**	**Percent change between initial and current mix of Racial, Ethnic, or Disability demographics**
Citrus Villas FL104-001 Dade City, Florida	June 2000	White-80% Black-20% American Indian/Alaskan Native-0% Asian or Pacific Islander-0% Hispanic-7% Non-Hispanic-93%	White-40% Black-40% American-0% Indian/Alaskan Native-0% Asian or Pacific Islander-0% Hispanic-20% Non-Hispanic-40%	White (-40%) Black (+20%) American Indian/Alaskan Native (0%) Asian or Pacific Islander (0%) Hispanic (+13%) Non-Hispanic (-53%)

Continued on the next page.

Site-Based Waiting Lists-continued				
Development Information: (Name, number, location)	**Date Initiated**	**Initial mix of Racial, Ethnic or Disability Demographics**	**Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL**	**Percent change between initial and current mix of Racial, Ethnic, or Disability demographics**
Cypress Villas I FL104-001 Dade City , Florida	June 2000	White-20% Black-80% American Indian/Alaskan Native-0% Asian or Pacific Islander-0% Hispanic- 24% Non-Hispanic-76%	White-60% Black-17% American Indian/Alaskan Native-1% Asian or Pacific Islander-1% Hispanic-21% Mixed-1% Non-Hispanic-57%	White (+40%) Black (-63%) American Indian/Alaskan Native (+1 %) Asian or Pacific Islander (+1%) Hispanic (-3%) Mixed (+1) Non-Hispanic (-19%)
Cypress Villas II FL104-004 Dade City, Florida	June 2000	White-20% Black-80% American Indian/Alaskan Native-0% Asian or Pacific Islander-0% Hispanic-24% Non-Hispanic-76%	White-56% Black-18% American Indian/Alaskan Native-2% Asian or Pacific Islander-1% Hispanic-1% Mixed-1% Non-Hispanic-55%	White (+36 %) Black (-62%) American Indian/Alaskan Native (+2%) Asian or Pacific Islander (+1%) Hispanic (-23%) Mixed (%) Non-Hispanic (-21%)
Pasco Terrace FL104-007 Port Richey, Florida	June 2000	White-96% Black-4% American Indian/Alaskan Native-0% Asian or Pacific Islander-0% Hispanic-4% Non-Hispanic-96%	White-82% Black-1% American Indian/Alaskan Native-1% Asian or Pacific Islander-0% Hispanic-14% Non-Hispanic-71%	White (-14%) Black (-3%) American Indian/Alaskan Native (+1%) Asian or Pacific Islander (0%) Hispanic (+10%) Non-Hispanic (-25%)

Site-Based Waiting Lists-continued				
Development Information: (Name, number, location)	**Date Initiated**	**Initial mix of Racial, Ethnic or Disability Demographics**	**Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL**	**Percent change between initial and current mix of Racial, Ethnic, or Disability demographics**
Bonnie Dale Villas FL104-004 New Port Richey, Florida	June 2000	White-93% Black-5% American Indian/Alaskan Native-2% Asian or Pacific Islander-0% Hispanic-7% Non-Hispanic-93%	White-77% Black-8% American Indian/Alaskan Native-1% Asian or Pacific Islander-1% Hispanic-13% Non-Hispanic-84%	White (-16%) Black (+3 %) American Indian/Alaskan Native (-1 %) Asian or Pacific Islander (+1 %) Hispanic (+6%) Non-Hispanic (-9%)
Sunny Dale Villas FL104-005 New Port Richey, Florida	June 2000	White-93% Black-5% American Indian/Alaskan Native-2% Asian or Pacific Islander-0% Hispanic-7% Non-Hispanic-93%	White-75% Black-8% American Indian/Alaskan Native-1% Asian or Pacific Islander-1% Hispanic-15% Mixed-1% Non-Hispanic-86%	White (-18%) Black (+3%) American Indian/Alaskan Native (-1 %) Asian or Pacific Islander (+1 %) Hispanic (+15%) Non-Hispanic (-7 %)

2. What is the number of site based waiting list developments to which families may apply at one time? 6

3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? 1

4. ☐ Yes ☒ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

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

1. How many site-based waiting lists will the PHA operate in the coming year? 6

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)

1) Farm Workers Self-Help, Inc.
   37240 Calle de Milagros
   Dade City, Florida 33523
   (352) 567-1432

2) Sunrise
   P.O. Box 928
   Dade City, Florida 33526
   (352) 521-3358

3) Salvation Army
   8040 Washington Street
   Port Richey, Florida 34668
   (727) 847-6321

4) Holy Ground Ministries Homeless Shelter
   8835 Denton Avenue
   Hudson, Florida 34667
   (727) 863-9123

2. Capital Improvement Needs

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

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

A. Capital Fund Program

1. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.

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

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

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

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

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

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

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

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

5. ☐ Yes ☒ No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

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

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

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

2. Program Description:

a. Size of Program

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

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

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

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

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

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

☐ Establishing a minimum homeowner down-payment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.

☐ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.

☐ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
☐ Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

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

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

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

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

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

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

1. Consolidated Plan jurisdiction: (Pasco County, Florida)

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

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

A. The Pasco County Housing Authority will provide housing to extremely very low and low income families in Pasco County, thereby reflecting the Pasco County housing needs assessment.
B. The Pasco County Housing Authority continues to implement it's preference for "Homeless" in the Public Housing Admissions and Occupancy Plan as suggested by the County.
C. The Pasco County Housing Authority continues to implement the preference for victims of natural disasters and government displacement

☒ Other: (list below)

- Limited English Plan Policy and Procedures have been added to the ACOP and Section 8 Administrative Plan. **(Please see FL104i02 for a copy of the Limited English Plan Policy and Procedures)**

- An Addendum has been added to the Pasco County Housing Authority Administrative Plan that Outlines Reasonable Steps the Pasco County Housing Authority will take to Affirmatively Further Fair Housing in its Housing Choice Voucher Family Self Sufficiency Program and How it Will Maintain Records of Those Steps and Their Impacts. **(Please see fl104j02 for a copy of the addendum)**

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

(1) The County provides referrals to the Pasco County Housing Authority Public Housing and Housing Choice Voucher Programs.

(2) The County Coordinates the Pasco County Housing Authority activities with other county service providers.

(3) The County provides needs assessments and surveys on homelessness to the Pasco County Housing Authority.

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

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
		Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types ☒ Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☒ Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. ☒ Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs ☒ Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). ☒ Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary) ➢ **Copy of the 5 Year Plan for Fiscal Years 2005-2009 and Streamlined Annual Plan for Fiscal Year 2005**	(specify as needed)

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	➢ **Pasco County, Florida Consolidated Plan: Federal Fiscal Years (2005-2010)** ➢ **Copies of Newspaper Notices** ➢ **PHA Certifications of Compliance** ➢ **Limited English Proficiency Policies and Procedures added to the ACOP and Section 8 Administrative Plan** ➢ **Flat Rent Study Reflecting New Rents** ➢ **Resident Advisory Board Meeting Sign in Sheets and Meeting Notes Pertaining to Participation in the Annual Plan Development and Submittal** ➢ **Addendum to the Pasco County Housing Authority Administrative Plan that Outlines Reasonable Steps the Pasco County Housing Authority will take to Affirmatively Further Fair Housing in its Housing Choice Voucher Family Self Sufficiency Program and How it Will Maintain Records of Those Steps and Their Impacts.**	
X	Consortium agreement(s) and for Consortium Joint PHA Plans Only: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

7. VAWA STATEMENT

On March 16, 2007 a Federal Register Notice was published regarding the applicability to HUD programs. The Federal Register provided that PHAs must include the statement required by VAWA 2005.

Please find below the policies and procedures of the Pasco County Housing Authority regarding the implementation of the requirements of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (PUB.L.109-162). Within the Statement are the procedures in place that assures that tenants are notified of their rights under VAWA. Also, please find below the description of (1) any activities, services, or programs provided or offered by an agency, either directly or in partnership with other with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; (2) any activities,

services, or programs provided, to child or adult victims of domestic violence, dating violence, sexual assault, and stalking to obtain or maintain housing; (3) any activities, services, or programs provided or offered to prevent domestic violence, dating violence, sexual assault, and stalking.

Admissions and Screening:

Pasco County Housing Authority (PCHA) will not deny admission to the public housing or Section 8 Housing Choice Voucher 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.

Termination of Tenancy or Assistance:

A. Under VAWA, public housing residents and persons assisted under the Section 8 Housing Choice Voucher Program have the following specific protections, which will be observed by the Pasco County Housing Authority:

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

2. In addition to the foregoing, tenancy or assistance will not be terminated by the Pasco County Housing Authority as a result of criminal activity, if that criminal activity is directly related to domestic 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 assisted described in the paragraph is subject to the following limitations:

a. Nothing contained in this paragraph shall limit any otherwise available authority of the PCHA or a Section 8 owner, 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 PCHA nor a Section 8 owner or manager may apply a more demanding standard to the victim of domestic violence, dating violence, or stalking than applied to other tenants.

b. Nothing contained in this paragraph shall be construed to limit the Authority of PCHA or a Section 8 owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager, or PCHA, 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 the perpetrator. Further, notwithstanding anything above or federal, state or local law to the contrary, PCHA or a Section 8 owner or manager, as the case me 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 PCHA. Leases used for all public housing operated by PCHA and, at the option of the Section 8 owners or managers, leases for dwelling units occupied by families assisted with section 8 rental assistance administered PCHA, shall contain provisions setting forth the substance of this paragraph.

Verification of domestic violence, dating violence, or stalking:

A. Requirement for verification. The law allows, but does not require, PCHA 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 the 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 C below. PCHA shall require verification in all cases where a tenant claims protection against an action involving such individual proposed to be taken by PCHA. Section 8 owners or managers receiving rental assistance administered by PCHA 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 PCHA 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), 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 PCHA 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 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 PCHA 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 PCHA, or a Section 8 owner or manager to provide verification, must provide such verification within 14 business days (I.E. calendar days, excluding Saturdays, Sundays and federally recognized holidays) after date of the request for 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 PCHA, or the 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, Section 8 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.

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 PCHA or to the Section 8 owner or manager in connection with a verification required under 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 Housing Choice Voucher program administered by the PCHA shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

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, PCHA will, if an approved unit size is available at a location that may reduce the risk of harm, approve the 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 a 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. This request must also be accompanied bi item 2 or 3 under required verification.

B. No right to transfer. PCHA will make every effort to accommodate requests for transfers when suitable alternative vacant units are available and the circumstances warrant such action. The right to grant or refuse to grant a transfer shall lie within the sole discretion of PCHA, and this policy does not create any right on the part of any applicant to be granted a transfer.

Court orders:

A. Court Orders. It is PCHA's policy to honor orders entered by courts of competent jurisdiction affecting individuals assisted by PCHA 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.

Relationships with service providers:

It is the policy of the PCHA to cooperate with organizations and entities, both private and governmental that provides shelter and/or services to victims of domestic violence. IF PCHA staff become aware that an individual assisted by PCHA is a victim of domestic violence,

dating violence, or stalking, PCHA will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this policy does not create any legal obligation requiring PCHA 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. PCHA's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which PCHA has referral or other cooperative agreements.

Notification:

PCHA 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.

Relationship with other applicable laws:

Neither VAWA nor this policy implementing it shall preempt or supersede any provisions of federal, state or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence, or stalking.

The Pasco County Housing Authority's statement/ description of the following as required by VAWA 2005:

(1) any activities, services, or programs provided or offered by an agency, either directly or in partnership with other with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking;

The Pasco County Housing Authority works in partnership with the Pasco County Sheriff's Office, Sunrise Domestic Violence and Sexual Assault Center, Salvation Army Domestic Violence Shelter and the Dawn Center to provide activities, services and programs to child or adult victims of domestic violence, dating violence, sexual assault and stalking. Specifically the aforementioned agencies provide emergency protective shelter, a 24 hour hotline, one-on-one counseling, advocacy, support groups, transitional housing, batterer's intervention groups, community education and awareness, and information and referrals to those seeking assistance in other matters.

(2) any activities, services, or programs provided, to child or adult victims of domestic violence, dating violence, sexual assault, and stalking to obtain or maintain housing;

It is the policy of the Pasco County Housing Authority to assist child or adult victims of domestic violence, dating violence, sexual assault, and stalking maintain housing by terminating the assistance to remove a lawful occupant or tenant who engages in criminal acts or threatened acts of violence or stalking to family members or others without terminating the assistance or evicting victimized lawful occupants.

(3) any activities, services, or programs provided or offered to prevent domestic violence, dating violence, sexual assault, and stalking.

The Pasco County Housing Authority distributes pamphlets regarding the services describes above from the Abuse Counseling and Treatment, Inc. (ACT) to all new clients receiving assistance under the Housing Choice Voucher Program and the Public Housing Program.

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

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

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

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

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

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

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

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

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

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

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

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

8. Capital Fund Program Five-Year Action Plan

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

8. Capital Fund Program Five-Year Action Plan

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

8. Capital Fund Program Five-Year Action Plan

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

Annual Statement /
Performance and Evaluation Report
Part I: Summary
Capital Funds Program (CFP)

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name	Capital Funds Project Number	FFY of Grant Approval
PASCO COUNTY HOUSING AUTHORITY	**FL29P104501-02**	**2002**

[ ] Budget Revision [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Revision Number # [] Performance and Evaluation Report for Period Ending___

[X] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original Revision #1	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds					
2	1406	Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	224,287.00	224,287.00	224,287.00	224,287.00
3	1408	Management Improvements (May not exceed 20% of line 20)	70,000.00	70,000.00	70,000.00	70,000.00
4	1410	Administration (May not exceed 10% of line 20)	0.00	0.00	0.00	0.00
5	1411	Audit	0.00	0.00	0.00	0.00
6	1415	Liquidated Damages	0.00	0.00	0.00	0.00
7	1430	Fees and Costs	28,701.00	2,586.12	2,586.12	2,586.12
8	1440	Site Acquisition	0.00	0.00	0.00	0.00
9	1450	Site Improvement	283.00	25,046.66	25,046.66	25,046.66
10	1460	Dwelling Structures	0.00	0.00	0.00	0.00
11	1465.1	Dwelling Equipment - Nonexpendable	0.00	852.22	852.22	852.22
12	1470	Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475	Nondwelling Equipment	10,342.00	10,841.00	10,841.00	10,841.00
14	1485	Demolition	0.00	0.00	0.00	0.00
15	1490	Replacement Reserve	0.00	0.00	0.00	0.00
16	1492	Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1	Relocation Costs	0.00	0.00	0.00	0.00
18	1499	Mod Used for Development Activities	0.00	0.00	0.00	0.00
19	1502	Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)		333,613.00	333,613.00	333,613.00	333,613.00
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		$70,000	$70,000	$70,000	$70,000
24	Amount of line 20 Related to Energy Conservation Measures					

(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.

Signature of Executive Director and Date Karen Turner, Executive Director 3/31/2006

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

Annual Statement / Performance and Evaluation Report
Part II: Supporting Pages
Capital Funds Program

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
			Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	**1406 Operations**	**1406**	**$224,287.00**	**$224,287.00**	**$224,287.00**	**$224,287.00**	
PHA Wide	**1430 Fees and Costs**	**1430**	**$28,701.00**	**$2,586.12**	**$2,586.12**	**$2,586.12**	
FL104001 (CV1) & FL104004 (CV2)	**1408 Management Improvements**	**1408**	**$70,000.00**	**$70,000.00**	**$70,000.00**	**$70,000.00**	
FL104001	**1475 Non-Dwelling Equipment**	**1475**					
(Citrus Villas and Cypress Villas 1)	WASHING MACHINES (5)		**$2,540.00**	**$1,905.00**	**$1,905.00**	**$2,540.00**	
	DRYERS (2)		**$1,497.00**	**$1,497.00**	**$1,497.00**	**$1,497.00**	
	Subtotal 1475		**$4,037.00**	**$4,037.00**	**$4,037.00**	**$4,037.00**	
	Total Cost for FL104001		**$4,037.00**	**$4,037.00**	**$4,037.00**	**$4,037.00**	
FL104004	**1450 Site Improvement**	**1450**					
(Bonnie Dale Villas)	RETAINING WALL		**$283.00**	**$283.00**	**$283.00**	**$283.00**	
	Subtotal 1450		**$283.00**	**$283.00**	**$283.00**	**$283.00**	
	1475 Non-Dwelling Equipment	**1475**					
	WASHING MACHINES (2)		**$1,270.00**	**$1,270.00**	**$1,270.00**	**$1,270.00**	
	DRYERS (2)		**$998.00**	**$998.00**	**$998.00**	**$998.00**	
	Subtotal 1475		**$2,268.00**	**$2,268.00**	**$2,268.00**	**$2,268.00**	
	Total Cost for FL104004		**$2,551.00**	**$2,551.00**	**$2,551.00**	**$2,551.00**	
FL104005	**1475 Non-Dwelling Equipment**	**1475**					
(Sunny Dale Villas)	WASHING MACHINES (2)		**$1,270.00**	**$1,270.00**	**$1,270.00**	**$1,270.00**	
	DRYERS (2)		**$998.00**	**$998.00**	**$998.00**	**$998.00**	
	Subtotal 1475		**$2,268.00**	**$2,268.00**	**$2,268.00**	**$2,268.00**	
	Total Cost for FL104005		**$2,268.00**	**$2,268.00**	**$2,268.00**	**$2,268.00**	
FL104007	**1450 Site Improvement**	**1450**					
(Pasco Terrace)	EROSION CONTROL		**$0.00**	**$24,763.66**	**$24,763.66**	**$24,763.66**	
	Subtotal 1450		**$0.00**	**$24,763.66**	**$24,763.66**	**$24,763.66**	
	1465 Dwelling Equipment	**1465**					
	REFRIGERATORS		**$0.00**	**$852.22**	**$852.22**	**$852.22**	
	Subtotal 1465		**$0.00**	**$852.22**	**$852.22**	**$852.22**	
	1475 Non-Dwelling Equipment	**1475**					
	WASHING MACHINES (2)		**$1,270.00**	**$1,270.00**	**$1,270.00**	**$1,270.00**	
	DRYERS (2)		**$998.00**	**$998.00**	**$998.00**	**$998.00**	
	Subtotal 1475		**$2,268.00**	**$2,268.00**	**$2,268.00**	**$2,268.00**	
	Total Cost for FL104007		**$2,268.00**	**$27,883.88**	**$27,883.88**	**$27,883.88**	

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Part III: Implementation Schedule
Capital Fund Program

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

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

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
1406			3/31/2004	9/30/2005	10/31/2004	9/30/2004	
1408	6/30/2003	9/30/2004	9/30/2004	10/31/2005	12/31/2005	12/31/2005	
1430	9/30/2003	9/30/2004	9/30/2004	9/30/2005	9/30/2006	3/1/2006	
1450			3/31/2006			6/30/2006	
1465		9/30/2005	9/30/2005	9/30/2005	9/30/2005	9/30/2005	
1475	9/30/2004	9/30/2004	9/30/2004		12/31/2004	12/31/2004	

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

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date Karen Turenr, Executive Director 11/03/2008

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

Annual Statement /
Performance and Evaluation Report
Part I: Summary
Capital Funds Program (CFP)

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name	Capital Funds Project Number	FFY of Grant Approval
PASCO COUNTY HOUSING AUTHORITY	**FL29P10450203**	**2003**

[ ] Budget Revision [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Revision Number # [ ] Performance and Evaluation Report for Period Ending_____

[X] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original Revision #1	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds					
2	1406	Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	$593	$593	$593	$593
3	1408	Management Improvements (May not exceed 20% of line 20)	$0	$0	$0	$0
4	1410	Administration (May not exceed 10% of line 20)	$0	$0	$0	$0
5	1411	Audit	$0	$0	$0	$0
6	1415	Liquidated Damages	$0	$0	$0	$0
7	1430	Fees and Costs	$0	$0	$0	$0
8	1440	Site Acquisition	$0	$0	$0	$0
9	1450	Site Improvement	$30,335	$0	$0	$0
10	1460	Dwelling Structures	$0	$0	$0	$0
11	1465.1	Dwelling Equipment - Nonexpendable	$0	$0	$0	$0
12	1470	Nondwelling Structures	$0	$0	$0	$0
13	1475	Nondwelling Equipment	$25,000	$55,335	$55,335	$55,335
14	1485	Demolition	$0	$0	$0	$0
15	1490	Replacement Reserve	$0	$0	$0	$0
16	1492	Moving to Work Demonstration	$0	$0	$0	$0
17	1495.1	Relocation Costs	$0	$0	$0	$0
18	1499	Mod Used for Development Activities	$0	$0	$0	$0
19	1502	Contingency (may not exceed 8% of line 20)	$0	$0	$0	$0
20	Amount of Annual Grant (Sum of lines 2 - 19)		$55,928.00	$55,928.00	$55,928.00	$55,928.00
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					

(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.

Signature of Executive Director and Date Karen Turner, Executive Director 01/30/2006

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

Annual Statement /
Performance and Evaluation Report
Part II: Supporting Pages
Capital Funds Program

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

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 (2)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	**1406 Operations**	**1406**		**$593.00**	**$593.00**	**$593.00**	**$593.00**	
	Total 1406							
	1450 Site Improvement	**1450**						
FL104001 Citrus Villas	RESURFACE ROAD			**$30,335.00**				item moved (fungibility)
	Total 1450							
	1475 Nondwelling Equipment	**1475**						
FL104001 Citrus Villas and CV1	Maintenance Vehicle		**2**	**$25,000.00**	**$55,335.00**	**$55,335.00**	**$55,335.00**	
	Total 1475							

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Capital Fund Program

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

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

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
1406	3/31/2005	10/31/2004	10/31/2004	9/30/2006		11/30/2005	
1450	3/31/2005	9/30/2005	n/a	9/30/2006		n/a	item moved (fungibility)
1475	9/15/2005		9/30/2005	9/30/2006		9/30/2005	

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

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Karen Turner, Executive Director 01/30/2006

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

Annual Statement /
Performance and Evaluation Report
Part I: Summary
Capital Funds Program (CFP)

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name	Capital Funds Project Number	FFY of Grant Approval
PASCO COUNTY HOUSING AUTHORITY	**FL29P10450104**	**2004**

[ ] Original Budget Submission [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Revision Number # [X] Performance and Evaluation Report for Period Ending **3/31/2008**

[ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original Revision #1	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds					
2	1406	Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	**$121,366**	**$121,366**	**$121,366**	**$121,366**
3	1408	Management Improvements (May not exceed 20% of line 20)	**$40,000**	**$40,000**	**$40,000**	**$40,000**
4	1410	Administration (May not exceed 10% of line 20)	**$0**	**$0**	**$0**	**$0**
5	1411	Audit	**$0**	**$0**	**$0**	**$0**
6	1415	Liquidated Damages	**$0**	**$0**	**$0**	**$0**
7	1430	Fees and Costs	**$0**	**$0**	**$0**	**$0**
8	1440	Site Acquisition	**$0**	**$0**	**$0**	**$0**
9	1450	Site Improvement	**$6,884**	**$6,884**	**$6,884**	**$6,884**
10	1460	Dwelling Structures	**$123,848**	**$123,848**	**$123,848**	**$0**
11	1465.1	Dwelling Equipment - Nonexpendable	**$0**	**$0**	**$0**	**$0**
12	1470	Nondwelling Structures	**$0**	**$0**	**$0**	**$0**
13	1475	Nondwelling Equipment	**$17,768**	**$17,768**	**$17,768**	**$17,768**
14	1485	Demolition	**$0**	**$0**	**$0**	**$0**
15	1490	Replacement Reserve	**$0**	**$0**	**$0**	**$0**
16	1492	Moving to Work Demonstration	**$0**	**$0**	**$0**	**$0**
17	1495.1	Relocation Costs	**$0**	**$0**	**$0**	**$0**
18	1499	Mod Used for Development Activities	**$0**	**$0**	**$0**	**$0**
19	1502	Contingency (may not exceed 8% of line 20)	**$0**	**$0**	**$0**	**$0**
20	Amount of Annual Grant (Sum of lines 2 - 19)		**$309,866.00**	**$309,866.00**	**$309,866.00**	**$186,018.16**
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		**$120,732**	**$163,500**	**$129,478**	**$40,000**
24	Amount of line 20 Related to Energy Conservation Measures					

(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.

Signature of Executive Direc Karen Turner 3/31/08

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

Annual Statement /
Performance and Evaluation Report
Part II: Supporting Pages
Capital Funds Program

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
			Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	1406 Operations	1406	$121,366.00	$121,366.00	$121,366.00	$121,366.00	
FL104001 (CV1) & FL104004 (CV2)	1408 Management Improvements	1408	$40,000.00	$40,000.00	$40,000.00	$40,000.00	
FL104001	1450 Site Improvement	1450					
(Citrus Villas and Cypress Villas 1)	PLAYGROUND SITE PREPARATION (CV1)		$6,884.00	$6,884.00	$6,884.00	$6,884.00	
	Subtotal 1450		$6,884.00	$6,884.00	$6,884.00	$6,884.00	
	1460 Dwelling Structures	1460					
(Cypress Villas 1)	Security Screen Doors (54)		$13,500.00	$15,731.66	$15,731.66	$0.00	
(Citrus Villas)	Security Screen Doors (20)		$5,000.00	$5,826.54	$5,826.54	$0.00	
	Subtotal 1460		$18,500.00	$21,558.20	$21,558.20	$0.00	
	Total Cost for FL104001		$25,384.00	$28,442.20	$28,442.20	$0.00	
FL104004	1460 Dwelling Structures	1460					
(Cypress Villas 2)	WINDOW REPLACEMENT		$25,347.84	$34,370.29	$34,370.29	$0.00	
	Security Screen Doors (24)		$6,000.00	$6,991.85	$6,991.85	$0.00	
(Bonnie Dale)	Security Screen Doors (96)		$24,000.00	$27,967.43	$27,967.43	$0.00	
	Subtotal 1460		$55,347.84	$69,329.57	$69,329.57	$0.00	
	Total Cost for FL104004		$55,347.84	$69,329.57	$69,329.57	$0.00	
FL104005	1460 Dwelling Structures	1460					
(Sunny Dale Villas)	Security Screen Doors (100)		$25,000.00	$29,132.62	$29,132.62	$0.00	
	Subtotal 1460				$29,132.62	$0.00	
	Total Cost for FL104005		$25,000.00	$29,132.62	$29,132.62	$0.00	
FL104007	1460 Dwelling Structures	1460					
(Pasco Terrace)	Security Screen Doors (100)		$25,000.00	$3,827.47	$3,827.47	$0.00	
	Subtotal 1460		$25,000.00	$3,827.47	$3,827.47	$0.00	
	1475 Non-Dwelling Equipment	1475					
	Maintenance Van		$17,768.16	$17,768.16	$17,768.16	$17,768.16	
	Subtotal 1475		$17,768.16	$17,768.16	$17,768.16	$17,768.16	
	Total Cost for FL104007		$42,768.16	$21,595.63	$21,595.63	$17,768.16	

Annual Statement / Performance and Evaluation Report
Part III: Implementation Schedule
Capital Fund Program

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

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

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA Wide: 1406	8/31/2006		3/31/2005	8/31/2008	9/30/2006	9/30/2006	
PHA Wide: 1408	8/31/2006		9/30/2006	8/31/2007	8/31/2008	5/31/2007	
FL104001: 1450	8/31/2006	8/31/2006	9/30/2006	8/31/2008	8/31/2008	12/31/2007	
FL104001: 1460	8/31/2006	8/31/2006	9/30/2006	8/31/2008	8/31/2008		
FL104004: 1460	8/31/2006	8/31/2006	9/30/2006	8/31/2008	8/31/2008		
FL104005: 1460	8/31/2006	8/31/2006	9/30/2006	8/31/2008	8/31/2008		
FL104007: 1460	8/31/2006	8/31/2006	9/30/2006	8/31/2008	8/31/2008		
FL104007: 1475	8/31/2006	8/31/2006	9/30/2006	8/31/2008	9/30/2006	9/30/2005	

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

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date Karen Turner 3/31/08

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

Annual Statement /
Performance and Evaluation Report
Part I: Summary
Capital Funds Program (CFP)

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name	Capital Funds Project Number	FFY of Grant Approval
PASCO COUNTY HOUSING AUTHORITY	**FL29P10450105**	**2005**

[X] Revised Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Revision Number # [X] Performance and Evaluation Report for Program Year Ending **3/31/08**

[ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original Revision #1	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds					
2	1406	Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	125,590.00	125,590.00	125,590.00	125,590.00
3	1408	Management Improvements (May not exceed 20% of line 20)	12,141.00	34,254.91	34,254.91	34,255.91
4	1410	Administration (May not exceed 10% of line 20)	0.00	0.00	0.00	0.00
5	1411	Audit	0.00	0.00	0.00	0.00
6	1415	Liquidated Damages	0.00	0.00	0.00	0.00
7	1430	Fees and Costs	0.00	8,438.41	8,438.41	8,438.41
8	1440	Site Acquisition	0.00	0.00	0.00	0.00
9	1450	Site Improvement	95,054.00	49,761.79	49,761.79	24,000.00
10	1460	Dwelling Structures	14,652.00	25,306.00	25,306.00	0.00
11	1465.1	Dwelling Equipment - Nonexpendable	18,870.00	18,956.00	18,956.00	16,528.00
12	1470	Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475	Nondwelling Equipment	26,860.00	30,859.89	30,859.89	6,859.89
14	1485	Demolition	0.00	0.00	0.00	0.00
15	1490	Replacement Reserve	0.00	0.00	0.00	0.00
16	1492	Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1	Relocation Costs	0.00	0.00	0.00	0.00
18	1499	Mod Used for Development Activities	0.00	0.00	0.00	0.00
19	1502	Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
$20	Amount of Annual Grant (Sum of lines 2 - 19)		$293,167	$293,167	$293,167	$215,672
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		$110,641	$59,560	$59,560	$34,255
24	Amount of line 20 Related to Energy Conservation Measures					

(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.

Signature of Executive Direc Karen Turner 03/31/2008

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

Annual Statement / Performance and Evaluation Report
Part II: Supporting Pages
Capital Funds Program

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost Funds Obligated (2)	Total Actual Cost Funds Expended (2)	Status of Proposed Work (2)
PHA Wide	1406 Operations	1406		$125,590.00	$125,590.00	$125,590.00	$125,590.00	
PHA Wide	1430 Fees and Costs	1430		$19,452.00	$8,438.41	$8,438.41	$8,438.41	
FL104001 (CV1) & FL104004 (CV2)	1408 Management Improvements	1408		$40,000.00	$34,254.91	$34,254.91	$34,254.91	
FL104001	1450 Site Improvement	1450						
(Citrus Villas)	RESURFACE ROADS			$24,000.00	$24,000.00	$24,000.00	$24,000.00	
(Cypress Villas 1)	PLAYGROUND EQUIPMENT			$15,000.00	$17,661.00	$17,661.00	$0.00	
	Subtotal 1450			$39,000.00	$41,661.00	$41,661.00	$24,000.00	
	1465 Dwelling Equipment	1465						
(Citrus Villas)	RANGES (3)		3	$705.00	$705.00	$705.00	$702.00	
	REFRIGERATORS (3)		3	$1,188.00	$1,188.00	$1,188.00	$790.00	
(Cypress Villas 1)	RANGES (4)		4	$940.00	$940.00	$940.00	$234.00	
	REFRIGERATORS (4)		4	$1,584.00	$1,584.00	$1,584.00	$0.00	
	Subtotal 1465			$4,417.00	$4,417.00	$4,417.00	$1,726.00	
	Total Cost for FL104001			$43,417.00	$46,078.00	$46,078.00	$25,726.00	
FL104004	1450 Site Improvement	1450						
(Bonnie Dale Villas)	RESURFACE ROADS			$56,055.27	$8,100.79	$8,100.79	$0.00	
	Subtotal 1450			$56,055.27	$8,100.79	$8,100.79	$0.00	
	1465 Dwelling Equipment	1465						
(Bonnie Dale Villas)	RANGES (7)		7	$1,638.00	$1,652.00	$1,652.00	$2,574.00	
	REFRIGERATORS (7)		7	$2,772.00	$2,786.00	$2,786.00	$2,370.00	
(Cypress Villas 2)	RANGES (2)		2	$468.00	$472.00	$472.00	$0.00	
	REFRIGERATORS (2)		2	$790.00	$794.00	$794.00	$0.00	
	Subtotal 1465			$5,668.00	$5,704.00	$5,704.00	$4,944.00	
(Cypress Villas 2)	1475 Nondwelling Equipment							
	Maintenance Van		1	$20,000.00	$24,000.00	$24,000.00	$0.00	
	Subtotal 1475			$20,000.00	$24,000.00	$24,000.00	$0.00	
	Total Cost for FL104004			$61,723.27	$37,804.79	$37,804.79	$4,944.00	
FL104005	1465 Dwelling Equipment	1465						
(Sunny Dale Villas)	RANGES (7)		7	$1,638.00	$1,652.00	$1,652.00	$2,340.00	
	REFRIGERATORS (7)		7	$2,765.00	$2,779.00	$2,779.00	$3,160.00	
	Subtotal 1465			$4,403.00	$4,431.00	$4,431.00	$5,500.00	
	Total Cost for FL104005			$4,403.00	$4,431.00	$4,431.00	$5,500.00	
FL104007	1460 Dwelling Structures	1460						
(Pasco Terrace)	SECURITY SCREEN DOORS (100)		100	$0.00	$25,305.43	$25,305.43	$0.00	
	Subtotal 1460			$0.00	$25,305.43	$25,305.43	$0.00	
	1465 Dwelling Equipment	1465						
	RANGES (7)		7	$1,638.00	$1,639.00	$1,639.00	$468.00	
	REFRIGERATORS (7)		7	$2,765.00	$2,765.00	$2,765.00	$3,890.00	
	Subtotal 1465			$4,403.00	$4,404.00	$4,404.00	$4,358.00	
	1475 Nondwelling Equipment							
	MAINTENANCE VAN		1	$6,859.89	$6,859.89	$6,859.89	$6,859.89	
	Subtotal 1475			$6,859.89	$6,859.89	$6,859.89	$6,859.89	
	Total Cost for FL104007			$11,262.89	$36,569.32	$36,569.32	$11,217.89	
					$293,166.43	$293,166.43	$215,671.21	

Annual Statement / Performance and Evaluation Report
Part III: Implementation Schedule
Capital Fund Program

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

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

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA-Wide 1406	8/31/2007	8/31/2007	5/31/2007	8/31/2009	10/31/2007	9/30/2007	
PHA-Wide 1430	8/31/2007	8/31/2007	5/31/2007	8/31/2009	10/31/2007	9/30/2007	
FL104001 & FL104004 1408	8/31/2007	8/31/2007	5/31/2007	8/31/2009	10/31/2007	11/30/2007	
FL104001 (Citrus) 1450	8/31/2007	8/31/2007	5/31/2007	8/31/2009	9/30/2008		
FL104001 (Citrus and Cypress Villas 1) 1465	8/31/2007	8/31/2007	7/31/2007	8/31/2009	9/30/2008		
FL104004 (Cypress Villas 2 & Bonnie Dale) 1465	8/31/2007	8/31/2007	7/31/2007	8/31/2009	9/30/2008		
FL104004 (Cypress Villas 2) 1475	8/31/2007	8/31/2007	7/31/2007	8/31/2009	8/31/2009		
FL104005 (Sunny Dale) 1465	8/31/2007	8/31/2007	7/31/2007	8/31/2009	8/31/2009	11/30/2007	
FL104007 (Pasco Terrace) 1465	8/31/2007	8/31/2007	7/31/2007	8/31/2009	8/31/2009		

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

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date — Karen Turner 3/31/08

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

Annual Statement /

Performance and Evaluation Report

Part I: Summary

Capital Funds Program (CFP)

U.S. Department of Housing

and Urban Development

Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name	Capital Funds Project Number	FFY of Grant Approval
PASCO COUNTY HOUSING AUTHORITY	**FL29P104-501-06**	**2006**

[X] Revised Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Revision [X] Performance and Evaluation Report for Program Year Ending **3/31/08**

[ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original Revision #1	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds					
2	1406	Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units	**$125,590**	**$125,590**	**$125,590**	**$41,863**
3	1408	Management Improvements (May not exceed 20% of line 20)	**$32,000**	**$50,000**	**$0**	**$0**
4	1410	Administration (May not exceed 10% of line 20)	**$0**	**$28,470**	**$0**	**$0**
5	1411	Audit	**$0**	**$0**	**$0**	**$0**
6	1415	Liquidated Damages	**$0**	**$0**	**$0**	**$0**
7	1430	Fees and Costs	**$15,000**	**$12,796**	**$0**	**$0**
8	1440	Site Acquisition	**$0**	**$0**	**$0**	**$0**
9	1450	Site Improvement	**$0**	**$30,664**	**$0**	**$0**
10	1460	Dwelling Structures	**$103,943**	**$0**	**$0**	**$0**
11	1465.1	Dwelling Equipment - Nonexpendable	**$0**	**$23,083**	**$0**	**$0**
12	1470	Nondwelling Structures	**$0**	**$0**	**$0**	**$0**
13	1475	Nondwelling Equipment	**$0**	**$14,100**	**$0**	**$0**
14	1485	Demolition	**$0**	**$0**	**$0**	**$0**
15	1490	Replacement Reserve	**$0**	**$0**	**$0**	**$0**
16	1492	Moving to Work Demonstration	**$0**	**$0**	**$0**	**$0**
17	1495.1	Relocation Costs	**$0**	**$0**	**$0**	**$0**
18	1499	Mod Used for Development Activities	**$0**	**$0**	**$0**	**$0**
19	1502	Contingency (may not exceed 8% of line 20)	**$0**	**$0**	**$0**	**$0**
20	Amount of Annual Grant (Sum of lines 2 - 19)		**$276,533.00**	**$284,703.00**	**$125,590.00**	**$41,863.32**
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		**$32,000**	**$50,000**		
24	Amount of line 20 Related to Energy Conservation Measures					

(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.

Signature of Executive D Karen Turner 3/31/08

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

Annual Statement /
Performance and Evaluation Report
Part II: Supporting Pages
Capital Funds Program

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost Funds Obligated (2)	Total Actual Cost Funds Expended (2)	Status of Proposed Work (2)
PHA Wide	1406 Operations	1406		$125,590.00	$125,590.00	$125,590.00	$41,863.00	
PHA Wide	1410 Adminidtration	1410		$0.00	$28,470.00	$0.00		
PHA Wide	1430 Fees and Costs	1430		$15,000.00	$12,796.00	$0.00	$0.00	
FL104001 (CV1) & FL104004 (CV2)	1408 Management Improvements	1408		$32,000.00	$50,000.00	$0.00	$0.00	
FL104001	1465 Dwelling Equipment	1465						
(Cypress Villas 1)	RANGES		4	$0.00	$960.00	$0.00	$0.00	
	REFRIGERATORS		9	$0.00	$3,762.00	$0.00	$0.00	
	Subtotal 1465			$0.00	$4,722.00	$0.00	$0.00	
	1450 Site Imptovement							
	Playground Improvements	1450		$0.00	$5,000.00			
	Subtotal 1450				$5,000.00			
	1475 Nondwelling Equipment	1475						
	WASHER		1	$0.00	$650.00	$0.00	$0.00	
	ADA WASHER		1	$0.00	$1,100.00	$0.00	$0.00	
	ADA DRYER		1	$0.00	$900.00	$0.00	$0.00	
	Subtotal 1475			$0.00	$2,650.00	$0.00	$0.00	
FL104001	1465 Dwelling Equipment	1465						
(Citrus Villas)	RANGES		2	$0.00	$480.00	$0.00	$0.00	
	ADA RANGES		1	$0.00	$272.00	$0.00	$0.00	
	REFRIGERATORS		1	$0.00	$418.00	$0.00	$0.00	
	Subtotal 1465			$0.00	$1,170.00	$0.00	$0.00	
	Total Cost for FL104001			$0.00	$13,542.00	$0.00	$0.00	
FL104004	1450 Site Improvement	1450						
(Bonnie Dale Villas)	PLAYGROUND IMPROVEMENT & EQUIPMENT			$0.00	$25,664.00	$0.00	$0.00	
	Subtotal 1450			$0.00	$25,664.00	$0.00	$0.00	
	1465 Dwelling Equipment	1465						
	RANGES		5	$0.00	$1,200.00	$0.00	$0.00	
	ADA RANGES		2	$0.00	$544.00	$0.00	$0.00	
	REFRIGERATORS		6	$0.00	$2,507.00	$0.00	$0.00	
	Subtotal 1465			$0.00	$4,251.00	$0.00	$0.00	
	1475 Nondwelling Equipment							
	WASHER	1475	3	$0.00	$1,950.00	$0.00	$0.00	
	ADA WASHER		1	$0.00	$1,100.00	$0.00	$0.00	
	ADA DRYER		1	$0.00	$900.00	$0.00	$0.00	
	Subtotal 1475			$0.00	$3,950.00	$0.00	$0.00	
(Cypress Villas 2)	1460 Dwelling Structures	1460						
	ROOF REPLACEMENT			$83,944.73	$0.00	$0.00	$0.00	
	Subtotal 1460			$83,944.73	$0.00	$0.00	$0.00	
	1465 Dwelling Equipment	1465						
	RANGES		3	$0.00	$720.00	$0.00	$0.00	
	REFRIGERATORS		6	$0.00	$2,508.00	$0.00	$0.00	
	Subtotal 1465			$0.00	$3,228.00	$0.00	$0.00	
	Total Cost for FL104004			$83,944.73	$37,093.00	$0.00	$0.00	

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and Urban Development
Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

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)	
FL104005	1465 Dwelling Equipment	1465						
(Sunny Dale Villas)	RANGES		2	$0.00	$480.00	$0.00	$0.00	$0.00
	ADA RANGES		2	$0.00	$544.00	$0.00	$0.00	$0.00
	REFRIGERATORS		5	$0.00	$2,090.00	$0.00	$0.00	$0.00
	Subtotal 1465			$0.00	$3,114.00	$0.00	$0.00	$0.00
	1475 Nondwelling Equipment	1475						
	WASHER		2	$0.00	$1,300.00	$0.00	$0.00	$0.00
	ADA WASHER		1	$0.00	$1,100.00	$0.00	$0.00	$0.00
	ADA DRYER		1	$0.00	$900.00	$0.00	$0.00	$0.00
	Subtotal 1475			$0.00	$3,300.00	$0.00	$0.00	$0.00
	Total Cost for FL104005			$0.00	$6,414.00	$0.00	$0.00	$0.00
FL104007	1460 Dwelling Structures							
(Pasco Terrace)	ROOF REPLACEMENT	1460		$19,998.27	$0.00	$0.00	$0.00	$0.00
	Subtotal 1460			$19,998.27	$0.00			
	1465 Dwelling Equipment	1465						
	RANGES		13	$0.00	$3,120.00	$0.00	$0.00	$0.00
	ADA RANGES		3	$0.00	$816.00	$0.00	$0.00	$0.00
	REFRIGERATORS		9	$0.00	$3,762.00	$0.00	$0.00	$0.00
	Subtotal 1465			$0.00	$7,698.00	$0.00	$0.00	$0.00
	1475 Nondwelling Equipment	1475						
	ADA WASHER		2	$0.00	$2,200.00	$0.00	$0.00	$0.00
	ADA DRYER		1	$0.00	$900.00	$0.00	$0.00	$0.00
	Subtotal 1475			$0.00	$3,100.00	$0.00	$0.00	
	Total Cost for FL104007			$19,998.27	$10,798.00	$0.00	$0.00	$0.00
				$276,533.00	$284,703.00	$125,590.00	$41,863.00	

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

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
PHA-Wide	7/17/2008		9/30/2006	7/17/2010			
104001 &104004 (CV1 & CV2)	7/17/2008			7/17/2010			
FL104001	7/17/2008			7/17/2010			
FL104004	7/17/2008			7/17/2010			
FL104005	7/17/2008			7/17/2010			
FL104007	7/17/2008			7/17/2010			

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

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date Karen Turner 3/31/07

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

Annual Statement /
Performance and Evaluation Report
Part I: Summary
Capital Funds Program (CFP)

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name	Capital Funds Project Number	FFY of Grant Approval
PASCO COUNTY HOUSING AUTHORITY	FL29P104-501-07	2007

] Revised Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Re[] Performance and Evaluation Report for Program Year Ending
[ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original Revision #1	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds					
2	1406	Operations (May not exceed 20% of line 20 for PHAs with 250 or more	$125,590	$125,590	$0	$0
3	1408	Management Improvements (May not exceed 20% of line 20)	$0	$50,000	$0	$0
4	1410	Administration (May not exceed 10% of line 20)	$28,082	$28,082	$0	$0
5	1411	Audit	$0	$0	$0	$0
6	1415	Liquidated Damages	$0	$0	$0	$0
7	1430	Fees and Costs	$0	$0	$0	$0
8	1440	Site Acquisition	$0	$0	$0	$0
9	1450	Site Improvement	$0	$77,151	$0	$0
10	1460	Dwelling Structures	$0	$0	$0	$0
11	1465.1	Dwelling Equipment - Nonexpendable	$127,151	$0	$0	$0
12	1470	Nondwelling Structures	$0	$0	$0	$0
13	1475	Nondwelling Equipment	$0	$0	$0	$0
14	1485	Demolition	$0	$0	$0	$0
15	1490	Replacement Reserve	$0	$0	$0	$0
16	1492	Moving to Work Demonstration	$0	$0	$0	$0
17	1495.1	Relocation Costs	$0	$0	$0	$0
18	1499	Mod Used for Development Activities	$0	$0	$0	$0
19	1502	Contingency (may not exceed 8% of line 20)	$0	$0	$0	$0
20	Amount of Annual Grant (Sum of lines 2 - 19)		$280,823.00	$280,823.00	$0.00	$0.00
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security			$50,000		
24	Amount of line 20 Related to Energy Conservation Measures					

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

Signature of Executive Karen Turner 3/31/08 Signature of Public Housing Director/Office of Native American Programs Administrator and Da

Annual Statement /
Performance and Evaluation Report
Part II: Supporting Pages
Capital Funds Program

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

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	1406 Operations	1406		$125,590.00	$125,590.00			
PHA Wide	1410 Administration	1410		$28,082.30	$28,082.00			
FL104-00000108D (CV1 &CV2)	1408 Management Imptovements	1408		$0.00	$50,000.00			
	Subtotal 1408				$50,000.00			
	Total Cost for FL10400000108D				$50,000.00			
FL104-00000208D	1450 Site Improvement							
(Bonnie Dale Villas)	ROAD RESURFACING	1450		$0.00	$77,151.00			
	Subtotal 1450			$0.00	$77,151.00			
	Total Cost for FL10400000208D			$0.00	$77,151.00			
FL104-00000308D	1460 Dwelling Structures							
(Pasco Terrace)	ROOF REPLACEMENT	1465		$127,151.00	$0.00			
	Subtotal 1460			$127,151.00	$0.00			
	Total Cost for FL10400000308D			$127,151.00	$0.00			

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

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

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2) 9/12/2009	Original	Revised (1)	Actual (2) 9/12/2011	
PHA-Wide	9/12/2009	12/31/2008		9/12/2011	9/12/2011		
FL104-00000108D	N/A	9/12/2009		N/A	9/12/2011		
FL104-00000208D	N/A	6/12/2009		N/A	9/12/2011		
FL104-00000308D	9/12/2009	N/A		9/12/2011	N/A		

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

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date Karen Turner 3/31/08

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

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Part I: Summary
Capital Funds Program (CFP)

U.S. Department of Housing

and Urban Development

Office of Public and Indian Housing

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name	Capital Funds Project Number	FFY of Grant Approval
PASCO COUNTY HOUSING AUTHORITY	**FL29P104-501-08**	**2008**

X'] Revised Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Revision Nur [] Performance and Evaluation Report for Program Year Ending
[ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost (2)	
			Original Revision #1	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds					
2	1406	Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	**$125,590**	**$0**	**$0**	**$0**
3	1408	Management Improvements (May not exceed 20% of line 20)	**$50,000**	**$0**	**$0**	**$0**
4	1410	Administration (May not exceed 10% of line 20)	**$30,321**	**$0**	**$0**	**$0**
5	1411	Audit	**$0**	**$0**	**$0**	**$0**
6	1415	Liquidated Damages	**$0**	**$0**	**$0**	**$0**
7	1430	Fees and Costs	**$0**	**$0**	**$0**	**$0**
8	1440	Site Acquisition	**$0**	**$0**	**$0**	**$0**
9	1450	Site Improvement	**$3,000**	**$0**	**$0**	**$0**
10	1460	Dwelling Structures	**$72,569**	**$0**	**$0**	**$0**
11	1465.1	Dwelling Equipment - Nonexpendable	**$0**	**$0**	**$0**	**$0**
12	1470	Nondwelling Structures	**$0**	**$0**	**$0**	**$0**
13	1475	Nondwelling Equipment	**$21,731**	**$0**	**$0**	**$0**
14	1485	Demolition	**$0**	**$0**	**$0**	**$0**
15	1490	Replacement Reserve	**$0**	**$0**	**$0**	**$0**
16	1492	Moving to Work Demonstration	**$0**	**$0**	**$0**	**$0**
17	1495.1	Relocation Costs	**$0**	**$0**	**$0**	**$0**
18	1499	Mod Used for Development Activities	**$0**	**$0**	**$0**	**$0**
19	1502	Contingency (may not exceed 8% of line 20)	**$0**	**$0**	**$0**	**$0**
20	Amount of Annual Grant (Sum of lines 2 - 19)		**$303,211.00**	**$0.00**	**$0.00**	**$0.00**
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures					

(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.

Signature of Executive D Karen Turner 6/30/08

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

Annual Statement /
Performance and Evaluation Report
Part II: Supporting Pages
Capital Funds Program

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost Funds Obligated (2)	Total Actual Cost Funds Expended (2)	Status of Proposed Work (2)
PHA Wide	1406 Operations	1406		$125,590.00				
PHA Wide	1410 Administration	1410		$30,321.00				
PHA Wide	1430 Fees & Costs	1430		$20,000.00				
FL104-00000108D (Cypress Villas 1 & 2)	1408 Management Improvements	1408		$50,000.00				
FL104-00000108D	1465 Dwelling Equipment	1465						
(Cypress Villas 1)	RANGES		4	$988.00				
	REFRIGERATORS		4	$1,728.00				
(Citrus Villas)	RANGES		3	$744.00				
	REFRIGERATORS		3	$1,296.00				
	RANGES		2	$494.00				
(Cypress Villas 2)	REFRIGERATORS		2	$864.00				
	Subtotal 1465			$6,114.00				
	1450 Site Improvement							
(Cypress Villas 2)	EROSION CONTROL	1450	1	$30,000.00				
	Subtotal 1450			$30,000.00				
	1460 Dwelling Structures							
	MOLD ABATEMENT	1460	1	$22,569.00				
	Subtotal 1460			$22,569.00				
	Total Cost for FL104-00000108D			$108,683.00				
FL104-00000208D	1450 Site Improvement							
(Bonnie Dale)	ROAD RESURFACING	1450		$3,000.00				
	Subtotal 1450			$3,000.00				
	1465 Dwelling Equipment							
(Bonnie Dale)	RANGES	1465	7	$1,729.00				
	REFRIGERATORS		7	$3,024.00				
(Sunny Dale)	RANGES		8	$1,976.00				
	REFRIGERATORS		8	$3,456.00				
	Subtotal 1465			$10,185.00				
	Total Cost for FL104-00000208D			$13,185.00				
FL104-00000308D	1465 Dwelling Equipment	1465						
(Pasco Terrace)	RANGES		8	$1,976.00				
	REFRIGERATORS		8	$3,456.00				
	Subtotal 1465			$5,432.00				
	Total Cost for FL104-00000308D			$5,432.00				
				$303,211.00				

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Capital Fund Program

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

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

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2) 9/12/2009	Original	Revised (1)	Actual (2) 9/12/2011	
PHA-Wide	9/30/2010			9/30/2012			
FL104-00000108D	9/30/2010			9/30/2012			
FL104-00000208D	9/30/2010			9/30/2012			
FL104-00000308D	9/30/2010			9/30/2012			

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

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Karen Turner 6/30/08

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

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan **Part I: Summary**					
PHA Name: Pasco County Housing Authority				☐**Original 5-Year Plan** ☐**Revision No:**	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2007 PHA FY: 2009	Work Statement for Year 3 FFY Grant: 2008 PHA FY: 2010	Work Statement for Year 4 FFY Grant: 2009 PHA FY: 2011	Work Statement for Year 5 FFY Grant: 2010 PHA FY: 2012
PHA Wide	Annual Statement	153,672	175,911	175,911	167,911
FL104-00000108D [CV1] & [CV2]		50,000	50,000	50,000	50,000
FL104-00000108D [CV1]			2,716		4,722
FL104-00000108D [Citrus]			2,040		1,170
FL104-00000108D [CV2]			53,927		3,228
FL10400000208D [Bonnie Dale]		77,151	7,753	77,300	65,368
FL10400000208D [Sunny Dale]			5,432		3,114
FL10400000308D [Pasco Terrace]			5,432		7,698
CFP Funds Listed for 5-year planning		280,823	303,211	303,211	303,211
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : 2009____ FFY Grant: 2007 PHA FY: 2009			Activities for Year: 2010___ FFY Grant: 2008 PHA FY: 2010		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	PHA Wide	Operations	125,590	PHA Wide	Operations	125,590
Annual	PHA Wide	Administration	28,082	PHA Wide	Administration	30,321
Statement	FL104-00000108D [CV1] & [CV2]	Additional Policing of Communities	50,000	PHA Wide	Fees and Costs	20,000
	FL104-00000208D [Bonnie Dale]	Road Resurfacing	77,151	FL104-00000108D [CV1] & [CV2]	Additional Policing of Communities	50,000
				FL104-00000108D [CV1]	Ranges & Refrigerators	2,716
				FL104-00000108D [Citrus]	Ranges & Refrigerators	2,040
				FL104-00000208D [Bonnie Dale]	Road Resurfacing	3,000
				FL104-00000208D [Bonnie Dale]	Ranges & Refrigerators	4,753
				FL104-00000108D [CV2]	Erosion Control	30,000
				FL104-00000108D [CV2]	Ranges & Refrigerators	1,358
				FL104-00000108D [CV2]	Mold Abatement	22,569
				FL104-00000208D [Sunny Dale]	Ranges & Refrigerators	5,432
				FL104-00000308D [Pasco Terrace]	Ranges & Refrigerators	5,432

8. Capital Fund Program Five-Year Action Plan

Total CFP Estimated Cost	$280,823			$303,211

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year : 2011____ FFY Grant: 2009 PHA FY: 2011			Activities for Year: 2012 ___ FFY Grant: 2010 PHA FY: 2012		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PHA Wide	Operations	125,590	PHA Wide	Operations	125,590
PHA Wide	Administration	30,321	PHA Wide	Administration	30,321
PHA Wide	Fees and Costs	20,000	PHA Wide	Fees and Costs	12,000
FL104-00000108D [CV1] & [CV2]	Additional Policing of Communities	50,000	FL104-00000108D [CV1] & [CV2]	Additional Policing of Communities	50,000
FL104-00000208D [Bonnie Dale]	Kitchen Cabinets	77,300	FL104-00000108D [CV1]	Ranges & Refrigerators	4,722
			FL104-00000108D [Citrus]	Ranges & Refrigerators	1,170
			FL104-00000208D [Bonnie Dale]	Kitchen Cabinets	61,117
			FL104-00000208D [Bonnie Dale]	Ranges & Refrigerators	4,251
			FL104-00000108D [CV2]	Ranges & Refrigerators	3,228
			FL104-00000208D [Sunny Dale]	Ranges & Refrigerators	3,114
			FL104-00000308D [Pasco Terrace]	Ranges & Refrigerators	7,698
Total CFP Estimated Cost		$303,211			$303,211

8. Capital Fund Program Five-Year Action Plan

Limited English Proficiency Plan

I. Purpose and Legal Authority

The following document serves as the Pasco County Housing Authority's plan to meet the legal obligation of limited English proficiency requirements in compliance with:

- Title VI of the Civil Rights Act of 1964 and its implementing regulations
- Executive Order 13166
- Federal Register: January 22, 2007: Department of Housing and Urban Development: Final Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons: Notice

II. Policy

It is the Pasco County Housing Authority's policy to provide meaningful access to all of the Authority's programs and services to limited English proficiency persons. The definitions of limited English proficiency persons are persons who as a result of national origin, do not speak, read, write or understand English as their primary language. The Housing Authority will provide language assistance to the eligible population as well as to the beneficiaries of its programs. No person will be denied access to the Authority's programs and services because he/she does not speak English or communicates in English on a limited basis. The Pasco County Housing Authority provides assistance to all clients with limited English proficiency in obtaining necessary interpreter services in order for him/her to effectively communicate with staff. Clients will be provided language assistance in a timely manner and at no cost to the client.

III. Four Factor Analysis-Needs Assessment

An individualized assessment was conducted to determine the language assistance needs of the eligible population in the market area and the current beneficiaries of the Housing Authorities programs. The four factor analysis was used for the assessment and that included and the results were as follows:

1. *The number or proportion of LEP persons served or encountered in the eligible service population ("served or encountered " includes those persons who would be served or encountered by the Housing Authority if the persons received adequate education and outreach and the recipient provided sufficient language services).*

The Pasco County Housing Authority' s records and staff report that forty percent (XX%) of the LEP population served or encountered are XXXX and XX percent (XXX) are XXXXXX. Other national LEP's utilizing the Housing Authority programs are at an unpredictable or infrequent basis.

2. *The frequency with which LEP persons come into contact with the program.*

The Housing Authority staff work with LEP persons on a continual basis.

3. *The nature and importance of the program, activity, or service provided by the Housing Authority.*

Housing services rank high on the critical continuum in maintaining quality of life for low income and very low income families in the Pasco County.

4. *The resources available and the costs to the Housing Authority.*

The Housing Authority has identified resources to provide language services that are accurate, timely and appropriate to the LEP population that it serves. The language services are free of charge to the LEP persons that are identified as needing the service by staff or request the service themselves. The resources include: bilingual staff; oral interpretation services; telephone service lines interpreter; written translation service; notices to staff and recipients of the availability of LEP services; and referrals to community liaisons proficient in the language of the LEP persons.

IV. Procedures

The following procedures will be followed to integrate practices of language access into operations of the Pasco County Housing Authority:

Notification of Rights to Language Assistance

Housing Authority staff will:

- Post signs and "I speak cards" in rental offices and appropriate staff offices that inform clients about available, free LEP services
- Provide clients with "I speak cards"
- Incorporate the availability of language assistance in all outreach activities and newspaper advertisements
- The Limited English Proficiency Plan will be posted in the reception areas of the all offices for public review. The Limited English Proficiency plan will be available in English, but interpreters will be available to translate the plan for those who do not speak English who wish to read it.

Data Collection and Needs Identification

Housing Authority staff will:

- Create a tracking system for LEP families served within the Authority's computer system
- Document the "Request for Interpreter Service" on the Request for Interpreter Form
- Input data on each LEP family served in the computer system

Language Assistance Provided and Competency Standards for interpreters

The Pasco County Housing Authority will ensure that quality and accuracy of language services are competently provided. The Authority staff will utilize the following resources for language assistance.

- In-house bilingual staff-Spanish
- Community Resources (i.e. church staff)-Haitian/Creole
- Language Line that provides:
    - Personal Interpreter Service

- Over the phone service
- Language Line Video Interpreting Services
- Document Translation
- Language Line Direct
- Language Line Phone
- Language Line University

(Language Line has waived the enrollment and monthly fees for the Pasco County Housing Authority. Currently, the price per minute for language services will be billed at $1.60 a minute, but will be subject to change).

Competency standards for Interpreters will include:

- Being bilingual and fluent in both English and the language of the LEP client
- Impartiality
- Confidentiality
- Accreditation when appropriate

Interpreters will have training/orientation that includes:

- The skills of basic ethics of interpreting
- Basic Knowledge in both languages of specialized program terms or concepts
- Sensitivity to the client's culture

Training for Pasco County Housing Authority Service Staff

The Director of Housing will distribute the Limited English Proficiency Plan to all staff once approved by the Board so they can learn the policies and procedures required to make language assistance available to our clients with limited English Proficiency. Included in this plan are guidelines for working with the interpreter. The New service employees will have the Limited English Proficiency Plan incorporated into their (New Employees Orientation) training.

The Limited English Proficiency Plan training will include the legal obligation to provide language assistance to clients with Limited English Proficiency, policies and procedures to access language assistance services and how to properly document information about the client's language needs in the case file. All staff with ongoing client contact are required to receive Limited English Proficiency Plan updates annually.

Monitoring of the Limited English Proficiency Plan

An evaluation will be conducted annually by the Director of Housing to determine the overall effectiveness of the plan. This will be accomplished by staff inputting data into a specialized computer program. This evaluation will assess the number of persons with limited English proficiency in the service area. It will assess the current language needs of these clients to determine if these needs are being met. It will assess if staff understand the Limited English Proficiency Plan policies and procedures, know how to carry them out, and whether language assistance resources are still current and accessible.

Using Adult Family and/or Friends as Interpreters

Staff should never require, suggest, or request, or encourage a client with limited English proficiency to use family or friends as interpreters. Use of family or friends could result in a breach of confidentiality or reluctance on the part of the client or reveal personal information that may be critical to their situation. Family or friends may not be competent to act as interpreters because they may not be proficient enough in both languages, may lack training in interpretation, or have little familiarity with specialized program terminology.

Using Minor Children as an Interpreter

Minor children should never be used as an interpreter.

Service to Illiterate Limited English Proficiency Clients

Staff must assist Limited English proficiency clients who do not read their primary language to the same extent that they would assist an English speaker who does not read English.

Staff will assess the client's literacy level and determine interpreter needs. Staff shall use an interpreter or language line services to complete required forms verbally. Staff should further inform the client to contact hem for interpreter services when they receive a form. Staff/interpreter will use a red pen and indicate on the form their name and date they completed the form at the clients request.

When a Client Declines Service

When a limited English proficiency client declines services, note this in the case notes and complete the "Client Records" form. But, still input data on the client into the data collection system in the computer under the limited English Proficiency data section.

Responsible Authority/Complaint Process-Contact Person

The person responsible to provide technical assistance, respond to inquiries and complaints from the public, monitoring and updating the plan will be the Director of Housing.

Actual Comprehensive Grant Cost Certificate

Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(Exp. 11/30/2008)

PHA/IHA Name: Pasco County Housing Authority
14517 7th St.
Dade City, FL 33523

Comprehensive Grant Number: FL29P104501-02

FFY of Grant Approval: 2002

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	$ 333613.00
B. Revised Funds Approved	$ 333613.00
C. Funds Advanced	$ 333613.00
D. Funds Expended (Actual Modernization Cost)	$ 333613.00
E. Amount to be Recaptured (A–D)	$ 0.00
F. Excess of Funds Advanced (C–D)	$ 0.00

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that 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: Karen Turner, Executive Director

Date: 11/08/2008

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division) — Date

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division) — Date

Approved (Field Office Manager) — Date

form HUD-52839 (2/92)
ref Handbook 7485.3