

# 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)

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

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

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# Streamlined Annual PHA Plan for Fiscal Year: 2008

## PHA Name: Woburn 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:** Woburn Housing Authority    **PHA Number:** MA019

**PHA Fiscal Year Beginning:** (07/2008)

**PHA Programs Administered:**

**Public Housing and Section 8**     **Section 8 Only**     **Public Housing Only**  
Number of public housing units: 100    Number of S8 units:    Number of public housing units:  
Number of S8 units: 288

**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: ROBERT MCNABB, EXEC. DIR.    Phone: 781 935 - 0818  
TDD: 781 935 0818    Email: WOBURNHA1@COVAD.NET

**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**

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

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

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

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

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

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

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

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

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

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

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

- 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.

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

- What is the number of site based waiting list developments to which families may apply at one time?
- How many unit offers may an applicant turn down before being removed from the site-based waiting list?
- 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.

- How many site-based waiting lists will the PHA operate in the coming year?
- Yes  No: Are any or all of the PHA’s site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

## **2. Capital Improvement Needs**

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

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

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

1.  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):

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

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

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

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

2. Program Description:

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? 25

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 downpayment 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):  
Community Service Network, Inc does some pre and post purchase counseling when needed. They are HUD and CHAPA certified and have attended some Neighborhood Works training sessions.
- Demonstrating that it has other relevant experience (list experience below):  
Have been running a program since 2001 and currently have 11 households on the program.

## **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: (DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT- BOSTON PMSA)

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

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

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

**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
<input checked="" type="checkbox"/>	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
<input checked="" type="checkbox"/>	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
<input checked="" type="checkbox"/>	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<input checked="" type="checkbox"/>	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
NA	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public	Annual Plan: Eligibility,

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
<input checked="" type="checkbox"/>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<input type="checkbox"/>	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<input checked="" type="checkbox"/>	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<input checked="" type="checkbox"/>	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	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
NA	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
NA	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
<input checked="" type="checkbox"/>	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
<input checked="" type="checkbox"/>	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
<input checked="" type="checkbox"/>	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<input checked="" type="checkbox"/>	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
NA	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
<input checked="" type="checkbox"/>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Other supporting documents (optional) VAWA (ma019jv01)	Eligibility selection and admissions policy
NA	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

CAPITAL FUNDS SEE ATTACHED

CFP 104, ma019kv03

CFP105, ma019lv03

CFP106A, ma019mv03

CFP106B, ma019nv03

CFP107, ma019ov03

CFP108, ma019pv03

## **Public Hearing Notice**

In accordance with Federal Regulations, the Woburn Housing Authority made available its 2008 ANNUAL / FIVE YEAR PLAN on February 4, 2008 for comment. The Woburn Housing Authority will also hold a meeting to discuss and receive comments to the Annual plan at the Main Office Community Room, 59 Campbell St. Woburn on March 20, 2008 at 6:00 PM. Comments may be mailed to or dropped off at the Main Office, 59 Campbell Street, Woburn, MA 01801 or e-mailed to [woburnha1@covad.net](mailto:woburnha1@covad.net), up to March 20, 2006. Any and all comments will be noted in the Woburn Housing Authority Annual Plan submittal to The Department of Housing and Urban Development.

### Timeline for the 2008 PHA Federal Annual Plan

February 4, 2008 PHA Plan ready for review, 45 days before hearing

March 20, 2008 Public hearing on PHA Plan

March 26, 2006 Board vote on PHA Plan

April 16, 2006 75 days before fiscal year PHA needs to submit plan to HUD

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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the *Streamlined Annual PHA Plan***

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the streamlined Annual PHA Plan for PHA fiscal year beginning JULY 1, 2008, hereinafter referred to as the Streamlined Annual Plan, of which this document is a part and make the following certifications, agreements with, and assurances to the Department of Housing and Urban Development (HUD) in connection with the submission of the Streamlined Plan and implementation thereof:*

1. The streamlined Annual Plan is consistent with the applicable comprehensive housing affordability strategy (or any streamlined Plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, and provided this Board or Boards an opportunity to review and comment on any program and policy changes since submission of the last Annual Plan.
3. The PHA made the proposed streamlined Annual Plan, including policy and program revisions since submission of the last Annual Plan, and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the streamlined Plan and invited public comment.
4. The PHA will carry out the streamlined Annual Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
5. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
6. For streamlined Annual Plans that include a policy or change in policy for site-based waiting lists:  
The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(b)(2).
7. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
8. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
9. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
10. The PHA has submitted with the streamlined Plan a certification with regard to a drug-free workplace required by 24 CFR Part 24, Subpart F.
11. The PHA has submitted with the streamlined Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105( a).
14. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.

17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
19. The PHA will undertake only activities and programs covered by the streamlined Annual Plan in a manner consistent with its streamlined Annual Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its streamlined Plan.
20. All certifications and attachments (if any) to the streamlined Plan have been and will continue to be available at all times and all locations that the PHA streamlined Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the streamlined Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its streamlined Annual Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA certifies that the following policies, programs, and plan components have been revised since submission of its last Annual PHA Plan (check all policies, programs, and components that have been changed):
- 903.7a Housing Needs
  - 903.7b Eligibility, Selection, and Admissions Policies
  - 903.7c Financial Resources
  - 903.7d Rent Determination Policies
  - 903.7h Demolition and Disposition
  - 903.7k Homeownership Programs
  - 903.7r Additional Information
    - A. Progress in meeting 5-year mission and goals
    - B. Criteria for substantial deviation and significant amendments
    - C. Other information requested by HUD
      - 1. Resident Advisory Board consultation process
      - 2. Membership of Resident Advisory Board
      - 3. Resident membership on PHA governing board
22. The PHA provides assurance as part of this certification regarding its streamlined annual PHA Plan that:
- (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA board of directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.

WOBURN HOUSING AUTHORITY  
PHA Name

MA019  
PHA Number

Streamlined Annual PHA Plan for Fiscal Year: 2008

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)

Name of Authorized Official	PAUL MEANEY	Title	CHAIRMAN
Signature		Date	3/26/2008
X			

**RESOLUTION 2008-03-01**

**RESOLUTION AUTHORIZING ADOPTION OF THE ANNUAL PLAN  
FOR THE FEDERAL PROGRAMS**

**WHEREAS** The authority has received a directive from HUD that the Authority must review the Annual Plan for the Federal Public Housing and the Section 8 Programs, and

**WHEREAS** After reviewing the documentation sent by HUD and with diligent thought and input from those concerned and interested parties, the Authority has produce the attached Annual plan,

**NOW THEREFORE BE IT RESOLVED** that the Woburn Housing Authority adopt the above plan and send the plan to HUD for approval, be executed and adopted.

**WOBURN HOUSING AUTHORITY**  
**59 Campbell Street**  
**Woburn, MA 01801**

**FEDERAL TENANT GRIEVANCE PROCEDURE**  
**Revised March 2005**

**1. APPLICABILITY**

Woburn Housing Authority hereinafter referred to as WHA.

- (a) The WHA grievance procedure shall be applicable to all individual grievances as defined below between the tenant and the WHA provided, that in those jurisdictions which require that, prior to eviction, a tenant be given a hearing in court containing the elements of due process, as defined below, the WHA may exclude from its procedure any grievance concerning an eviction or termination of tenancy based upon a tenant's creation or maintenance of a threat to the health or safety of other tenants or WHA employees.
- (b) The WHA grievance procedure shall not be applicable to disputes between tenants not involving the WHA or to class grievances. The grievance procedure is not intended as a forum for initiating or negotiating policy changes between a group or groups of tenants and the WHA's Board of Commissioners.

**2. DEFINITIONS**

- (a) "Grievance" shall mean any dispute which a tenant may have with respect to an action by the WHA because of the tenant's failure to act in accordance with the individual tenant's lease or WHA regulations, which adversely affect the individual tenant's rights, duties, welfare or status.
- (b) "Complaint" shall mean any tenant whose grievance is presented to the WHA or at the project management office in accordance with Paragraph 3 and 4a.
- (c) "Elements of due process" shall mean an eviction action or a termination of tenancy in a State or local court in which the following procedural safeguards are required:
  - i. Adequate notice to the tenant of the grounds for terminating the tenancy and for eviction;
  - ii. Opportunity for the tenant to examine all relevant documents, records and regulations of the WHA prior to the trial for the purpose of preparing a defense;
  - iii. Right of the tenant to be represented by counsel;
  - iv. Opportunity for the tenant to refute the evidence presented by WHA including the right to confront and cross examine witnesses and the present any affirmative legal or equitable defense which the tenant may have;
  - v. A decision on the merits.

- (d) "Hearing Officer" shall mean a person selected in accordance with Paragraph 4 of this subpart to hear grievances and render a decision with respect thereto.
- (e) "Tenant shall mean any lessee or the remaining head of the household of any tenant family residing in housing accommodations covered by this part.

**3. INFORMAL SETTLEMENT OF GRIEVANCE**

Any grievance shall be personally presented in writing to the WHA office or to the office of the project in which the complainant resides so that the grievance may be discussed informally and settled without a hearing. A summary of such discussion shall be prepared within 10 calendar days and one copy shall be given to the tenant and one retained in the WHA's tenant file. The summary shall specify the names of the participants, dates of meeting, the nature of the proposed disposition of the complaint and the specific reasons therefore, and shall specify the procedures by which a hearing under Paragraph 4 may be obtained if the complainant is not satisfied.

**4. PROCEDURE TO OBTAIN A HEARING**

- (a) Request for hearing. The complainant shall submit a written request for a hearing to the WHA or to the project office within 5 days after receipt of the summary of discussion pursuant to Paragraph 3. The written request shall specify:
  - i. The reasons for the grievance; and
  - ii. The action or relief sought.
- (b) Selection of hearing officer. Grievances shall be presented before a hearing officer. The hearing officer shall be the Executive Director or an impartial, disinterested person selected by the Executive Director.
- (c) Failure to request a hearing. If the complainant does not request a hearing in accordance with this paragraph, then the WHA's disposition of the grievance under Paragraph 3 shall become final. Provided, that failure to request a hearing shall not constitute a waiver by the complainant of his right thereafter to contest the WHA's action in disposing of the complaint in an appropriate judicial proceeding.
- (d) Hearing Prerequisite. All grievances shall be personally presented in writing pursuant to the informal procedure prescribed in Paragraph 3 as a condition precedent to a hearing under this section, provided that if the complainant shall show good cause why he failed to proceed in accordance with Paragraph 3 to the hearing officer, the provisions of this subsection may be waived by the hearing officer.
- (e) Escrow deposit. Before a hearing is scheduled in any grievance involving the amount of rent as determined by WHA under existing regulations which the WHA claims is due, the complainant shall pay to the WHA an amount equal to the amount of the rent due and payable as of the first of the month preceding the month in which the act took place. The complainant shall thereafter deposit the same amount of the monthly rent in an escrow account monthly until the complainant is resolved by decision of the hearing officer. These requirements may be waived by the

WHA due to extenuating circumstances. Unless so waived, the failure to make such payments shall result in a termination of the grievance procedure provided, that failure to make payment shall not constitute a waiver of any right the complainant may have to contest the WHA disposition of his grievance in any appropriate judicial proceeding.

- (f) Scheduling of hearings. Upon complainant's compliance with paragraphs (a), (d) and (e) of paragraph 4 of this document, a hearing shall be scheduled by the hearing officer promptly (within 20 business days after receipt of request for a hearing) for a time and place reasonably convenient to both the complainant and the WHA. A written notification specifying the time, place and the procedures governing the hearing shall be delivered to the complainant and the appropriate WHA official.

## **5. PROCEDURES GOVERNING THE HEARING**

- (a) The hearing shall be held before a hearing officer, as appropriate
- (b) The complainant shall be afforded a fair hearing providing the basic safeguards of due process which shall include:
- i. The opportunity to examine before the hearing and, at the expense of the complainant, to copy all documents, records and regulation of the WHA that are relevant to the hearing. Any document not so made available after request therefore by the complainant may not be relied on by the WHA at the hearing;
  - ii. The right to be represented by counsel or other person chosen as his or her representative.
  - iii. The right to a private hearing unless the complainant requests a public hearing.
  - iv. The right to present evidence and arguments in support of his or her complaint, to controvert evidence relied on by the WHA or project management, and to confront and cross-examine all witnesses on whose testimony or information the WHA or project management relies; and
  - v. A decision based solely and exclusively upon the facts presented at the hearing.
- (c) The hearing officer may render a decision without proceeding with the hearing if the hearing officer determines that the issue has been previously decided in another proceeding.
- (d) If the complainant or the WHA fails to appear at a scheduled hearing, the hearing officer may make a determination to either postpone the date and time of the hearing not to exceed five business days or may make a determination that the party has waived his right to a hearing. Both the complainant and the WHA shall be notified of the determination by the hearing officer. A determination that the complainant has waived his right to a hearing shall not constitute a waiver of any right the complainant may have to contest the WHA's disposition of the grievance in an appropriate judicial proceeding.
- (e) At the hearing, the complainant must first make a showing of an entitlement to the relief sought and thereafter the WHA must sustain the

burden of justifying the WHA action or failure to act against which the complaint is directed.

- (f) The hearing shall be conducted informally by the hearing officer and oral or documentary evidence pertinent to the facts and issues raised by the complaint may be received without regard to admissibility under the rules of evidence applicable to judicial proceedings. The hearing officer shall require the WHA, the complainant, counsel and other participants or spectators to conduct themselves in an orderly fashion. Failure to comply with the directions of the hearing officer to obtain order may result in exclusion from the proceedings or in a decision adverse to the interests of the disorderly party and granting or denial of the relief sought, as appropriate.
- (g) The complainant to the WHA may arrange, in advance and at the expense of the party making the arrangement, for a transcript of the hearing. Any interested party may purchase a copy of such transcript.

## **6 DECISION OF THE HEARING OFFICER**

- (a) The hearing officer shall prepare a written decision, together with the reasons therefore, within a reasonable time (20 business days) after the hearing. A copy of the decision shall be sent to the complainant and the WHA. The WHA shall retain a copy of the decision in the tenant's folder. A copy of such decision, with all names and identifying references deleted, shall also be maintained on file by the WHA and made available for inspection by a prospective complainant, his representative, or the hearing officer.
- (b) The decision of the hearing officer shall be binding on the WHA which shall take all actions, or refrain from any actions, necessary to carry out the decision unless the WHA Board of Commissioners determines within a reasonable time, and promptly notifies the complainant of its determination, that:
  - i. The grievance does not concern WHA action or failure to act in accordance with or involving the complainant's lease on WHA regulations, which adversely affect the complainant's rights, duties, welfare, or status;
  - ii. The decision of the hearing officer is contrary to applicable Federal, State, or local law. HUD regulations or requirements of the annual contributions contract between HUD and the WHA.
- (c) A decision by the hearing officer, or Board of Commissioners in favor of the WHA or which denies the relief requested by the complainant in whole or in part shall not constitute a waiver of, nor affect in any manner whatever, any rights the complainant may have to a trial de novo or judicial review in any judicial proceedings, which may thereafter be brought in the matter.

## **7. WHA EVICTION ACTIONS**

If a tenant has requested a hearing in accordance with Paragraph 4 on a complaint involving a WHA notice of termination of the tenancy and the hearing officer upholds the WHA's action to terminate the tenancy, the WHA

shall not commence an eviction action in a State, or local court until it has served a notice to vacate on the tenant, and in no event shall the notice to vacate be issued prior to the decision of the hearing officer having been mailed or delivered to the complainant. Such notice to vacate must be in writing and specify that if the tenant fails to quit the premises within the applicable statutory period, or on the termination date stated in the notice of termination, whichever is later, appropriate action will be brought against him and he may be required to pay court costs and attorney fees.

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Tenant Signature

## Woburn Housing Authority Initial Assessment – Spring Court Extension

1. This Initial Assessment is undertaken pursuant to Section 22 of the Housing Act of 1937 as amended by §533 of the Quality Housing and Work Responsibility Act. Similarly, see 24 CFR §972.200, 66 Fed. Reg. 33616.
2. The Woburn Housing Authority (hereafter “Housing Authority” or “Authority”) owns and operates 100 federally assisted public housing units. The names and project numbers of these units are listed on Schedule A annexed at the end of the assessment(s) attached hereto.
3. Schedule B, also found at the end of the assessment(s) that are attached hereto contain a list of federally assisted public housing developments, owned and operated by the Housing Authority, with project names and numbers, that are:
  - a. subject to *mandatory* conversion to tenant-based or project-based assistance pursuant to 24 CFR Part 971<sup>1</sup>;
  - b. the subject of a pending application for demolition or disposition that has *not* been disapproved by HUD;
  - c. the subject of a HOPE VI revitalization grant award, or
  - d. designated by the Authority pursuant to §7 of the Housing Act of 1937 for occupancy by the elderly and / or by persons with disabilities.
4. This Initial Assessment only concerns the Housing Authority’s *general occupancy* units. The total number of general occupancy units that are addressed by this Initial Assessment is determined by subtracting from the total number of federally assisted units listed on Schedule A, the sum of the units listed on Schedule B. This assessment specifically concerns Spring Court Extension, Project No., MA-019, and refers solely to the general occupancy units of that development.
5. The undersigned is the Housing Authority’s Executive Director and is generally familiar with housing market conditions in the locality served by the Housing Authority (hereafter “the locality”) especially those related to the affordable housing market. In preparing this Initial Assessment, the undersigned has reviewed and given thoughtful consideration to the operations of *each* of the Authority’s general occupancy developments as public housing. The factors considered included, but were not limited to, the following:
  - a. The number of units, the number of buildings, their physical layout and their location within the locality.
  - b. The surrounding community and the use made of property within the neighborhoods surrounding each development site. Where a development consists of several sites, each structure’s surrounding community was separately considered.

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<sup>1</sup> Section 202 of the *Omnibus Consolidated Rescissions and Appropriations Act of 1996*, P.L. 104-134 (April 26, 1996) requires PHAs to identify certain distressed public housing developments that cost more than Section 8 rental assistance and cannot be reasonably revitalized. Housing Authorities are required to develop and carry out plans for the removal, over time, of identified units from the public housing inventory. The standards for identifying such developments are more particularly described in 24 CFR §971.3.

- c. Zoning limitations at each site.
  - d. The characteristics of the resident population at each site, including but not limited to, income level, family size and composition, their age and / or disability, whether there are employed or unemployed adults within the household and whether members of the household receive public assistance.
  - e. The impact on the locality, and especially on the communities immediately surrounding public housing sites, if all or some of the Housing Authority's general occupancy units were converted to tenant-based assistance.
  - f. The number of affordable housing units, of appropriate size, currently available in this housing market as well as those known to the undersigned to be coming available within the near future.
  - g. The cost of operating each development, the ability to occupy each development, and the availability of operating and capital funding to the Housing Authority for the maintenance, rehabilitation and modernization of its general occupancy developments.
  - h. The workability of vouchers within the locality and the surrounding communities.
  - i. Various actions taken by HUD and the Congress regarding the Section 8 program including, but not limited to, lowering project reserves to a one month level, increasing utilization requirements, limiting contractual obligations to periods not exceeding one year, termination of the Section 8 certificate program and the refusal to increase the program's administrative fee above the level in effect prior to October, 1998.
6. We understand that nothing herein prevents the Housing Authority from re-examining this issue again, at a later time, should circumstances change.
  7. The Housing Authority, operates a tenant-based, section 8, program for this locality. As of September 2001, the utilization rate for that program was 97.8%.
  8. Based on the aforementioned review, it is the undersign's opinion that voluntary conversion of a substantial number of the Authority's general occupancy units would:
    - a. significantly increase the number of families seeking affordable housing in the locality's affordable housing market.
    - b. place additional adverse pressure on the locality's rental market.
    - c. in many cases, make it unlikely that families displaced from public housing will be successful in locating decent, safe and comparable dwellings, meeting housing quality standards, renting at or below the current payment standard, within the local housing market.
    - d. *not* be consistent with the Housing Authority's Agency Plan.
    - e. not be successful without a significant increase in additional counseling and relocation services.
    - f. adversely affect the Authority's ability to maintain its current Section 8 utilization rate. If the Authority's current utilization rate exceeds 90%, conversion would jeopardize the Housing Authority's continued eligibility for awards of incremental Section 8 units.
    - g. place in jeopardy of recapture, section 8 units that remain unused.
    - h. result in greater concentrations of very low-income families (incomes between 30% to 50% of area median income) and extremely low-income families (incomes below 30% of area median income) in low-income areas and / or of minority families in areas of the locality with significant minority populations.

9. Conversion of any of the Authority's developments to tenant-based assistance is inappropriate because it
  - a. is not cost effective;
  - b. would not principally benefit the residents of the general occupancy units that are the subject of this Initial Assessment, and
  - c. would adversely affect the availability of affordable housing in this community.

Therefore, the undersigned recommends that the Board of Commissioners, for the reasons stated above, continue to retain its general occupancy units as part of the Housing Authority's public housing inventory and as a source of affordable housing to the residents of this locality.

The undersigned further recommends that the Board of Commissioner's execute the annexed *Certification Declining Conversion*, provide notice of such determination to the HUD office exercising jurisdiction over the Housing Authority and submit the original executed *certification* to the Department of Housing and Urban Development as part of the Authority's next annual plan.

Dated: October 30, 2001.

Woburn Housing Authority

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Robert McNabb  
Executive Director

Woburn Housing Authority

Schedule A

(All Developments)

Development Name	Project No.	Units
Spring Court Extension	MA-019	100
	<b><i>TOTAL UNITS</i></b>	<b>100</b>

Woburn Housing Authority

Schedule B

(Exempt Developments)

Development Name	Project No.	Units	Exemption
<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

## Certification

The Woburn Housing Authority (hereafter “ Housing Authority” or “Authority”, Pursuant to 24 CFR 972.200(b), hereby certifies:

1. The Housing Authority has completed the initial Assessment required by 24 CFR 972.200 (b). A copy of the Assessment is annexed hereto.
2. The Initial Assessment is based on a review of each of the Authority’s general occupancy developments as public housing assisted under the Housing Act of 1937, as amended, made by the Authority’s professional Staff. Excluded from that review are developments that are:
  - a. subject to *required* conversion under 24 CFR Part 971;
  - b. the subject of applications for demolition or disposition that have not been disapproved by the U. S. Department of Housing and Urban Development;
  - c. the subject of HOPE VI revitalization grant awards, or
  - d. designated for occupancy by elderly and / or disabled families.
3. The Housing Authority has considered the implications of converting its general occupancy developments to tenant-based assistance.
4. The Housing Authority has concluded that conversion is inappropriate because removal of its general occupancy developments does not meet the necessary conditions for voluntary conversion described in 24 CFR 972.200(c).

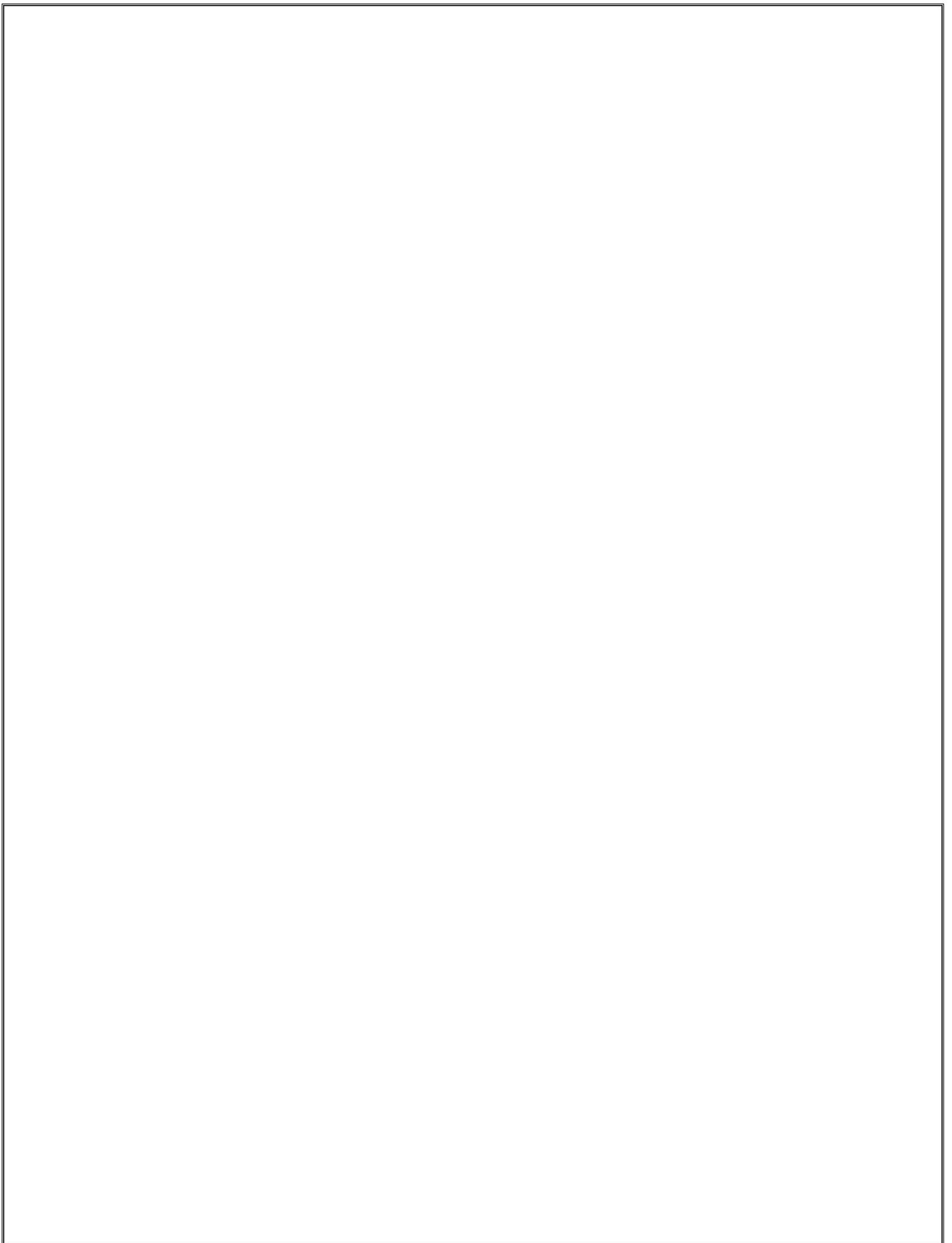
Dated: October 30, 2001

Woburn Housing Authority

By: \_\_\_\_\_  
RICHARD CROCKER  
Chairperson, Board of Commissioners

Attested:

Seal



**WOBURN HOUSING AUTHORITY  
PET POLICY GUIDELINES  
And LEASE RIDER**

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**Pet Policy guidelines are developed by the Woburn Housing Authority to create a safe environment where residents and pets may co - exist in a peaceful community atmosphere. These guidelines were designed to meet the needs of pet owning tenants, non pet owning tenants, housing employees, and pets.**

**Each household may own up to two pets. One pet may be a dog or a cat. Residents may not have two dogs, two cats, or a dog and a cat. If you chose to have a dog or a cat, the second animal must be a small caged animal (see guideline 2) or an aquarium that is 20 gallons or less.**

**I. GUIDELINES**

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1. Any tenant who wishes to keep a companion animal will inform management in writing. Management will send the tenant a copy of the Pet Policy Guidelines / Lease Pet Rider to be signed immediately by the tenant as well as fill out the pet information form with an attached picture of the animal.
2. A companion animal will be defined as a common household pet such as a non aggressive breed of a dog, a non aggressive cat, bird, guinea pig, gerbil, hamster, rabbit, fish, or turtle. Reptiles other than turtles and birds of prey are not considered household pets.
3. Dogs and cats must be kept in a kennel inside the unit when a resident is not home. This will cut down on damage in the apartment and assure that the maintenance department may enter and exit the apartment without compromising an employee's safety. When maintenance work is done in an apartment dogs must be kenneled and cats must be out of the way of work being performed. Other animals must have suitable housing. (e.g. cages or aquariums) If an animal is not kenneled when a maintenance employee enters the unit he or she may refuse to complete the assigned work.
4. The mature size of newly acquired dogs is limited to a weight not to exceed 20 pounds and a cat may not exceed 10 pounds. Pets must be weighed by the veterinarian or staff of the Humane Society.
5. Animals or breeds of animals that are considered by the HA to be vicious and /or intimidating will not be allowed. Some examples of animals that have a reputation of a vicious nature are: reptiles, rottweilers, doberman pinscher, pit bulldog, and / or any animal that displays vicious behavior.
6. All female dogs over the age of six months and all female cats over the age of five months must be spayed. All male dogs over the age of eight months and all male cats over the age of ten months must be neutered, a veterinarian's certificate will be necessary to allow the pet to become a resident of the development.
7. Cats must be declawed by the age of three months. This evidence can be provided by a statement / bill from a veterinarian and / or the staff of the humane society.

**II. PET SECURITY DEPOSIT & ANNUAL FEE** An annual Fee and Deposit is required for each pet.

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TYPE OF PET	FEE	DEPOSIT
Dog	\$150	\$250
Cat	\$50	\$100
Fish Aquarium	\$0	\$100
Caged Pets	\$25	\$100

Note: The above schedule is applicable for each pet: therefore, if a tenant has more than one pet he or she must pay the applicable annual fee and deposit for each pet. The entire annual fee and deposit (subject to the exception listed below) must be paid prior to the execution of the lease addendum. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy. The annual fee shall be paid at the time of reexamination each year and all proof of inoculations and other requirements shall be made available to the HA at such time. The Annual Fee is not reimbursable. The deposit made shall be utilized to offset damages caused by the pet and / or tenant. Any balance, if any, from the deposit will be refunded to the tenant. THERE SHALL BE NO REFUND OF THE ANNUAL FEE.

**III. TENANT OBLIGATIONS**

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1. The pet owner will be responsible for proper pet care, good nutrition, grooming, exercise, flea control, routine veterinary care and yearly inoculations. Dogs and cats must wear identification tags (dog license) and collars when outside the unit.
2. The pet owner is responsible for cleaning up after the pet inside the apartment and anywhere on development property. A "pooper scooper" and disposable plastic bag should be carried by the owner. All wastes will be bagged and properly disposed of in a trash receptacle in the owners' yard. This receptacle must be emptied on trash day weekly. Toilets are not designed to handle pet litter. Under no circumstances should any pet debris be deposited in a toilet as blockages will occur. If the housing Authority staff is required to clean away waste left by the pet, the tenant will be charged \$25.00 for the removal of the waste.
3. The pet owner will keep the unit and backyard free of pet odors, insect infestation, waste and litter, and maintain the unit in a sanitary condition at all times.
4. The pet owner will restrain and prevent the pet from gnawing, chewing, scratching, or otherwise defacing doors, walls, windows and floors as well as shrubs and landscaping of the facility. Pet owners will be responsible for payment of damages caused by pets.
5. Pets will be restrained at all times. Any dog outside must be walked on a 3 foot leash. No dog shall be loose in any common areas or outside within the development property. Pets are not to be tied outside or left in the backyard unattended. If an animal is not leashed or tied to an object, it may be impounded and taken to the local Humane Society. If the animal is taken by a HA staff to the humane society or elsewhere the tenant will pay \$50.00 to the Housing Authority

as well as costs associated with the animals stay or treatment at the Humane Society.

6. Tenants will not alter their unit or outside area to create an enclosure for an animal.
7. No pet is to remain unattended, without proper care, for more than 24 hours, except in the case of a dog which shall be no more than 12 hours. If it is reported to the Housing Authority staff that a pet has been left unattended for more than 24 hours, HA staff may enter the unit and remove the pet and transfer the pet to the humane society. Any expense associated with the removal will be at the expense of the tenant.
8. Pets will not be allowed to disturb the health, safety, rights, comfort, or quiet enjoyment of other tenants. A pet should not create a nuisance to neighbors with excessive barking, whining, chirping, or other unruly behavior. This includes any pets who make noise continuously and / or incessantly for a period of 10 minutes or intermittently for one - half hour or more and therefore disturbs any person at any time of the day or not. The Housing Manager will terminate this authorization if a pet disturbs other tenants under this section of the lease addendum. The tenant will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.
9. The tenant is responsible for providing management with the following information and documents which are to be kept on file in the tenant's folder. (The tenant is responsible for keeping management informed of any change of information.)
  - ✓ Photo of the pet
  - ✓ Veterinarian's name, address, and phone number.
  - ✓ Veterinary certificates of spaying or neutering, rabies, distemper parvovirus, feline leukemia, and other inoculations, when applicable.
  - ✓ Dog licensing certifications in accordance with local and state law.
  - ✓ Names of two alternate caretakers, their names, addresses, and telephone numbers, who will assume immediate responsibility for the care of the pet should the owner, become incapacitated.
  - ✓ If the health or safety of a companion animal is threatened by incapacity or death of the owner, the management reserves the right to contact the caretakers, animal control officer, or specified boarding facility. Management also has the right in this situation to enter the unit to place the animal with one of these individuals or organizations.
  - ✓ Name of emergency boarding accommodation in case of emergency.

#### **IV. LIABILITY OF PET OWNER FOR DAMAGE OR INJURY**

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1. The pet owner is responsible for cleaning, deodorizing and sanitizing floors, and fixtures in the unit common areas of the development.
2. Charges for pet damage will include materials and labor. Repairing or replacing damaged areas of the exterior, interior, doors, walls, floors, fixtures in the unit, common areas or other areas damaged by the tenant's pet.

3. The Woburn Housing Authority strongly recommends that as the tenant you purchase personal liability insurance or other insurance to cover the cost of pet damage or personal injury to an individual.
4. The tenant fully agrees to hold harmless the Woburn Housing Authority, WHA staff, Directors and Commissioners, from any liability and costs that are caused by any pet damages to property or personal injury. Further the tenant must bear all legal costs that may arise as a result of negligence or said damages and injuries in the event of a lawsuit or legal action.

## **V. RESOLUTION OF COMPLAINTS and REMOVAL OF PET**

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1. The management will be responsible for resolving complaints in regard to pet ownership and responsibility. Complaints will be made in writing to management to resolve. Management will meet with the pet owner to resolve small complaints. In the case that several different complaints are received in regard to one pet, management reserves the right to mandate that the tenant permanently remove the animal from WHA property.
2. In the case of more serious complaints such as a dog bite, management reserves the right to require that the owner permanently remove the animal from WHA property.
3. In the case that the pet owner is in violation of these guidelines which the pet owner has agreed to abide by through signing a lease rider, the management may start termination of lease proceedings. Termination of lease proceedings may also be instituted if the pet owner has been warned several times for guideline infractions, a serious incident that threatens the health and safety of others, or the tenant does not remove the animal from WHA property after being informed to do so.
4. Not reporting a presence of a pet to the Housing Authority is a violation of the lease. The Housing Authority reserves the right to start eviction procedures against tenants in violation of not reporting an animal residing in their unit.

### **PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND UNDERSTAND THE ABOVE STATED PET GUIDELINES.**

As a pet owner I fully understand that I and my family are fully responsible to follow the guidelines stated in the above Pet Guidelines. I understand these guidelines and agree to follow the above stated policy.

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**Tenant Signature**

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**Date**

**HOUSING CHOICE VOUCHER  
HOMEOWNERSHIP OPTION  
ADMINISTRATION PLAN AMENDMENT  
MARCH 27, 2001 and APRIL 24, 2003**

Just recently HUD Published Changes to the Section 8 First Time Homebuyers Program. These changes are incorporated into this amendment.

On September 12, 2000 and again in November 2002 HUD published another Final Rule for the Section 8 Homeownership Option. The Program will follow the applicable 24 CFR part 5, 24 CFR part 903 and 24 CFR part 625 and 24 CFR part 982 The Woburn Housing Authority Board of Commissioners has adopted a position to offer this option to the Section 8 Families who meet HUD's and the Woburn Housing Authority's following minimum rules.

The Woburn Housing Authority will currently limit the number of families who apply to use their Housing Choice Voucher for Homeownership to a maximum of 25 at any one time. Anyone wishing to join the program must have a valid Housing Choice Voucher issued to the family.

**FAMILY ELIGIBILITY REQUIREMENTS**

The Woburn Housing Authority has a memorandum of understanding with Community Service Network, Inc. concerning First Time Homebuyer Counseling Classes. Community Service Network, Inc. is a HUD Certified and Massachusetts State Certified First Time Homebuyer Counseling Agency. They will also provide follow up with those families who are and have used their Housing Choice Voucher to purchase a home. All First Time Homebuyers must attend a First Time Homebuyer Counseling Program and receive a Completion Certificate to be eligible for the Housing Choice Voucher First Time Homebuyer Program.

HUD's definition of a First Time Homebuyer is a person or family that has not owned a home for the past three years. The restriction on prior ownership does not apply to a single parent or displaced homemaker that owned a home with spouse while married to families who already own shares in a cooperative. Families can not have previously defaulted on S8 Homeownership assistance.

**EMPLOYMENT AND MINIMUM FAMILY INCOME**

A family must have an income equal to the Federal minimum wage times 2000 hours, currently at least \$10,300. Welfare or Temporary Assistance from the State or the Federal Government is not to be considered. At least one adult has to have worked full time (at least 30 hours per week or more) for the prior year. Interruptions in work time will be reviewed on a case by case basis.

Elderly and disabled families. Families whose head or spouse are elderly or are disabled are exempt from the full-time employment requirement. SEE CFR 967 WHERE

MINIMUM INCOME RECEIVED FROM SSI OR SSDI IS ACCEPTABLE EVEN THOUGH IT IS UNDER THE MINIMUM \$10,300.

## SEARCH TIME

Because any family looking for a home must have a current Housing Choice Voucher the time necessary to locate, finance and close the purchase will be determined by the market conditions and the family's ability to save for a down payment. Any Tenant Family looking to purchase a home must contact the Authority in writing and make sure that they meet the eligibility requirements. Applicants who have just been issued a Housing Choice Voucher will have to be evaluated by the Authority and CSN, Inc. to determine if the family is suitable for home buying. Applicants being issued a Housing Choice Voucher will be informed of the homeownership program during the Applicant Briefing Process. They will be informed of the eligibility requirements and that they will have the same time as any applicant to find suitable housing.

## ELIGIBLE HOMES

Only a single-unit home, condo or coop can be purchased under this program. Only homes that have passed a HQS inspection AND a HOME inspection by a certified licensed and insured HOME inspector will be considered. A copy of the Inspection will be given to the Authority. The Authority will review all inspections. Any offers to purchase will include a contingency concerning approval of the Authority based on a review of the Home Inspection. If S8 funds are being sent monthly towards home purchase/ mortgage, there will be a HQS inspection conducted on or before the annual re-certification date.

## DOWNPAYMENT AND FINANCING

Families must secure their own financing.

As provided in the final rule at 982.625, a PHA can demonstrate its capacity to administer the program by satisfying one of the following criteria:

- a) Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment come from the family's resources;
- b) Requiring that financing for purchase of a home under its section 8 homeownership program 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;

The Woburn Housing Authority will accept EITHER OF THE ABOVE a) or b) as a meeting the minimum requirements.

There is no prohibition on using state, local or other subsidized financing in combination with S8 homeownership assistance.

Balloon mortgages will not be permitted.

ARM Mortgages will not be generally permitted. All Arm's must be reviewed and approved by the Housing Authority

Seller financing, though not prohibited, must be reviewed and approved by the Authority. All financing will be reviewed and approved by the authority and/or CSN, Inc. If it seems that the family will not be able to afford the financing, the purchase will not be approved.

#### AMOUNT OF S8 ASSISTANCE

Assistance will be the difference between the Payment standard or Monthly Homeownership Expenses if less and 30% of the family's monthly adjusted income. Payments may be made to the homeowner or to the lender. Payments to the homeowner will continue as long as the authority receives a copy of the paid mortgage invoice each month. The Authority can request, on a random basis, a current copies of paid mortgage, utilities and taxes to make sure that the family is not in default of any of it's obligations.

#### HOMEOWNERSHIP EXPENSES

Monthly homeownership expenses include:

Principal and interest payments on the mortgage (original mortgage, any refinancing plus insurance, taxes.

Any costs incurred to finance work to make a unit accessible for a family member with Disabilities if needed as a reasonable accommodation

Utility allowance (same as the rest of the program)

Allowance for maintenance expenses

Allowance for major repairs and replacements

Condo and cooperative fees

Allowable Homeownership Expenses.

Those expenses that are normally associated with ownership/maintenance of any home or rental property, necessary to maintain the property in a safe, sanitary and habitable environment will be considered as an allowable expense.

#### ANNUAL RE-CERTIFICATION AND PAYMENT STANDARD

Re-exams will be conducted under the same terms and conditions for the Housing Choice Voucher Program.

Payment standards approved for the regular HCV program will be used for the homebuyers program. If HUD decreases the Payment Standard, the Payment standard cannot be less than the Payment Standard at the time of the original purchase of the home.

In determining annual income, the value of the home is not included for the first 10 years after the purchase date.

## MAXIMUM TERM OF ASSISTANCE

Families can receive homeownership assistance for a maximum of 15 years if using a mortgage term of 20 years or more; otherwise for only 10 years. The total time will be counted from first assistance if a family sells the first home and buys a second unit under the program

Elderly or Disabled families are not included in the time limits. If the head of household or spouse becomes disabled then the time limits are not applicable.

If a family loses its elderly or disabled status, it becomes subject to the time limits that would have otherwise applied when the family started receiving homeownership assistance, except that it is entitled to receive a minimum of 6 months

Homeownership assistance after the change in status is determined.

## POST-PURCHASE REQUIREMENTS FOR FAMILIES.

Homeowner/IFamily Responsibilities. All families will sign a Homeowner/Family Responsibilities/Obligations form agreeing to abide by the rules of the program as listed on the Housing Voucher and 24 CFR 982.633.

Items covered will be Refinancing, Primary Residence and a prohibition to own other property while being assisted, Counseling if needed, Annual re-certification, notify the Housing Authority if they are late on their mortgage, sell or transfer the property. In situations of foreclosure, the Housing Authority will review each family's circumstances to determine if it will allow them to use the Voucher for rental assistance. Moves and/or resale of the house will not be allowed within the first year, unless for reasonable accommodation or the health and safety of the family.

## PORTABILITY

The Housing Authority will either administer or work with a local Housing Authority if the family finds a home out of the local area.

RECAPTURE OF ASSISTANCE HAS BEEN REMOVED WITH THE OCTOBER 2002 FINAL RULE.

## OTHER CONDITIONS

Coops will be governed by 24 CFR 982.619

Lease purchase agreements are allowed. The portion that is being used to accumulate a downpayment or reduce the purchase price must be funds provided by the family. 24 CFR 982.637

Reasonable Accommodation decisions will be based on a case by case basis if necessary. Any Housing Choice Voucher holder may try to purchase a house.

## **INTEGRATED ASSESSMENT SUBSYSTEM (NASS)**

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### **NEIGHBORHOOD APPEARANCE**

#### **How satisfied are you with the parking areas? (SCORE 70)**

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The Woburn Housing Authority has limited spaces for parking in the Spring Ct Ext Development. It is important to note that we do have fewer spaces than a typical apartment or condominium development. We have 100 units of Public Housing and 182 spaces. Our family population has changed over the decade. Originally, we housed several poor families who owned one or zero vehicles. Currently we have several families who own two vehicles for two working adults, as well as several families who have adult working children who never left the parents household. Many of these adults are in their 30's. These demographics do not allow for visitor parking and do not allow for most households to have more than two spaces. We do not have room to provide more spaces without wiping out the limited green grass and trees that make the development look like a modern well kept neighborhood.

We have dealt with this issue by towing unregistered cars, cars parked illegally, and cars that are parked in resident spots. This process makes the individual who has their car towed angry and the resident who is assigned the space satisfied. Often times other resident's park in their neighbor's spots illegally to accommodate illegal cars. If an adult is working and needs a vehicle to work, we try to accommodate that household with an extra space. If there is not more than one working adult or driving adult in the household we do not allow that family an extra space. This also creates some dissatisfaction. Several tenants believe they should have unlimited spaces.

I do not believe we will see an improvement in this score because it is a balancing act of providing spaces and towing. Basically one customer is happy and one is angry.

**How satisfied are you with the upkeep of the following areas of your property: recreation areas (for example playgrounds and other outside facilities)?**

**How often, if at all, are any of the following a problem in your property; Broken glass?**

**How often, if at all, are any of the following a problem in your property: Trash/litter?**

The Woburn Housing Authority has one children's playground located within the Spring Ct Ext Housing Development. This playground was built in the late 1990's and includes several climbing options, slides, swings, and has a padded rubber surface. The playground is well maintained. In the case that any graffiti appears on the playground, the maintenance Department paints over the damage. This has happened on a couple of occasions. The Spring Ct Ext Housing Development backs into the Shamrock Elementary School Property. This city property includes a public swimming pool, 2 basketball courts, soccer fields, and a children's playground. This recreational area is parallel to our property.

On occasion, after the weekend, we have had broken beer bottles on the playground and throughout the property; as well as trash and litter. This is swept by the Maintenance department and on occasion by people completing their community service requirement. We also send out a notice about twice a year asking people to be considerate to their neighbors and help us maintain the property in a clean and sanitary manner. Once a year we provide large dumpsters for a week, to allow residents to discard large items that may clutter their backyards and units.

If we have knowledge of who damaged the area, the family is brought in for a private conference and charged for the clean – up. If the residents call the Housing Authority Office with a complaint and are willing to identify the culprits of this act, we have the police check the area during the identified time.

Currently to reduce the amount of trash, we charge residents \$20.00 for refusing to retrieve their trash barrels or putting trash barrels out early. Both situations allow for loose trash to escape, and the attraction of rodents and insects.

The Woburn Housing Authority has recently installed cameras and video storage to see if we can identify those who are causing any damage.

**How often, if at all, are any of the following a problem in your property: noise?**

During the summer management does receive noise complaints from residents. The three most common noise complaints include; loud music, parties, or young

drivers revving their engines. It is especially challenging during the weekend. When management receives a noise complaint from a resident, a letter is sent to offending household requesting that they turn down the music, refrain from having a party in their unit, or stop running the engine in a loud manner. If the problem is not resolved with this request, the party receives a private conference notice. Currently we have one household under eviction for disturbing the quiet enjoyment of the neighborhood. We have evicted residents for this issue before. Unfortunately judges do not consistently see this as a serious offense and completing the court process takes several months.

**How often, if at all, are any of the following a problem in your property: rodents and insects (indoors) ?**

For a two year period during the spring we had difficulty with mice. This was specific to the spring of 2004 and 2005 . We believe these rodents were displaced when the new school was built and the grounds around the school area were dug up. Another issue has been allowing residents to have dogs on the property. Specifically we addressed this by encouraging residents to keep dog food in Rubbermaid buckets with covers. Dog food seemed to be any easy source of food for mice. Maintenance placed mouse traps within any infested households, and checked each of these traps for the residents daily. They also sprayed and baited in the crawl space under each unit. An exterminator was called in to work with our employees to alleviate this problem. Currently we do not have a report of mice within the units. Prior to the HUD pet policy mandate, mice and rodents were not a problem.

We have two blocks that we are currently treating for cockroaches. We have a contract with Waltham Services for treatment each month. Cockroach infestation can be caused by poor house keeping and specifically individuals that leave food on the stove. Unfortunately this may cause cockroach infestation in a tidy individual's apartment. We have been able to get this problem under control by a combination of treatment and trying our best to encourage people to maintain a cleaner household. An on going challenge is our population with limited cognitive skills and those with mental illness who have difficulty maintaining a household.

**COMMUNICATION**

**Do you think management is: responsive to your questions and concerns?**

On any day the Federal property manager receives an average of 30 phone calls from 19-1 residents. 95% of the calls are returned within 24 hours. All resident calls taken are given an appropriate response. Rent is calculated in adherence with HUD's guidelines. This often creates dissatisfaction among the resident population. Residents who disagree or who do not wish to pay their rent, often become difficult to communicate with. On any given month, 10% of the

population is involved in eviction proceedings which could contribute to the methodology behind the poor response to the HUD resident survey.

Residents receive notices from the Housing Authority management an average of once every two weeks. These notices include information on job fairs, clean ups, public safety information, youth programs, and requests to assist management with maintaining the development in a safe and sanitary manner.

**Do you think management is: supportive of your resident/tenant organization?**

The Housing Authority consistently works with the Resident Advisory Board. The Resident Advisory Board is effective in representing the tenant's position.

**Based on your experience, how satisfied are you with: how well the repairs were done?**

During the development meetings the quality of work orders performed is frequently praised. This is consistent with the resident survey score of 124.2% for routine work orders and 116.3% for emergency work orders. Our overall Maintenance score was 91.5. In sharp contrast to these positive scores is the score of 70.1 for how well the repairs were done. Upon review of work orders, it is very rare that a work order would be completed more than once. In the case that management has a resident call complaining that a work order was not completed correctly, she talk with the Maintenance supervisor, and he personally checks the work of his employees.

**SAFETY**

**How safe do you feel from crime: in your unit/home?**

**How safe do you feel from crime: in your building?**

Over the past year the Housing Authority has had one UCR crime. This crime was a home invasion. The offenders were arrested and the resident was evicted. On another occasion a resident who was having her children removed from the Department of Social Services, assaulted a police officer and DSS worker. This woman was brought to court by the Housing Authority but was not evicted she was referred to counseling for her mental illness. We successfully evicted two other residents who were addicted to drugs and left the development to receive treatment.

**EVICTIONS:** The Housing Authority and its attorney are aggressive in getting cases into court. Unfortunately the court process including grievances, appeals, defaults, and no shows, cause the eviction process to take from 4 months to a year. This is discouraging to both the residents and management.

**SURVEILLANCE CAMERAS HAVE BEEN INSTALLED IN THE DEVELOPMENT.**

This approach has been successful with other housing authorities in the area. They have found that the possibility of being filmed is a deterrent to crime. We are hopeful that this approach will eliminate people creating problems in the development such as public drinking, and other activity that could disrupt the other tenants.

**Do you think any of the following contribute to crime in your property – (bad lighting)**

The Housing Authority has responded to all tenant requests for additional lighting. There is a monthly buildings and grounds inspection that ensures that the lighting is operating properly. Spring Ct Ext has lighting located on several sections of the building to illuminate the court yards, back parking lots, and walk ways, in front of and behind units. There are also street lights and outside lights on each resident's front and back doors. Through the Drug Elimination Grant of 2001 we were able to add lighting in several locations. Currently there is very little area without lighting. Although we have not received complaints of excessive or inadequate lighting, our inspections indicate that all lights are working properly.

**Do you think that any of the following contribute to crime in your property (resident screening)?**

Each prospective resident of public housing is screened the same way. All applicants are subject to a qualification review that includes but is not limited to a Criminal Record Check, a Credit Check, and landlord verification. An objective decision to qualify or disqualify an applicant is determined at that point, consistent with the HUD regulation.

There are limitations to the screening process by law and lack of disclosure that inherently flaw the process. For example substance abuse, domestic violence, and mental illness may affect the residents ability to live independently without incident, but this information is unknown if the person does not have a criminal record or other documentation. We seek to assist individuals through counseling referrals and assistance from outside agencies. We also work collaboratively with the police department for both victim support and arrests for illegal activity.

The Woburn Housing Authority works collaboratively with Career Place to assist interested residents in securing employment. We find that employed residents are more likely to be positive residents since they have a routine to follow. Although we cannot disqualify a person for lack of employment, many of our noise complaints involve able bodied households who don't work. Although you cannot

force a person to work, we do try to provide the resources and support network to help residents find employment.

Unfortunately many families with disabilities that reside in public housing have limited family and outside support. It is not uncommon for the Housing Authority to track these individuals and try to encourage them to use counseling services and public support options. Problems such as paranoia, hallucinations, and limited cognitive skills make living independently challenging. It is not uncommon to have increased fire and police calls to these households as well as difficulty with cleanliness and basic skills to maintain an apartment. We utilize home health aids and other agencies to support these individuals.

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# **WOBURN HOUSING AUTHORITY VIOLENCE AGAINST WOMEN ACT POLICY**

## **I. Purpose and Applicability**

The purpose of this policy (herein called “Policy”) is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA) and more generally to set forth Woburn Housing Authority’s (WHA) policies and procedures regarding domestic violence, dating violence, and stalking, as hereinafter defined.

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

## **II. Goals and Objectives**

This Policy has the following principal goals and objectives:

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

## **III. Other WHA Policies and Procedures**

This Policy shall be referenced in and attached to WHA’s Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of WHA’s Admissions and Continued Occupancy Policy and WHA’s Section 8 Administrative Plan. WHA’s annual public housing agency plan shall also contain information concerning WHA’s activities, services or programs relating to domestic violence, dating violence, and stalking.

To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure of WHA, the provisions of this Policy shall prevail.

#### IV. Definitions

As used in this Policy:

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

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

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

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

(i) The length of the relationship.

(ii) The type of relationship.

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

C. *Stalking* – means –

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

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

(i) that person;

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

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

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

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

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

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

## V. Admissions and Screening

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

Where the WHA receives adverse information about an applicant/household member and is aware that domestic violence might be involved, the WHA shall determine whether there is a substantial connection between the adverse information and the fact that the applicant/household member is a victim of domestic violence. If the WHA determines that there is such a connection, then the WHA shall disregard the adverse information (provided that the perpetrator will not be part of the applicant's household).

A substantial connection includes, but is not limited to, where a victim loses financial support (e.g. victim's job or perpetrator's wages) due to domestic violence and is evicted (or receives a negative landlord reference) for late or nonpayment of rent; where a victim is evicted or receives a negative landlord reference due to property damage and/or noise or other interference with neighbors caused by the perpetrator; and where a victim receives a negative landlord reference for breaking a lease prior to its expiration due to domestic violence.

## VI. Termination of Tenancy or Assistance

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

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a "serious or repeated" violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.
2. In addition to the foregoing, tenancy or assistance will not be terminated by WHA as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant's control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:
  - (a) Nothing contained in this paragraph shall limit any otherwise available authority of WHA or a Section 8 owner or manager to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant's household. However, in taking any such action, neither WHA nor a Section 8 manager or owner may apply a more demanding standard to the victim of domestic violence dating violence or stalking than that applied to other tenants.

- (b) Nothing contained in this paragraph shall be construed to limit the authority of WHA or a Section 8 owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or WHA, 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.
3. Where property damage is caused by a perpetrator, the WHA shall not terminate the Section 8 subsidy or evict from public housing the victim of domestic violence, dating violence, or stalking because of such property damage.
4. Where nonpayment of rent or other charges due the WHA is caused by the perpetrator, and where the victim of domestic violence, dating violence or stalking removes said perpetrator from the lease, the WHA shall offer the remaining household members a reasonable repayment plan (without charging late fees but may recover costs) and shall not evict the remaining members for such nonpayment so long as they substantially comply with said plan.

*B. Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI.A.2. or Federal, State or local law to the contrary, WHA or a Section 8 owner or manager, as the case may be, may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the tenant or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by WHA.

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

*A. Requirement for Verification.* The law allows, but does not require, WHA or a section 8 owner or manager to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph VII. C., WHA shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by WHA. Section 8 owners or managers receiving rental assistance administered by WHA 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 WHA 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 WHA or to the requesting Section 8 owner or manager documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.

3. *Police or court record* – by providing to WHA 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 WHA, or a Section 8 owner or manager to provide verification, must provide such verification within 14 business days (*i.e.*, 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action. Extensions may be granted for good cause.

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

## **VIII. Confidentiality**

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

1. requested or consented to by the individual in writing, or

2. required for use in a public housing eviction proceeding or in connection with termination of Section 8 assistance, as permitted in VAWA, or
  3. otherwise required by applicable law.
- B. *Notification of rights.* All tenants of public housing and tenants participating in the Section 8 rental assistance program administered by WHA shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

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

- A. *Application for transfer.* In situations that involve significant risk of violent harm to an individual as a result of previous incidents or threats of domestic violence, dating violence, or stalking, WHA will, if an approved unit size is available at a location that may reduce the risk of harm, approve transfer by a public housing or Section 8 tenant to a different unit in order to reduce the level of risk to the individual. A tenant who requests transfer must attest in such application that the requested transfer is necessary to protect the health or safety of the tenant or another member of the household who is or was the victim of domestic violence, dating violence, or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit. Where appropriate, transfers may be granted from federal public housing to Section 8 and from Section 8 to federal public housing.
- B. *No right to transfer.* WHA will make every effort to accommodate requests for transfer when suitable alternative vacant units are available and the circumstances warrant such action. However, except with respect to portability of Section 8 assistance as provided in paragraph IX. D below the decision to grant or refuse to grant a transfer shall lie within the sole discretion of WHA, and this policy does not create any right on the part of any applicant to be granted a transfer.
- C. *Family rent obligations.* If the family occupying WHA public housing moves in order to protect the health or safety of a household member, the family's obligation to provide 30 days advance notice of its move shall be waived by the WHA.
- D. *Portability.* Notwithstanding the foregoing, a Section 8-assisted tenant will not be denied portability to a unit located in another jurisdiction (notwithstanding the term of the tenant's existing lease has not expired, the tenant has not provided the required notice of vacating to the WHA or the family has not occupied the unit for 12 months) so long as the tenant has complied with all other requirements of the Section 8 program and has moved from the unit in order to protect a health or safety of an individual member of the household who is or has been the victim of domestic violence dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

## **X. Relationships with Service Providers**

It is the policy of WHA to cooperate with organizations and entities, both private and governmental that provides shelter and/or services to victims of domestic violence. If WHA staff becomes aware that an individual assisted by WHA is a victim of domestic violence, dating violence or stalking, WHA 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 WHA 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. WHA's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which WHA has referral or other cooperative relationships.

## **XI. Notification**

WHA 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.

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

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

## **XIII. Amendment**

This policy may be amended from time to time by WHA as approved by the WHA Board of Commissioners after consultation with the Resident Advisory Board.

UPDATED/REVISED 10/2007

<b>Part I: Summary</b>						
PHA Name:  <b>WOBURN HOUSING AUTH</b>		Grant Type and Number Capital Fund Program Grant No. MA06P019501-04 Date of CFFP: _____			Replacement Housing Factor Grant No: _____	FFY of Grant: <u>2004</u> FFY of Grant Approval: <u>2004</u>
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2008 <input checked="" type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$10,000.00	\$0.00	\$4,565.58	\$4,565.58	
4	1410 Administration (may not exceed 10% of line 20)	\$17,800.00	\$0.00	\$15,000.00	\$15,000.00	
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$112,200.00	\$0.00	\$122,769.20	\$122,769.20	
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00	
12	1470 Non-dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Non-dwelling Equipment	\$38,515.00	\$0.00	\$36,180.22	\$36,180.22	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00	
16	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00	
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$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	<b>Amount of Annual Grant: (sum of lines 2 -- 19)</b>	<b>\$178,515.00</b>	<b>\$0.00</b>	<b>\$178,515.00</b>	<b>\$178,515.00</b>	
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00	
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 20 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 20 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	
Signature of Executive Director		Date	Signature of Public Housing Director		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> <b>WOBURN HOUSING AUTH</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No. MA06P019501-04 CFFP (Yes/No): No Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> <b>2004</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide Mgmt. Improvmts	1) COMPUTER HARDWARE/SOFTV	1408	<b>Total 1408</b>	\$10,000.00	\$0.00	\$4,565.58	\$4,565.58	
	2) Item 2	"		\$0.00	\$0.00	\$0.00	\$0.00	
	3) Item 3	"		\$0.00	\$0.00	\$0.00	\$0.00	
				\$10,000.00	\$0.00	\$4,565.58	\$4,565.58	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan or Prog. Mgmt. fees	1410		\$17,800.00	\$0.00	\$15,000.00	\$15,000.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

<sup>2</sup>To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b>		<b>Grant Type and Number</b>				<b>Federal FY of Grant:</b>		
<b>WOBURN HOUSING AUTH</b>		Capital Fund Program Grant No. MA06P019501-04 CFFP (Yes/No): <b>No</b> Replacement Housing Factor Grant No:				<b>2004</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>MA06P019-001</b> <b>SPRING COURT EXT</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> KITCHEN REMODEL	1460		\$112,200.00	\$0.00	\$122,769.20	\$122,769.20	
			Total DUs:	\$112,200.00	\$0.00	\$122,769.20	\$122,769.20	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> TRUCK AND PLOW PLUMBING TOOL	1475		\$38,515.00	\$0.00	\$36,180.22	\$36,180.22		
		Total NDE:	\$38,515.00	\$0.00	\$36,180.22	\$36,180.22		
<b>Total, SPRING COURT EXT</b>		<b>Project Total:</b>		\$150,715.00	\$0.00	\$158,949.42	\$158,949.42	

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

<sup>2</sup>To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name: WOBURN HOUSING AUTH</b>					<b>Federal FY of Grant: 2004</b>
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
1408	09/01/05		08/01/07		
1410	09/01/05		08/01/07		
1430	01/01/06		08/01/07		
1460	09/01/05		08/01/07		
1475	09/01/05		08/01/07		

<sup>1</sup>Obligation and expenditure end date can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program - Five-Year Action Plan

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

<b>Part I: Summary</b>						
PHA Name/Number		Locality (City/County & State)			<input type="checkbox"/> Original 5-Year Plan	<input checked="" type="checkbox"/> Revision No: <u>1</u>
<b>WOBURN HOUSING AUTH</b>		<b>WOBURN, MIDDLESEX, MA</b>				
A.	Development Number and Name	Work Statement for Year 1 FFY <b>2004</b>	Work Statement for Year 2 FFY <b>2005</b>	Work Statement for Year 3 FFY <b>2006</b>	Work Statement for Year 4 FFY <b>2007</b>	Work Statement for Year 5 FFY <b>2008</b>
	<b>MA06P001 SPRING COURT E</b>	Annual Statement	\$161,015	\$161,015	\$161,015	\$161,015
	HA-Wide Physical Activities		\$0	\$0	\$0	\$0
B.	Physical Improvements Subtotal		\$161,015	\$161,015	\$161,015	\$161,015
C.	Management Improvements		\$0	\$0	\$0	\$0
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0	\$0	\$0	\$0
E.	Administration		\$17,500	\$17,500	\$17,500	\$17,500
F.	Other		\$0	\$0	\$0	\$0
G.	Operations		\$0	\$0	\$0	\$0
H.	Demolition		\$0	\$0	\$0	\$0
I.	Development		\$0	\$0	\$0	\$0
J.	Capital Fund Financing -- Debt Service		\$0	\$0	\$0	\$0
K.	Total CFP Funds		\$178,515	\$178,515	\$178,515	\$178,515
L.	Total Non-CFP Funds		\$0	\$0	\$0	\$0
M.	Grand Total		\$178,515	\$178,515	\$178,515	\$178,515

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2004	Work Statement for Year 2 FFY 2005			Work Statement for Year 3 FFY 2006		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>HA-WIDE Site:</b>			<b>HA-WIDE Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>ON-DEMAND Mech. and Electrical:</b>			<b>ON-DEMAND Mech. and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>ON-DEMAND Building Exterior:</b>			<b>ON-DEMAND Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>ON-DEMAND Dwelling Units:</b>			<b>ON-DEMAND Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>HA-WIDE Dwelling Equipment:</b>			<b>HA-WIDE Dwelling Equipment:</b>		
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
<b>HA-WIDE Interior Common Areas:</b>			<b>HA-WIDE Interior Common Areas:</b>			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
<b>HA-WIDE Site-Wide Facilities:</b>			<b>HA-WIDE Site-Wide Facilities:</b>			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>HA-WIDE Nondwelling Equipment:</b>			<b>HA-WIDE Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		
<b>\$0</b>				<b>\$0</b>		

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2004	Work Statement for Year 4 FFY 2007			Work Statement for Year 5 FFY 2008		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>Site:</b>			<b>Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b>			<b>Mechanical and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>Building Exterior:</b>			<b>Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>Dwelling Units:</b>			<b>Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>Dwelling Equipment:</b>			<b>Dwelling Equipment:</b>		
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
<b>Interior Common Areas:</b>			<b>Interior Common Areas:</b>			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
<b>Site-Wide Facilities:</b>			<b>Site-Wide Facilities:</b>			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>Nondwelling Equipment:</b>			<b>Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		
<b>\$0</b>				<b>\$0</b>		

Capital Fund Program - Five-Year Action Plan

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

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2004	Work Statement for Year 2 FFY 2005			Work Statement for Year 3 FFY 2006		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site: None		\$0	Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b> HOT WATER SYSTEMS		\$0	<b>Mechanical and Electrical:</b> HOT WATER SYSTEMS REPLACE		\$25,000
	Total M&E:		\$0	Total M&E:		\$25,000
	<b>Building Exterior:</b> None		\$0	<b>Building Exterior:</b> WINDOWS, POINT WATERPROOF BRICKS ROOFS		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>Dwelling Units:</b> KITCHEN REPLACEMENT/BATHROOM UPGRADE		\$161,015	<b>Dwelling Units:</b> BATHROOM UPGRADE		\$101,015
	Total DUs:		\$161,015	Total DUs:		\$101,015
	<b>Dwelling Equipment:</b> None		\$0	<b>Dwelling Equipment:</b> None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b> None		\$0	<b>Interior Common Areas:</b> None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b> None		\$0	<b>Site-Wide Facilities:</b> None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
	<b>Nondwelling Equipment:</b> None		\$0	<b>Nondwelling Equipment:</b> Truck replacement		\$35,000
Total NDE:		\$0	Total NDE:		\$35,000	
<b>Subtotal of Estimated Cost</b>			<b>\$161,015</b>	<b>Subtotal of Estimated Cost</b>		

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2004	Work Statement for Year 4 FFY 2007			Work Statement for Year 5 FFY 2008		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site: None		\$0	Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b> HEATING AND HOT WATER SYSTEMS		\$83,000	<b>Mechanical and Electrical:</b> HEAT/HOT WATER SYSTEMS 20 YEARS OLD		\$141,015
	Total M&E:		\$83,000	Total M&E:		\$141,015
	<b>Building Exterior:</b> ROOFS/		\$28,015	<b>Building Exterior:</b> WINDOWS		\$20,000
	Total B.E.:		\$28,015	Total B.E.:		\$20,000
	<b>Dwelling Units:</b> None		\$0	<b>Dwelling Units:</b> None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>Dwelling Equipment:</b> BATHROOM UPGRADES		\$50,000	<b>Dwelling Equipment:</b> None		\$0
	Total D.E.:		\$50,000	Total D.E.:		\$0
	<b>Interior Common Areas:</b> None		\$0	<b>Interior Common Areas:</b> None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b> None		\$0	<b>Site-Wide Facilities:</b> None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
<b>Nondwelling Equipment:</b> None		\$0	<b>Nondwelling Equipment:</b> None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$161,015</b>	<b>Subtotal of Estimated Cost</b>		
				<b>\$161,015</b>		

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

<b>Part III: Supporting Pages -- Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY <b>2004</b>	Work Statement for Year 4 FFY <b>2007</b>		Work Statement for Year 5 FFY <b>2008</b>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Major Work Categories	Estimated Cost
	<b>Subtotal of Estimated Cost</b>	<b>\$0</b>	<b>Subtotal of Estimated Cost</b>	<b>\$0</b>

**Actual Modernization  
Cost Certificate**

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

OMB No. 2577-0044 (exp. 3/31/2010)

Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)

Public Reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (0044 and 1057), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a currently valid OMB control number. Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>WOBURN HOUSING AUTHORITY 59 CAMPBELL STREET WOBURN, MA 01801</b>	Modernization Project Number: <b>MA069019501-04</b>
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The HA 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 Modernization Grant, is as shown below:

A. Original Funds Approved	<b>\$178,515.00</b>
B. Funds Disbursed	<b>\$178,515.00</b>
C. Funds Expended (Actual Modernization Cost)	<b>\$178,515.00</b>
D. Amount to be Recaptured (A-C)	<b>\$0.00</b>
E. Excess of Funds Disbursed (B-C)	<b>\$0.00</b>

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-mens' 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 of Executive Director & Date:

**X**

Robert McNabb, Executive Direc 28-Aug-08

**For HUD Use Only**

<b>The Cost Certificate is approved for audit:</b> Approved for Audit (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	
<b>The audited costs agree with the costs shown above:</b> Verified: (Designated HUD Official)	Date:
<b>X</b>	
Approved: (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	

<b>Part I: Summary</b>						
PHA Name:  <b>WOBURN HOUSING AUTH</b>		Grant Type and Number Capital Fund Program Grant No. MA06P019501-05 Date of CFFP: _____			Replacement Housing Factor Grant No:  FFY of Grant: <u>2005</u> FFY of Grant Approval: <u>2005</u>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:12/31/2007 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$15,000.00	\$0.00	\$15,000.00	\$0.00	
4	1410 Administration (may not exceed 10% of line 20)	\$17,200.00	\$0.00	\$17,200.00	\$17,200.00	
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	\$15,000.00	\$0.00	\$15,000.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$125,001.00	\$0.00	\$125,001.00	\$0.00	
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00	
12	1470 Non-dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Non-dwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00	
16	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00	
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$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	<b>Amount of Annual Grant: (sum of lines 2 -- 19)</b>	<b>\$172,201.00</b>	<b>\$0.00</b>	<b>\$172,201.00</b>	<b>\$17,200.00</b>	
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00	
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 20 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 20 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	
Signature of Executive Director		Date	Signature of Public Housing Director		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> <b>WOBURN HOUSING AUTH</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No. MA06P019501-05 CFFP (Yes/No): No Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> <b>2005</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide Mgmt. Improvmts	1) COPIER	1408		\$10,000.00	\$0.00	\$10,000.00	\$0.00	
	2) PRINTER	"		\$5,000.00	\$0.00	\$5,000.00	\$0.00	
	3) Item 3	"		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total 1408</b>			\$15,000.00	\$0.00	\$15,000.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan or Prog. Mgmt. fees	1410		\$17,200.00	\$0.00	\$17,200.00	\$17,200.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$15,000.00	\$0.00	\$15,000.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

<sup>2</sup>To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b>		<b>Grant Type and Number</b>				<b>Federal FY of Grant:</b>		
<b>WOBURN HOUSING AUTH</b>		Capital Fund Program Grant No. MA06P019501-05 CFFP (Yes/No): <b>No</b> Replacement Housing Factor Grant No:				<b>2005</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>MA06P019-001</b> <b>SPRING COURT EXT</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> HEAT AND HOT WATER SYS	1460		\$96,315.00	\$0.00	\$125,001.00	\$0.00	
			Total M&E:	\$96,315.00	\$0.00	\$125,001.00	\$0.00	
	<b>Building Exterior:</b> ROOFS	1460		\$28,686.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$28,686.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total, SPRING COURT EXT</b>		<b>Project Total:</b>		\$125,001.00	\$0.00	\$125,001.00	\$0.00	

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name: WOBURN HOUSING AUTH</b>					<b>Federal FY of Grant: 2005</b>
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
1408	10/01/06		11/01/08		
1410	10/01/06		11/01/08		
1430	10/01/06		11/01/08		
1460	10/01/06		11/01/08		

<sup>1</sup>Obligation and expenditure end date can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program - Five-Year Action Plan

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

<b>Part I: Summary</b>						
PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No: __
<b>WOBURN HOUSING AUTH</b>		<b>WOBURN, MIDDLESEX, MA</b>				
A.	Development Number and Name	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	FFY	<b>2005</b>	FFY <b>2006</b>	FFY <b>2007</b>	FFY <b>2008</b>	FFY <b>2009</b>
	<b>MA06P001 SPRING COURT E</b>	Annual Statement	\$155,001	\$155,001	\$155,001	\$155,001
	HA-Wide Physical Activities		\$0	\$0	\$0	\$0
B.	Physical Improvements Subtotal		\$155,001	\$155,001	\$155,001	\$155,001
C.	Management Improvements		\$0	\$0	\$0	\$0
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0	\$0	\$0	\$0
E.	Administration		\$17,200	\$17,200	\$17,200	\$17,200
F.	Other		\$0	\$0	\$0	\$0
G.	Operations		\$0	\$0	\$0	\$0
H.	Demolition		\$0	\$0	\$0	\$0
I.	Development		\$0	\$0	\$0	\$0
J.	Capital Fund Financing -- Debt Service		\$0	\$0	\$0	\$0
K.	Total CFP Funds		\$172,201	\$172,201	\$172,201	\$172,201
L.	Total Non-CFP Funds		\$0	\$0	\$0	\$0
M.	Grand Total		\$172,201	\$172,201	\$172,201	\$172,201

Capital Fund Program - Five-Year Action Plan

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

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2005	Work Statement for Year 2 FFY 2006			Work Statement for Year 3 FFY 2007		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>HA-WIDE Site:</b>			<b>HA-WIDE Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>ON-DEMAND Mech. and Electrical:</b>			<b>ON-DEMAND Mech. and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>ON-DEMAND Building Exterior:</b>			<b>ON-DEMAND Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>ON-DEMAND Dwelling Units:</b>			<b>ON-DEMAND Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>HA-WIDE Dwelling Equipment:</b>			<b>HA-WIDE Dwelling Equipment:</b>		
	None		\$0	None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
<b>HA-WIDE Interior Common Areas:</b>			<b>HA-WIDE Interior Common Areas:</b>			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
<b>HA-WIDE Site-Wide Facilities:</b>			<b>HA-WIDE Site-Wide Facilities:</b>			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>HA-WIDE Nondwelling Equipment:</b>			<b>HA-WIDE Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		

Capital Fund Program - Five-Year Action Plan

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

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2005	Work Statement for Year 4 FFY 2008			Work Statement for Year 5 FFY 2009		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>Site:</b>			<b>Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b>			<b>Mechanical and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>Building Exterior:</b>			<b>Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>Dwelling Units:</b>			<b>Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>Dwelling Equipment:</b>			<b>Dwelling Equipment:</b>		
	None		\$0	None		\$0
Total D.E.:		\$0	Total D.E.:		\$0	
<b>Interior Common Areas:</b>			<b>Interior Common Areas:</b>			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
<b>Site-Wide Facilities:</b>			<b>Site-Wide Facilities:</b>			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>Nondwelling Equipment:</b>			<b>Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		

Capital Fund Program - Five-Year Action Plan

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

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2005	Work Statement for Year 2 FFY 2006			Work Statement for Year 3 FFY 2007		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site: None		\$0	Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b> HEAT/HOT WATER SYSTEMS		\$125,001	<b>Mechanical and Electrical:</b> HOT WATER SYSTEMS REPLACE		\$125,001
	Total M&E:		\$125,001	Total M&E:		\$125,001
	<b>Building Exterior:</b> ROOFS		\$16,000	<b>Building Exterior:</b> ROOFS/POINT/WATER PROOF BRICKS		\$16,000
	Total B.E.:		\$16,000	Total B.E.:		\$16,000
	<b>Dwelling Units:</b> BATHROOM UPGRADES		\$14,000	<b>Dwelling Units:</b> BATHROOM UPGRADE		\$14,000
	Total DUs:		\$14,000	Total DUs:		\$14,000
	<b>Dwelling Equipment:</b> None		\$0	<b>Dwelling Equipment:</b> None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b> None		\$0	<b>Interior Common Areas:</b> None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b> None		\$0	<b>Site-Wide Facilities:</b> None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
<b>Nondwelling Equipment:</b> None		\$0	<b>Nondwelling Equipment:</b> Truck replacement		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$155,001</b>	<b>Subtotal of Estimated Cost</b>		

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2005	Work Statement for Year 4 FFY 2008			Work Statement for Year 5 FFY 2009		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site: None		\$0	Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b>			<b>Mechanical and Electrical:</b>		
	HEATING AND HOT WATER SYSTEMS		\$113,000	HEAT/HOT WATER SYSTEMS 20 YEARS OLD		\$113,000
	Total M&E:		\$113,000	Total M&E:		\$113,000
	<b>Building Exterior:</b>			<b>Building Exterior:</b>		
	ROOFS/WINDOWS		\$28,001	WINDOWS		\$28,001
	Total B.E.:		\$28,001	Total B.E.:		\$28,001
	<b>Dwelling Units:</b>			<b>Dwelling Units:</b>		
	BATHROOM UPGRADES		\$14,000	None		\$14,000
	Total DUs:		\$14,000	Total DUs:		\$14,000
	<b>Dwelling Equipment:</b>			<b>Dwelling Equipment:</b>		
	None		\$0	None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b>			<b>Interior Common Areas:</b>		
	None		\$0	None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
<b>Site-Wide Facilities:</b>			<b>Site-Wide Facilities:</b>			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>Nondwelling Equipment:</b>			<b>Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$155,001</b>	<b>Subtotal of Estimated Cost</b>		
<b>\$155,001</b>				<b>\$155,001</b>		



**Actual Modernization  
Cost Certificate**

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

OMB No. 2577-0044 (exp. 3/31/2010)

Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)

Public Reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (0044 and 1057), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a currently valid OMB control number. Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>WOBURN HOUSING AUTHORITY 59 CAMPBELL ST WOBURN, MA 01801</b>	Modernization Project Number: <b>MA069019501-05</b>
---	--

The HA 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 Modernization Grant, is as shown below:

A. Original Funds Approved	<b>\$0.00</b>
B. Funds Disbursed	<b>\$0.00</b>
C. Funds Expended (Actual Modernization Cost)	<b>\$0.00</b>
D. Amount to be Recaptured (A-C)	<b>\$0.00</b>
E. Excess of Funds Disbursed (B-C)	<b>\$0.00</b>

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-mens' 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 of Executive Director & Date:

**X**

<b>For HUD Use Only</b>	
<b>The Cost Certificate is approved for audit:</b> Approved for Audit (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	
<b>The audited costs agree with the costs shown above:</b> Verified: (Designated HUD Official)	Date:
<b>X</b>	
Approved: (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	

<b>Part I: Summary</b>						
PHA Name:  <b>WOBURN HOUSING AUTH</b>		Grant Type and Number Capital Fund Program Grant No. MA06P019501-06 Date of CFFP: _____			Replacement Housing Factor Grant No:  FFY of Grant: <u>2006</u> FFY of Grant Approval: <u>2006</u>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:12/31/2007 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$15,000.00	\$0.00	\$15,000.00	\$0.00	
4	1410 Administration (may not exceed 10% of line 20)	\$15,200.00	\$0.00	\$15,200.00	\$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	\$15,000.00	\$0.00	\$15,000.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$107,124.00	\$0.00	\$0.00	\$0.00	
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00	
12	1470 Non-dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Non-dwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00	
16	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00	
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$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	<b>Amount of Annual Grant: (sum of lines 2 -- 19)</b>	<b>\$152,324.00</b>	<b>\$0.00</b>	<b>\$45,200.00</b>	<b>\$0.00</b>	
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00	
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 20 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 20 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	
Signature of Executive Director		Date	Signature of Public Housing Director		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>WOBURN HOUSING AUTH</b>		Capital Fund Program Grant No. MA06P019501-06 CFFP (Yes/No): No Replacement Housing Factor Grant No:			2006			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide Mgmt. Improvmts	1) COPIER 2) PRINTER 3) Item 3	1408		\$10,000.00	\$0.00	\$10,000.00	\$0.00	
		"		\$5,000.00	\$0.00	\$5,000.00	\$0.00	
		"		\$0.00	\$0.00	\$0.00	\$0.00	
		<b>Total 1408</b>		\$15,000.00	\$0.00	\$15,000.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan or Prog. Mgmt. fees	1410		\$15,200.00	\$0.00	\$15,200.00	\$0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$15,000.00	\$0.00	\$15,000.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

<sup>2</sup>To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>WOBURN HOUSING AUTH</b>		Capital Fund Program Grant No. MA06P019501-06 CFFP (Yes/No): No Replacement Housing Factor Grant No:			2006			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MA06P019-001 SPRING COURT EXT	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
		Total Site:		\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: HEAT AND HOT WATER SYS	1460		\$93,124.00	\$0.00	\$0.00	\$0.00	
		Total M&E:		\$93,124.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: WINDOWS	1460		\$14,000.00	\$0.00	\$0.00	\$0.00	
		Total B.E.:		\$14,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
		Total DUs:		\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
		Total D.E.:		\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total ICAs:		\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
		Total SWFs:		\$0.00	\$0.00	\$0.00	\$0.00	
	Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00	
Total NDE:			\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total, SPRING COURT EXT</b>	<b>Project Total:</b>			\$107,124.00	\$0.00	\$0.00	\$0.00	

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

<sup>2</sup>To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name: WOBURN HOUSING AUTH</b>					<b>Federal FY of Grant: 2006</b>
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
1408	10/01/07		11/01/08		
1410	10/01/07		11/01/08		
1430	10/01/06		11/01/08		
1460	10/01/07		11/01/08		

<sup>1</sup>Obligation and expenditure end date can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program - Five-Year Action Plan

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

<b>Part I: Summary</b>						
PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No: __
<b>WOBURN HOUSING AUTH</b>		<b>WOBURN, MIDDLESEX, MA</b>				
A.	Development Number and Name	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	FFY	FFY	FFY	FFY	FFY	FFY
		<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
	<b>MA06P001 SPRING COURT E</b>	Annual Statement	\$137,324	\$137,324	\$137,324	\$137,324
	HA-Wide Physical Activities		\$0	\$0	\$0	\$0
B.	Physical Improvements Subtotal		\$137,324	\$137,324	\$137,324	\$137,324
C.	Management Improvements		\$0	\$0	\$0	\$0
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0	\$0	\$0	\$0
E.	Administration		\$15,000	\$15,000	\$15,000	\$15,000
F.	Other		\$0	\$0	\$0	\$0
G.	Operations		\$0	\$0	\$0	\$0
H.	Demolition		\$0	\$0	\$0	\$0
I.	Development		\$0	\$0	\$0	\$0
J.	Capital Fund Financing -- Debt Service		\$0	\$0	\$0	\$0
K.	Total CFP Funds		\$152,324	\$152,324	\$152,324	\$152,324
L.	Total Non-CFP Funds		\$0	\$0	\$0	\$0
M.	Grand Total		\$152,324	\$152,324	\$152,324	\$152,324

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2006	Work Statement for Year 2 FFY 2007			Work Statement for Year 3 FFY 2008		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>HA-WIDE Site:</b>			<b>HA-WIDE Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>ON-DEMAND Mech. and Electrical:</b>			<b>ON-DEMAND Mech. and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>ON-DEMAND Building Exterior:</b>			<b>ON-DEMAND Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>ON-DEMAND Dwelling Units:</b>			<b>ON-DEMAND Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>HA-WIDE Dwelling Equipment:</b>			<b>HA-WIDE Dwelling Equipment:</b>		
	None		\$0	None		\$0
Total D.E.:		\$0	Total D.E.:		\$0	
<b>HA-WIDE Interior Common Areas:</b>			<b>HA-WIDE Interior Common Areas:</b>			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
<b>HA-WIDE Site-Wide Facilities:</b>			<b>HA-WIDE Site-Wide Facilities:</b>			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>HA-WIDE Nondwelling Equipment:</b>			<b>HA-WIDE Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		
<b>\$0</b>				<b>\$0</b>		

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2006	Work Statement for Year 4 FFY 2009			Work Statement for Year 5 FFY 2010		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>Site:</b>			<b>Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b>			<b>Mechanical and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>Building Exterior:</b>			<b>Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>Dwelling Units:</b>			<b>Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>Dwelling Equipment:</b>			<b>Dwelling Equipment:</b>		
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
<b>Interior Common Areas:</b>			<b>Interior Common Areas:</b>			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
<b>Site-Wide Facilities:</b>			<b>Site-Wide Facilities:</b>			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>Nondwelling Equipment:</b>			<b>Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		
<b>\$0</b>				<b>\$0</b>		

Capital Fund Program - Five-Year Action Plan

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

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2006	Work Statement for Year 2 FFY 2007			Work Statement for Year 3 FFY 2008		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site: None		\$0	Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b> HEAT/HOT WATER SYSTEMS		\$124,324	<b>Mechanical and Electrical:</b> HOT WATER SYSTEMS REPLACE		\$124,324
	Total M&E:		\$124,324	Total M&E:		\$124,324
	<b>Building Exterior:</b> WINDOWS		\$6,000	<b>Building Exterior:</b> ROOFS/POINT/WATER PROOF BRICKS		\$6,000
	Total B.E.:		\$6,000	Total B.E.:		\$6,000
	<b>Dwelling Units:</b> BATHROOM UPGRADES		\$7,000	<b>Dwelling Units:</b> BATHROOM UPGRADE		\$7,000
	Total DUs:		\$7,000	Total DUs:		\$7,000
	<b>Dwelling Equipment:</b> None		\$0	<b>Dwelling Equipment:</b> None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b> None		\$0	<b>Interior Common Areas:</b> None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b> None		\$0	<b>Site-Wide Facilities:</b> None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
<b>Nondwelling Equipment:</b> None		\$0	<b>Nondwelling Equipment:</b> Truck replacement		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$137,324</b>	<b>Subtotal of Estimated Cost</b>		

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2006	Work Statement for Year 4 FFY 2009			Work Statement for Year 5 FFY 2010		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site: None		\$0	Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b> HEATING AND HOT WATER SYSTEMS		\$124,324	<b>Mechanical and Electrical:</b> HEAT/HOT WATER SYSTEMS 20 YEARS OLD		\$124,324
	Total M&E:		\$124,324	Total M&E:		\$124,324
	<b>Building Exterior:</b> WINDOWS		\$8,000	<b>Building Exterior:</b> WINDOWS		\$13,000
	Total B.E.:		\$8,000	Total B.E.:		\$13,000
	<b>Dwelling Units:</b> BATHROOM UPGRADES		\$5,000	<b>Dwelling Units:</b> None		\$0
	Total DUs:		\$5,000	Total DUs:		\$0
	<b>Dwelling Equipment:</b> None		\$0	<b>Dwelling Equipment:</b> None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b> None		\$0	<b>Interior Common Areas:</b> None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b> None		\$0	<b>Site-Wide Facilities:</b> None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
	<b>Nondwelling Equipment:</b> None		\$0	<b>Nondwelling Equipment:</b> None		\$0
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$137,324</b>	<b>Subtotal of Estimated Cost</b>		



**Actual Modernization  
Cost Certificate**

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

OMB No. 2577-0044 (exp. 3/31/2010)

Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)

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This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>WOBURN HOUSING AUTHORITY 59 CAMPBELL ST WOBURN, MA 01801</b>	Modernization Project Number: <b>MA069019501-06</b>
---	--

The HA 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 Modernization Grant, is as shown below:

A. Original Funds Approved	<b>\$0.00</b>
B. Funds Disbursed	<b>\$0.00</b>
C. Funds Expended (Actual Modernization Cost)	<b>\$0.00</b>
D. Amount to be Recaptured (A-C)	<b>\$0.00</b>
E. Excess of Funds Disbursed (B-C)	<b>\$0.00</b>

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-mens' 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 of Executive Director & Date:

**X**

<b>For HUD Use Only</b>	
<b>The Cost Certificate is approved for audit:</b> Approved for Audit (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	
<b>The audited costs agree with the costs shown above:</b> Verified: (Designated HUD Official)	Date:
<b>X</b>	
Approved: (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	

<b>Part I: Summary</b>						
PHA Name:  <b>WOBURN HOUSING AUTH</b>		Grant Type and Number Capital Fund Program Grant No. MA06P019502-06 Date of CFFP: _____			Replacement Housing Factor Grant No:  FFY of Grant: <u>2006</u> FFY of Grant Approval: <u>2006</u>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:12/31/2007 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00	
4	1410 Administration (may not exceed 10% of line 20)	\$1,200.00	\$0.00	\$1,200.00	\$0.00	
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$1,687.00	\$0.00	\$0.00	\$0.00	
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00	
12	1470 Non-dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Non-dwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00	
16	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00	
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$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	<b>Amount of Annual Grant: (sum of lines 2 -- 19)</b>	<b>\$12,887.00</b>	<b>\$0.00</b>	<b>\$1,200.00</b>	<b>\$0.00</b>	
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00	
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 20 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 20 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	
Signature of Executive Director		Date	Signature of Public Housing Director		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>WOBURN HOUSING AUTH</b>		Capital Fund Program Grant No. MA06P019502-06 CFFP (Yes/No): No Replacement Housing Factor Grant No:			2006			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide Mgmt. Improvmts	1) COPIER	1408		\$0.00	\$0.00	\$0.00	\$0.00	
	2) PRINTER	"		\$0.00	\$0.00	\$0.00	\$0.00	
	3) Item 3	"		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total 1408</b>			\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan or Prog. Mgmt. fees	1410		\$1,200.00	\$0.00	\$1,200.00	\$0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

Part II: Supporting Pages								
PHA Name:		Grant Type and Number			Federal FY of Grant:			
<b>WOBURN HOUSING AUTH</b>		Capital Fund Program Grant No. MA06P019502-06 CFFP (Yes/No): No Replacement Housing Factor Grant No:			2006			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MA06P019-001 SPRING COURT EXT	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: HEAT AND HOT WATER SYS	1460		\$5,843.50	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$5,843.50	\$0.00	\$0.00	\$0.00	
	Building Exterior: WINDOWS	1460		\$5,843.50	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$5,843.50	\$0.00	\$0.00	\$0.00	
	Dwelling Units: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00	
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total, SPRING COURT EXT</b>			<b>Project Total:</b>	<b>\$11,687.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name: WOBURN HOUSING AUTH</b>					<b>Federal FY of Grant: 2006</b>
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
1408	10/01/07		11/01/08		
1410	10/01/07		11/01/08		
1430	10/01/06		11/01/08		
1460	10/01/07		11/01/08		

<sup>1</sup>Obligation and expenditure end date can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program - Five-Year Action Plan

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

<b>Part I: Summary</b>						
PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No: __
<b>WOBURN HOUSING AUTH</b>		<b>WOBURN, MIDDLESEX, MA</b>				
A.	Development Number and Name	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	FFY	2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010
	<b>MA06P001 SPRING COURT E</b>	Annual Statement	\$11,687	\$11,687	\$11,687	\$11,687
	HA-Wide Physical Activities		\$0	\$0	\$0	\$0
B.	Physical Improvements Subtotal		\$11,687	\$11,687	\$11,687	\$11,687
C.	Management Improvements		\$0	\$0	\$0	\$0
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0	\$0	\$0	\$0
E.	Administration		\$1,200	\$1,200	\$1,200	\$1,200
F.	Other		\$0	\$0	\$0	\$0
G.	Operations		\$0	\$0	\$0	\$0
H.	Demolition		\$0	\$0	\$0	\$0
I.	Development		\$0	\$0	\$0	\$0
J.	Capital Fund Financing -- Debt Service		\$0	\$0	\$0	\$0
K.	Total CFP Funds		\$12,887	\$12,887	\$12,887	\$12,887
L.	Total Non-CFP Funds		\$0	\$0	\$0	\$0
M.	Grand Total		\$12,887	\$12,887	\$12,887	\$12,887

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2006	Work Statement for Year 2 FFY 2007			Work Statement for Year 3 FFY 2008		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>HA-WIDE Site:</b>			<b>HA-WIDE Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>ON-DEMAND Mech. and Electrical:</b>			<b>ON-DEMAND Mech. and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>ON-DEMAND Building Exterior:</b>			<b>ON-DEMAND Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>ON-DEMAND Dwelling Units:</b>			<b>ON-DEMAND Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>HA-WIDE Dwelling Equipment:</b>			<b>HA-WIDE Dwelling Equipment:</b>		
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
<b>HA-WIDE Interior Common Areas:</b>			<b>HA-WIDE Interior Common Areas:</b>			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
<b>HA-WIDE Site-Wide Facilities:</b>			<b>HA-WIDE Site-Wide Facilities:</b>			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>HA-WIDE Nondwelling Equipment:</b>			<b>HA-WIDE Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2006	Work Statement for Year 4 FFY 2009			Work Statement for Year 5 FFY 2010		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>Site:</b>			<b>Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b>			<b>Mechanical and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>Building Exterior:</b>			<b>Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>Dwelling Units:</b>			<b>Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>Dwelling Equipment:</b>			<b>Dwelling Equipment:</b>		
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
<b>Interior Common Areas:</b>			<b>Interior Common Areas:</b>			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
<b>Site-Wide Facilities:</b>			<b>Site-Wide Facilities:</b>			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>Nondwelling Equipment:</b>			<b>Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		
<b>\$0</b>				<b>\$0</b>		

Capital Fund Program - Five-Year Action Plan

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

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2006	Work Statement for Year 2 FFY 2007			Work Statement for Year 3 FFY 2008		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site: None		\$0	Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b> HEAT/HOT WATER SYSTEMS		\$5,843	<b>Mechanical and Electrical:</b> HOT WATER SYSTEMS REPLACE		\$5,844
	Total M&E:		\$5,843	Total M&E:		\$5,844
	<b>Building Exterior:</b> WINDOWS		\$5,844	<b>Building Exterior:</b> ROOFS/POINT/WATER PROOF BRICKS		\$5,843
	Total B.E.:		\$5,844	Total B.E.:		\$5,843
	<b>Dwelling Units:</b> BATHROOM UPGRADES		\$0	<b>Dwelling Units:</b> BATHROOM UPGRADE		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>Dwelling Equipment:</b> None		\$0	<b>Dwelling Equipment:</b> None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b> None		\$0	<b>Interior Common Areas:</b> None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b> None		\$0	<b>Site-Wide Facilities:</b> None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
<b>Nondwelling Equipment:</b> None		\$0	<b>Nondwelling Equipment:</b> Truck replacement		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$11,687</b>	<b>Subtotal of Estimated Cost</b>		

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2006	Work Statement for Year 4 FFY 2009			Work Statement for Year 5 FFY 2010		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site: None		\$0	Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b> HEATING AND HOT WATER SYSTEMS		\$5,844	<b>Mechanical and Electrical:</b> HEAT/HOT WATER SYSTEMS 20 YEARS OLD		\$5,844
	Total M&E:		\$5,844	Total M&E:		\$5,844
	<b>Building Exterior:</b> WINDOWS		\$5,843	<b>Building Exterior:</b> WINDOWS		\$5,843
	Total B.E.:		\$5,843	Total B.E.:		\$5,843
	<b>Dwelling Units:</b> BATHROOM UPGRADES		\$0	<b>Dwelling Units:</b> None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>Dwelling Equipment:</b> None		\$0	<b>Dwelling Equipment:</b> None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b> None		\$0	<b>Interior Common Areas:</b> None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b> None		\$0	<b>Site-Wide Facilities:</b> None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
	<b>Nondwelling Equipment:</b> None		\$0	<b>Nondwelling Equipment:</b> None		\$0
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$11,687</b>	<b>Subtotal of Estimated Cost</b>		



**Actual Modernization  
Cost Certificate**

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

OMB No. 2577-0044 (exp. 3/31/2010)

Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)

Public Reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (0044 and 1057), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a currently valid OMB control number. Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>WOBURN HOUSING AUTHORITY 59 CAMPBELL ST WOBURN, MA 01801</b>	Modernization Project Number: <b>MA069019502-06</b>
---	--

The HA 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 Modernization Grant, is as shown below:

A. Original Funds Approved	<b>\$0.00</b>
B. Funds Disbursed	<b>\$0.00</b>
C. Funds Expended (Actual Modernization Cost)	<b>\$0.00</b>
D. Amount to be Recaptured (A-C)	<b>\$0.00</b>
E. Excess of Funds Disbursed (B-C)	<b>\$0.00</b>

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-mens' 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 of Executive Director & Date:

**X**

<b>For HUD Use Only</b>	
<b>The Cost Certificate is approved for audit:</b> Approved for Audit (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	
<b>The audited costs agree with the costs shown above:</b> Verified: (Designated HUD Official)	Date:
<b>X</b>	
Approved: (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	

<b>Part I: Summary</b>						
PHA Name:  <b>WOBURN HOUSING AUTH</b>		Grant Type and Number Capital Fund Program Grant No. MA06P019501-07 Date of CFFP: _____			Replacement Housing Factor Grant No:  FFY of Grant: <u>2007</u> FFY of Grant Approval: <u>2007</u>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:12/31/2007 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$10,000.00	\$0.00	\$0.00	\$0.00	
4	1410 Administration (may not exceed 10% of line 20)	\$16,052.00	\$0.00	\$16,052.00	\$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	\$9,990.00	\$0.00	\$0.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$124,484.00	\$0.00	\$0.00	\$0.00	
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00	
12	1470 Non-dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Non-dwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00	
16	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00	
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$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	<b>Amount of Annual Grant: (sum of lines 2 -- 19)</b>	<b>\$160,526.00</b>	<b>\$0.00</b>	<b>\$16,052.00</b>	<b>\$0.00</b>	
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00	
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 20 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 20 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	
Signature of Executive Director		Date	Signature of Public Housing Director		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> <b>WOBURN HOUSING AUTH</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No. MA06P019501-07 CFFP (Yes/No): <b>No</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> <b>2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide Mgmt. Improvmts	1) COPIER	1408	<b>Total 1408</b>	\$10,000.00	\$0.00	\$0.00	\$0.00	
	2) Item 2	"		\$0.00	\$0.00	\$0.00	\$0.00	
	3) Item 3	"		\$0.00	\$0.00	\$0.00	\$0.00	
				\$10,000.00	\$0.00	\$0.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan or Prog. Mgmt. fees	1410		\$16,052.00	\$0.00	\$16,052.00	\$0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$9,990.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

<sup>2</sup>To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b>		<b>Grant Type and Number</b>				<b>Federal FY of Grant:</b>		
<b>WOBURN HOUSING AUTH</b>		Capital Fund Program Grant No. MA06P019501-07 CFFP (Yes/No): <b>No</b> Replacement Housing Factor Grant No:				<b>2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>MA06P019-001</b> <b>SPRING COURT EXT</b>	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> HEAT AND HOT WATER SYS	1460		\$124,484.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$124,484.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total, SPRING COURT EXT</b>		<b>Project Total:</b>		\$124,484.00	\$0.00	\$0.00	\$0.00	

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



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name: WOBURN HOUSING AUTH</b>					<b>Federal FY of Grant: 2007</b>
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
1408	10/01/08		11/01/09		
1410	10/01/08		11/01/09		
1430	10/01/08		11/01/09		
1460	10/01/08		11/01/09		

<sup>1</sup>Obligation and expenditure end date can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program - Five-Year Action Plan

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

<b>Part I: Summary</b>						
PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No: __
<b>WOBURN HOUSING AUTH</b>		<b>WOBURN, MIDDLESEX, MA</b>				
A.	Development Number and Name	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	FFY	<b>2007</b>	FFY <b>2008</b>	FFY <b>2009</b>	FFY <b>2010</b>	FFY <b>2011</b>
	<b>MA06P001 SPRING COURT E</b>	Annual Statement	\$144,474	\$144,474	\$144,474	\$144,474
	HA-Wide Physical Activities		\$0	\$0	\$0	\$0
B.	Physical Improvements Subtotal		\$144,474	\$144,474	\$144,474	\$144,474
C.	Management Improvements		\$0	\$0	\$0	\$0
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0	\$0	\$0	\$0
E.	Administration		\$16,052	\$16,052	\$16,052	\$16,052
F.	Other		\$0	\$0	\$0	\$0
G.	Operations		\$0	\$0	\$0	\$0
H.	Demolition		\$0	\$0	\$0	\$0
I.	Development		\$0	\$0	\$0	\$0
J.	Capital Fund Financing -- Debt Service		\$0	\$0	\$0	\$0
K.	Total CFP Funds		\$160,526	\$160,526	\$160,526	\$160,526
L.	Total Non-CFP Funds		\$0	\$0	\$0	\$0
M.	Grand Total		\$160,526	\$160,526	\$160,526	\$160,526

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2007	Work Statement for Year 2 FFY 2008			Work Statement for Year 3 FFY 2009		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>HA-WIDE Site:</b>			<b>HA-WIDE Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>ON-DEMAND Mech. and Electrical:</b>			<b>ON-DEMAND Mech. and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>ON-DEMAND Building Exterior:</b>			<b>ON-DEMAND Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>ON-DEMAND Dwelling Units:</b>			<b>ON-DEMAND Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>HA-WIDE Dwelling Equipment:</b>			<b>HA-WIDE Dwelling Equipment:</b>		
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
<b>HA-WIDE Interior Common Areas:</b>			<b>HA-WIDE Interior Common Areas:</b>			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
<b>HA-WIDE Site-Wide Facilities:</b>			<b>HA-WIDE Site-Wide Facilities:</b>			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>HA-WIDE Nondwelling Equipment:</b>			<b>HA-WIDE Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		
<b>\$0</b>				<b>\$0</b>		

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2007	Work Statement for Year 4 FFY 2010			Work Statement for Year 5 FFY 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>Site:</b>			<b>Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b>			<b>Mechanical and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>Building Exterior:</b>			<b>Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>Dwelling Units:</b>			<b>Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>Dwelling Equipment:</b>			<b>Dwelling Equipment:</b>		
None		\$0	None		\$0	
Total D.E.:		\$0	Total D.E.:		\$0	
<b>Interior Common Areas:</b>			<b>Interior Common Areas:</b>			
None		\$0	None		\$0	
Total ICAs:		\$0	Total ICAs:		\$0	
<b>Site-Wide Facilities:</b>			<b>Site-Wide Facilities:</b>			
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>Nondwelling Equipment:</b>			<b>Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		

Capital Fund Program - Five-Year Action Plan

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

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2007	Work Statement for Year 2 FFY 2008			Work Statement for Year 3 FFY 2009		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site: None		\$0	Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b> HEAT/HOT WATER SYSTEMS		\$103,948	<b>Mechanical and Electrical:</b> HOT WATER SYSTEMS REPLACE		\$60,524
	Total M&E:		\$103,948	Total M&E:		\$60,524
	<b>Building Exterior:</b> WINDOWS		\$20,000	<b>Building Exterior:</b> ROOFS/POINT/WATER PROOF BRICKS		\$50,000
	Total B.E.:		\$20,000	Total B.E.:		\$50,000
	<b>Dwelling Units:</b> BATHROOM UPGRADES		\$20,526	<b>Dwelling Units:</b> BATHROOM UPGRADE		\$33,950
	Total DUs:		\$20,526	Total DUs:		\$33,950
	<b>Dwelling Equipment:</b> None		\$0	<b>Dwelling Equipment:</b> None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b> None		\$0	<b>Interior Common Areas:</b> None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b> None		\$0	<b>Site-Wide Facilities:</b> None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
<b>Nondwelling Equipment:</b> None		\$0	<b>Nondwelling Equipment:</b> Truck replacement		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$144,474</b>	<b>Subtotal of Estimated Cost</b>		

Capital Fund Program - Five-Year Action Plan

Part II: Supporting Pages -- Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2007	Work Statement for Year 4 FFY 2010			Work Statement for Year 5 FFY 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site: None		\$0	Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b> HOT WATER SYSTEMS		\$19,948	<b>Mechanical and Electrical:</b> HOT WATER SYTEMS		\$39,948
	Total M&E:		\$19,948	Total M&E:		\$39,948
	<b>Building Exterior:</b> WINDOWS/ PAINT SIDING		\$84,526	<b>Building Exterior:</b> WINDOWS		\$64,526
	Total B.E.:		\$84,526	Total B.E.:		\$64,526
	<b>Dwelling Units:</b> BATHROOM UPGRADES		\$40,000	<b>Dwelling Units:</b> BATHROOM UPGRADES		\$40,000
	Total DUs:		\$40,000	Total DUs:		\$40,000
	<b>Dwelling Equipment:</b> None		\$0	<b>Dwelling Equipment:</b> None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b> None		\$0	<b>Interior Common Areas:</b> None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b> None		\$0	<b>Site-Wide Facilities:</b> None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
<b>Nondwelling Equipment:</b> None		\$0	<b>Nondwelling Equipment:</b> None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$144,474</b>	<b>Subtotal of Estimated Cost</b>		



**Actual Modernization  
Cost Certificate**

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

OMB No. 2577-0044 (exp. 3/31/2010)

Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)

Public Reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (0044 and 1057), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a currently valid OMB control number. Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>WOBURN HOUSING AUTHORITY 59 CAMPBELL ST WOBURN, MA 01801</b>	Modernization Project Number: <b>MA069019501-07</b>
---	--

The HA 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 Modernization Grant, is as shown below:

A. Original Funds Approved	<b>\$0.00</b>
B. Funds Disbursed	<b>\$0.00</b>
C. Funds Expended (Actual Modernization Cost)	<b>\$0.00</b>
D. Amount to be Recaptured (A-C)	<b>\$0.00</b>
E. Excess of Funds Disbursed (B-C)	<b>\$0.00</b>

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-mens' 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 of Executive Director & Date:

**X**

<b>For HUD Use Only</b>	
<b>The Cost Certificate is approved for audit:</b> Approved for Audit (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	
<b>The audited costs agree with the costs shown above:</b> Verified: (Designated HUD Official)	Date:
<b>X</b>	
Approved: (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	

<b>Part I: Summary</b>						
PHA Name:  <b>WOBURN HOUSING AUTH</b>		Grant Type and Number Capital Fund Program Grant No. MA06P019501-08 Date of CFFP: _____			Replacement Housing Factor Grant No:  FFY of Grant: <u>2008</u> FFY of Grant Approval: <u>2008</u>	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
3	1408 Management Improvements	\$10,000.00	\$0.00	\$0.00	\$0.00	
4	1410 Administration (may not exceed 10% of line 20)	\$16,942.00	\$0.00	\$0.00	\$0.00	
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00	
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00	
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00	
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00	
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00	
10	1460 Dwelling Structures	\$142,487.00	\$0.00	\$0.00	\$0.00	
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00	
12	1470 Non-dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00	
13	1475 Non-dwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00	
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00	
16	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00	
17	1499 Development Activities <sup>4</sup>	\$0.00	\$0.00	\$0.00	\$0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00	
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$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	<b>Amount of Annual Grant: (sum of lines 2 -- 19)</b>	<b>\$169,429.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00	
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00	
23	Amount of line 20 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00	
24	Amount of line 20 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00	
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00	
Signature of Executive Director		Date	Signature of Public Housing Director		Date	

<sup>1</sup> To be completed for the Performance and Evaluation Report

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> <b>WOBURN HOUSING AUTH</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No. MA06P019501-08 CFFP (Yes/No): No Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> <b>2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA-Wide Mgmt. Improvmts	1) COMPUTER SERVER	1408		\$10,000.00	\$0.00	\$0.00	\$0.00	
	2) Item 2	"		\$0.00	\$0.00	\$0.00	\$0.00	
	3) Item 3	"		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total 1408</b>			\$10,000.00	\$0.00	\$0.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan or Prog. Mgmt. fees	1410		\$16,942.00	\$0.00	\$0.00	\$0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

<sup>2</sup>To be completed for the Performance and Evaluation Report.

**Part II: Supporting Pages**

PHA Name:		Grant Type and Number				Federal FY of Grant:		
<b>WOBURN HOUSING AUTH</b>		Capital Fund Program Grant No. MA06P019501-08 CFFP (Yes/No): <b>No</b> Replacement Housing Factor Grant No:				<b>2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>MA06P019-001</b> SPRING COURT EXT	<b>Site:</b> None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Mechanical and Electrical:</b> HOT WATER SYS	1460		\$24,000.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$24,000.00	\$0.00	\$0.00	\$0.00	
	<b>Building Exterior:</b> ROOFS/PAINTING	1460		\$78,460.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$78,460.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Units:</b> BATHROOM REPLACEMENT	1460		\$40,027.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$40,027.00	\$0.00	\$0.00	\$0.00	
	<b>Dwelling Equipment:</b> None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Interior Common Areas:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Site-Wide Facilities:</b> None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Nondwelling Equipment:</b> None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total, SPRING COURT EXT</b>		Project Total:		\$142,487.00	\$0.00	\$0.00	\$0.00	

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

<sup>2</sup>To be completed for the Performance and Evaluation Report.

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

OMB Approval No. 2577-0226  
 Expires 4/30/2011

<b>WOBURN HOUSING AUTH</b>					<b>Federal FY of Grant: 2008</b>
	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates <sup>1</sup>		
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
1408	10/01/08		11/01/09		
1410	10/01/08		11/01/09		
1430	10/01/08		11/01/09		
1460	10/01/08		11/01/09		

Capital Fund Program - Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number			Locality (City/County & State)		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No: __
A.	Name	for Year 1				Work Statement for Year 5 FFY <b>1</b>
						\$152,487
						\$0
B.	Physical Improvements Subtotal		\$0	\$0	\$0	\$152,487
C.	Management Improvements		\$0	\$0	\$0	\$0
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0	\$0	\$0	\$0
E.	Administration		\$16,942	\$16,942	\$16,942	\$16,942
F.	Other		\$0	\$0	\$0	\$0
G.	Operations		\$0	\$0	\$0	\$0
H.	Demolition		\$0	\$0	\$0	\$0
I.	Development		\$0	\$0	\$0	\$0
J.	Capital Fund Financing -- Debt Service		\$0	\$0	\$0	\$0
K.	Total CFP Funds		\$16,942	\$16,942	\$16,942	\$169,429
L.	Total Non-CFP Funds		\$0	\$0	\$0	\$0
M.	Grand Total		\$16,942	\$16,942	\$16,942	\$169,429

Part II: Supporting Pages -- Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 0	Work Statement for Year 2 FFY 1			Work Statement for Year 3 FFY 2		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>HA-WIDE Site:</b>			<b>HA-WIDE Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>ON-DEMAND Mech. and Electrical:</b>			<b>ON-DEMAND Mech. and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>ON-DEMAND Building Exterior:</b>			<b>ON-DEMAND Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>ON-DEMAND Dwelling Units:</b>			<b>ON-DEMAND Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>HA-WIDE Dwelling Equipment:</b>			<b>HA-WIDE Dwelling Equipment:</b>		
	None		\$0	None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>HA-WIDE Interior Common Areas:</b>			<b>HA-WIDE Interior Common Areas:</b>		
	None		\$0	None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>HA-WIDE Site-Wide Facilities:</b>			<b>HA-WIDE Site-Wide Facilities:</b>		
None		\$0	None		\$0	
Total SWFs:		\$0	Total SWFs:		\$0	
<b>HA-WIDE Nondwelling Equipment:</b>			<b>HA-WIDE Nondwelling Equipment:</b>			
None		\$0	None		\$0	
Total NDE:		\$0	Total NDE:		\$0	
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		
<b>Subtotal of Estimated Cost</b>			<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Part II: Supporting Pages -- Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 0	Work Statement for Year 4 FFY 3			Work Statement for Year 5 FFY 4		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>HA-Wide Physical Improvements</b>			<b>HA-Wide Physical Improvements</b>		
	<b>Site:</b>			<b>Site:</b>		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b>			<b>Mechanical and Electrical:</b>		
	None		\$0	None		\$0
	Total M&E:		\$0	Total M&E:		\$0
	<b>Building Exterior:</b>			<b>Building Exterior:</b>		
	None		\$0	None		\$0
	Total B.E.:		\$0	Total B.E.:		\$0
	<b>Dwelling Units:</b>			<b>Dwelling Units:</b>		
	None		\$0	None		\$0
	Total DUs:		\$0	Total DUs:		\$0
	<b>Dwelling Equipment:</b>			<b>Dwelling Equipment:</b>		
	None		\$0	None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b>			<b>Interior Common Areas:</b>		
	None		\$0	None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b>			<b>Site-Wide Facilities:</b>		
	None		\$0	None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
	<b>Nondwelling Equipment:</b>			<b>Nondwelling Equipment:</b>		
	None		\$0	None		\$0
	Total NDE:		\$0	Total NDE:		\$0
	<b>Subtotal of Estimated Cost</b>		<b>\$0</b>	<b>Subtotal of Estimated Cost</b>		<b>\$0</b>

Capital Fund Program - Five-Year Action Plan

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

Part II: Supporting Pages -- Physical Needs Work Statement(s)

Work Statement for Year 1 FFY	Work Statement for Year 2 FFY 1		Work Statement for Year 3 FFY 2			
0	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site:			Site:		
	None		\$0	None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b>			<b>Mechanical and Electrical:</b>		
	HOT WATER SYSTEMS		\$9,429	HOT WATER SYSTEMS REPLACE		\$10,000
	Total M&E:		\$9,429	Total M&E:		\$10,000
	<b>Building Exterior:</b>			<b>Building Exterior:</b>		
	WINDOWS/ROOFS		\$123,058	ROOFS/POINT BRICKS/ WINDOWS		\$132,058
	Total B.E.:		\$123,058	Total B.E.:		\$132,058
	<b>Dwelling Units:</b>			<b>Dwelling Units:</b>		
	BATHROOM UPGRADES		\$20,000	BATHROOM UPGRADE		\$10,429
	Total DUs:		\$20,000	Total DUs:		\$10,429
	<b>Dwelling Equipment:</b>			<b>Dwelling Equipment:</b>		
	None		\$0	None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b>			<b>Interior Common Areas:</b>		
	None		\$0	None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b>			<b>Site-Wide Facilities:</b>		
	None		\$0	None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
	<b>Nondwelling Equipment:</b>			<b>Nondwelling Equipment:</b>		
	None		\$0	Truck replacement		\$0
	Total NDE:		\$0	Total NDE:		\$0
	<b>Subtotal of Estimated Cost</b>		<b>\$152,487</b>	<b>Subtotal of Estimated Cost</b>		<b>\$152,487</b>

Capital Fund Program - Five-Year Action Plan

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

Part II: Supporting Pages -- Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 0	Work Statement for Year 4 FFY 3			Work Statement for Year 5 FFY 4		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	<b>MA06P001 SPRING COURT EXT</b>			<b>MA06P001 SPRING COURT EXT</b>		
	Site: None		\$0	Site: None		\$0
	Total Site:		\$0	Total Site:		\$0
	<b>Mechanical and Electrical:</b> HOT WATER SYSTEMS		\$20,000	<b>Mechanical and Electrical:</b> None		\$0
	Total M&E:		\$20,000	Total M&E:		\$0
	<b>Building Exterior:</b> WINDOWS/ PAINT SIDING		\$114,429	<b>Building Exterior:</b> WINDOWS/ROOFS		\$140,429
	Total B.E.:		\$114,429	Total B.E.:		\$140,429
	<b>Dwelling Units:</b> BATHROOM UPGRADES		\$18,058	<b>Dwelling Units:</b> BATHROOM UPGRADES		\$12,058
	Total DUs:		\$18,058	Total DUs:		\$12,058
	<b>Dwelling Equipment:</b> None		\$0	<b>Dwelling Equipment:</b> None		\$0
	Total D.E.:		\$0	Total D.E.:		\$0
	<b>Interior Common Areas:</b> None		\$0	<b>Interior Common Areas:</b> None		\$0
	Total ICAs:		\$0	Total ICAs:		\$0
	<b>Site-Wide Facilities:</b> None		\$0	<b>Site-Wide Facilities:</b> None		\$0
	Total SWFs:		\$0	Total SWFs:		\$0
	<b>Nondwelling Equipment:</b> None		\$0	<b>Nondwelling Equipment:</b> None		\$0
	Total NDE:		\$0	Total NDE:		\$0
	<b>Subtotal of Estimated Cost</b>		<b>\$152,487</b>	<b>Subtotal of Estimated Cost</b>		<b>\$152,487</b>

facsimile form HUD-50075.2 (2007)  
OMB Approval No. 2577-0226  
Expires 4/30/2011

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

<b>Part III: Supporting Pages -- Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY <b>0</b>	Work Statement for Year 4 FFY <b>3</b>		Work Statement for Year 5 FFY <b>4</b>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Major Work Categories	Estimated Cost
	<b>Subtotal of Estimated Cost</b>	<b>\$0</b>	<b>Subtotal of Estimated Cost</b>	<b>\$0</b>

**Actual Modernization  
Cost Certificate**

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

OMB No. 2577-0044 (exp. 3/31/2010)

Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)

Public Reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (0044 and 1057), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a currently valid OMB control number. Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>WOBURN HOUSING AUTHORITY 59 CAMPBELL ST WOBURN, MA 01801</b>	Modernization Project Number: <b>MA069019501-08</b>
---	--

The HA 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 Modernization Grant, is as shown below:

A. Original Funds Approved	
B. Funds Disbursed	
C. Funds Expended (Actual Modernization Cost)	
D. Amount to be Recaptured (A-C)	<b>\$0.00</b>
E. Excess of Funds Disbursed (B-C)	<b>\$0.00</b>

2. That all modernization work in connection with the Modernization Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the HA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-mens' 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 of Executive Director & Date:

**X**

<b>For HUD Use Only</b>	
<b>The Cost Certificate is approved for audit:</b> Approved for Audit (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	
<b>The audited costs agree with the costs shown above:</b> Verified: (Designated HUD Official)	Date:
<b>X</b>	
Approved: (Director, Office of Public Housing / ONAP Administrator)	Date:
<b>X</b>	