

PHA Plans
Streamlined Annual
Version

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

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

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

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Streamlined Annual PHA Plan
for Fiscal Year: 2008

PHA Name: Medway Housing Authority

April 9, 2008
Board Approved Plan
File "MA157v01"

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: Medway Housing Authority

PHA Number: MA157

PHA Fiscal Year Beginning: (mm/yyyy) 07/2008

PHA Programs Administered:

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

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: Helen Luccio, Exec. Dir. Phone: 1-508-533-2434
 TDD: Email (if available): medway.ha@verizon.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—**Not Applicable**
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—**Not Applicable**
903.7(k)(1)(i) Statement of Homeownership Programs
- 4. Project-Based Voucher Programs—**Not Applicable**
- 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. —**Not Applicable**
- 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
- 9. Flat Rents
- 10. Violence Against Women Act (VAWA)**

Other Attachments

Attachment 1: CFP P&E for FY 2007 (501-07)—MA157a01

Attachment 2: CFP P&E for FY 2006 (501-06)—MA157a02

Attachment 3: CFP P&E for FY 2006 Grant #2 (50-06)— MA157a03

Attachment 4: CFP P&E for FY 2005 (501-05)—MA157a04

Attachment 5: VAWA Notification Form—MA157a05

Attachment 6: VAWA Certification Form—MA157a06

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

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

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

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

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

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

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

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

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

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B. **NO**

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

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

B. Site-Based Waiting Lists – Coming Year

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

1. How many site-based waiting lists will the PHA operate in the coming year?None
2. Yes No: Are any or all of the PHA’s site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site based waiting lists (select all that apply)?

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

2. Capital Improvement Needs

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

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

A. Capital Fund Program

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

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

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

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

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
	<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.)

Not Applicable—The MHA does NOT have a Section 8 Program.

2. Program Description:

a. Size of Program

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

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

b. PHA-established eligibility criteria

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

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

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

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

- Establishing a minimum homeowner 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):
- Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

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

Not Applicable—The MHA does NOT have a Section 8 Program.

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: (**Commonwealth of Massachusetts**)

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)

Statement of Consistency with Consolidated Plan

The Medway Housing Authority (MHA) considers all of its programs and services to be consistent with the Consolidated Plan of the Commonwealth of Massachusetts.

In its state and federal housing programs, the MHA serves 209 households of low-income, providing the following types of affordable housing: 70 units of federal elderly/disabled housing; 30 units of federal family housing; 94 units of state elderly/disabled housing; 11 units of state special needs housing; and 4 units of state rental assistance. With the low-moderate income focus of the Consolidated Plan, the MHA plays a major role in its community by serving only extremely low, very low, and low income households and offers this housing to all major population groups—families, the elderly, and the disabled. The MHA works with local, state, and federal agencies on issues and programs affecting the low-income population it serves and will continue to do so in the future.

Furthermore, the lead agency for the Massachusetts’ Consolidated Plan is the Department of Housing and Community Development (DHCD), which is also the state’s lead agency for state-assisted public housing. Given that the MHA administers 109 units of state-assisted public housing and rental assistance, DHCD and the MHA are in regular contact on issues affecting housing for low-income households.

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
✓	<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

✓	<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
✓	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
✓	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
✓	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
✓	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
✓	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
N/A MHA Exempt	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	Public housing rent determination policies, including the method for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
✓	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
✓	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
✓	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
✓	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	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
✓	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures

N/A	Section 8 informal review and hearing procedures. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
✓	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
N/A	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
✓	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
✓	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
✓	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
✓	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
In Process	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
N/A	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
✓	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
N/A	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
✓	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
✓	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
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
N/A	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
✓	Violence Against Women Act (VAWA) Information.	Annual Plan

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Medway Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06P15750108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008
<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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,477			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$120,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$130,477			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name: Medway Housing Authority				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2009 PHA FY: 2009	Work Statement for Year 3 FFY Grant: 2010 PHA FY: 2010	Work Statement for Year 4 FFY Grant: 2011 PHA FY: 2011	Work Statement for Year 5 FFY Grant: 2012 PHA FY: 2012
<i>MA 157-1</i>	Annual Statement	\$130,477	\$130,477	\$130,477	\$130,477
CFP Funds Listed for 5-year planning	\$130,477	\$130,477	\$130,477	\$130,477	\$130,477
Replacement Housing Factor Funds	N/A	N/A	N/A	N/A	N/A

8. Capital Fund Program Five-Year Action Plan

Activities for Year : 4 FFY Grant: 2011 PHA FY: 2011			Activities for Year: 5 FFY Grant: 2012 PHA FY: 2012		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
MA 157-1	1430 A&E Fees for Window Replacement	\$10,477	MA 157-1	1430 A&E Fees for Gas Furnace Replacement	\$10,477
MA 157-1	1460 Window Replacement	\$120,000	MA 157-1	1460 Gas Furnace Replacement	\$120,000
Total CFP Estimated Cost		\$130,477			\$130,477

9. Flat Rents

The flat rent structure, which went into effect on July 1, 2006, will NOT change for FY 2008 with the exception of the 1BR flat rent, which will be increased from \$500 to \$550. The flat rents for FY 2008 are as follows:

1BR = \$550

2BR = \$750

3BR = \$950

4BR = \$1,050

10. Violence Against Women Act (VAWA)

In describing its activities, services, or programs related to the Violence Against Women Act (VAWA), the Medway Housing Authority (MHA) will do the following:

- (1) The MHA will send a NOTICE to all federal Public Housing Residents informing them of the VAWA and its provisions. The Resident Notice will inform them of their rights under the VAWA to avoid eviction and any other punitive action when activities covered under the Act have occurred.
- (2) The MHA will establish of a list of service providers, which are available to provide services to “victims” as covered and defined by VAWA. The MHA will provide this list to any resident requesting information and/or service.

The VAWA Notification Form is provided as Attachment 5: *MA157a05*.

The VAWA Certification Form is provided as Attachment 6: *MA157a06*.

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Medway	Grant Type and Number Capital Fund Program Grant No: MA06P15750107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/07
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	-			
3	1408 Management Improvements Soft Costs	-			
	Management Improvements Hard Costs	-			
4	1410 Administration	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	14000		9,650	0
8	1440 Site Acquisition	-			
9	1450 Site Improvement	-			
10	1460 Dwelling Structures	116,431		0	0
11	1465.1 Dwelling Equipment—Nonexpendable	-			
12	1470 Nondwelling Structures	-			
13	1475 Nondwelling Equipment	-			
14	1485 Demolition	-			
15	1490 Replacement Reserve	-			
16	1492 Moving to Work Demonstration	-			
17	1495.1 Relocation Costs	-			
18	1499 Development Activities	-			
19	1502 Contingency	-			
20	Amount of Annual Grant: (sum of lines 1-19)	130,431		9,650	0
21	Amount of line 19 Related to LBP Activities	-			
22	Amount of line 19 Related to Section 504 compliance	-			
23	Amount of line 19 Related to Security –Soft Costs	-			
24	Amount of Line 19 related to Security—Hard Costs	-			
25	Amount of line 19 Related to Energy Conservation Measures	-			
26	Collateralization Expenses or Debt Service	-			

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

PHA Name: Medway	Grant Type and Number Capital Fund Program Grant No: MA06P15750107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/07
 Final Performance and Evaluation Report

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
MA 157-1	Window Replacement In Elderly Development	1460	Lump Sum	\$130,431	0	Work Has Not Started
TOTAL ALL	See Above Items			\$130,431	0	

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Medway	Grant Type and Number Capital Fund Program Grant No: MA06P15750106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/07
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	-			
3	1408 Management Improvements Soft Costs	-			
	Management Improvements Hard Costs	-			
4	1410 Administration	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	14,000		14,000	2,700
8	1440 Site Acquisition	-			
9	1450 Site Improvement	-			
10	1460 Dwelling Structures	116,477		116,477	103,832
11	1465.1 Dwelling Equipment—Nonexpendable	-			
12	1470 Nondwelling Structures	-			
13	1475 Nondwelling Equipment	-			
14	1485 Demolition	-			
15	1490 Replacement Reserve	-			
16	1492 Moving to Work Demonstration	-			
17	1495.1 Relocation Costs	-			
18	1499 Development Activities	-			
19	1502 Contingency	-			
20	Amount of Annual Grant: (sum of lines 1-19)	130,477		143,858	106,532
21	Amount of line 19 Related to LBP Activities	-			
22	Amount of line 19 Related to Section 504 compliance	-			
23	Amount of line 19 Related to Security –Soft Costs	-			
24	Amount of Line 19 related to Security—Hard Costs	-			
25	Amount of line 19 Related to Energy Conservation Measures	-			
26	Collateralization Expenses or Debt Service	-			

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

PHA Name: Medway	Grant Type and Number Capital Fund Program Grant No: MA06P15750106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/07
 Final Performance and Evaluation Report

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
MA 157-1	New Bath Rooms in Family of Development, including A&E Fees	1460	Lump Sum	\$130,477	106,532	All work obligated. Project is 81% Complete
TOTAL ALL	See Above Items			\$130,477	106,532	

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Medway	Grant Type and Number Capital Fund Program Grant No: MA06P1575026 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/07
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	-			
3	1408 Management Improvements Soft Costs	-			
	Management Improvements Hard Costs	-			
4	1410 Administration	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	-			
8	1440 Site Acquisition	-			
9	1450 Site Improvement	-			
10	1460 Dwelling Structures	11,040		11,040	0
11	1465.1 Dwelling Equipment—Nonexpendable	-			
12	1470 Nondwelling Structures	-			
13	1475 Nondwelling Equipment	-			
14	1485 Demolition	-			
15	1490 Replacement Reserve	-			
16	1492 Moving to Work Demonstration	-			
17	1495.1 Relocation Costs	-			
18	1499 Development Activities	-			
19	1502 Contingency	-			
20	Amount of Annual Grant: (sum of lines 1-19)	11,040		11,040	0
21	Amount of line 19 Related to LBP Activities	-			
22	Amount of line 19 Related to Section 504 compliance	-			
23	Amount of line 19 Related to Security –Soft Costs	-			
24	Amount of Line 19 related to Security—Hard Costs	-			
25	Amount of line 19 Related to Energy Conservation Measures	-			
26	Collateralization Expenses or Debt Service	-			

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

PHA Name: Medway	Grant Type and Number Capital Fund Program Grant No: MA06P15750206 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/07
 Final Performance and Evaluation Report

Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
MA 157-1	Heating Work in Elderly Development		1460	Lump Sum	\$11,040		0	All work obligated. Project is 81% Complete
TOTAL ALL	See Above Items				\$11,040		0	

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Medway	Grant Type and Number Capital Fund Program Grant No: MA06P15750105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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- Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/07
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	-			
3	1408 Management Improvements Soft Costs	-			
	Management Improvements Hard Costs	-			
4	1410 Administration	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	15,000		15,000	15,000
8	1440 Site Acquisition	-			
9	1450 Site Improvement	-			
10	1460 Dwelling Structures	128,858		128,858	128,858
11	1465.1 Dwelling Equipment—Nonexpendable	-			
12	1470 Nondwelling Structures	-			
13	1475 Nondwelling Equipment	-			
14	1485 Demolition	-			
15	1490 Replacement Reserve	-			
16	1492 Moving to Work Demonstration	-			
17	1495.1 Relocation Costs	-			
18	1499 Development Activities	-			
19	1502 Contingency	-			
20	Amount of Annual Grant: (sum of lines 1-19)	143,858		143,858	143,858
21	Amount of line 19 Related to LBP Activities	-			
22	Amount of line 19 Related to Section 504 compliance	-			
23	Amount of line 19 Related to Security –Soft Costs	-			
24	Amount of Line 19 related to Security—Hard Costs	-			
25	Amount of line 19 Related to Energy Conservation Measures	-			
26	Collateralization Expenses or Debt Service	-			

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

PHA Name: Medway	Grant Type and Number Capital Fund Program Grant No: MA06P15750105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/07
 Final Performance and Evaluation Report

Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
MA 157-1	New Bath Rooms in Family of Development, including A&E Fees		1460	Lump Sum	\$143,858	143,858	All work obligated. Project is complete
TOTAL ALL	See Above Items				\$143,858	143,858	

MEDWAY HOUSING AUTHORITY

NOTICE TO PUBLIC HOUSING TENANTS AND APPLICANTS

Have you been a victim of domestic violence, dating violence, or stalking?

If so, you should know your rights as a public housing tenant:

- The Housing Authority may not deny you admission to public housing solely because you or a household member are or have been a victim of domestic violence, dating violence, or stalking.
- The abuser's acts or threats of domestic violence, dating violence, or stalking against you or a household member are not good cause for evicting you from public housing. You do not violate your lease if you or a household member have been the victim of acts of domestic violence, dating violence, or stalking.
- The Housing Authority cannot evict you from public housing on the basis of criminal activity directly relating to domestic violence, dating violence, or stalking against you or a household member, *unless* the Housing Authority can show there is an *actual* and *imminent* threat to the safety of other tenants or Housing Authority staff if you are not evicted.
- If the abuser is a household member, the Housing Authority can evict your abuser for his or her acts of domestic violence, but (assuming you continue to qualify for public housing) it may not evict or otherwise penalize you, *unless*(as described above) it can show there is an actual and imminent threat to the safety of other tenants or Housing Authority staff if you are not evicted.
- The Housing Authority may evict you for serious or repeated lease violations that are unrelated to the domestic violence, dating violence, or stalking against you, as long as it does not hold you to a more demanding set of rules than it applies to tenants who are not victims of domestic violence, dating violence, or stalking.
- The Housing Authority can ask you to prove, or "certify" that you or a household member are a victim of domestic violence, dating violence, or stalking and thus entitled to the above rights.
- If the Housing Authority asks you to certify that you or a household member are a victim of domestic violence, dating violence, or stalking, you must provide that certification within 14 business days of the request.
- There are certain documents that the Housing Authority *must* accept as proof that you or a household member are a victim of domestic violence, dating violence, or stalking, including police or court records and certain statements from attorneys, medical professionals, and domestic violence

advocates. The Housing Authority also has discretion to accept any other kind of evidence that shows you or a household member are a victim of domestic violence, dating violence, or stalking.

- Specifically, any one of the following is sufficient proof that you or a household member are a victim of domestic violence, dating violence, or stalking entitled to the above rights.
 - A written, signed statement from a victim services provider that states under penalty of perjury that the provider believes the incidents in question were acts of domestic violence, dating violence, or stalking against you or a household member and includes the name of the abuser. You or the household member must also sign the document.
 - A written, signed statement from a medical professional that states under penalty of perjury that the medical professional believes the incidents in question were acts of domestic violence, dating violence, or stalking against you or a household member and includes the name of the abuser. You or the household member must also sign the document.
 - A written, signed statement from an attorney that states under penalty of perjury that the attorney believes that the incidents in question were acts of domestic violence, dating violence, or stalking against you or a household member that includes the name of the abuser. You or the household member must also sign the document.
 - A police record that indicates you or a household member were a victim of domestic violence, dating violence, or stalking that names the abuser.
 - A court record (for example, a protective order) that indicates you or a household member were a victim of domestic violence, dating violence, or stalking that names the abuser.

- In general, the Housing Authority must keep confidential any information you or the household member provide about the violence against you or the household member unless you or the household member give permission for it to share the information with someone else. The Housing Authority may use this information, however, if it needs the information in an eviction proceeding (for example, in order to evict an abuser). A Housing Authority can also disclose this information if required to do so by law.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING

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

OMB Approval No. 2577-0249

Exp. (05/31/2007)

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Purpose of Form: The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

Use of Form: A family member must complete and submit this certification, or the information that may be provided in lieu of the certification, within 14 business days of receiving the written request for this certification by the PHA, owner or manager. The certification or alternate documentation must be returned to the person and address specified in the written request for the certification. If the family member has not provided the requested certification or the information that may be provided in lieu of the certification by the 14th business day or any extension of the date provided by the PHA, manager and owner, none of the protections afforded to victims of domestic violence, dating violence or stalking (collectively "domestic violence") under the Section 8 or public housing programs apply.

Note that a family member may provide, in lieu of this certification (or in addition to it):

(1) A Federal, State, tribal, territorial, or local police or court record; or

(2) 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 domestic violence, dating violence or stalking, or the effects of abuse, in which the professional 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, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation.

TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE:

Date Written Request Received By Family Member: _____

Name of the Victim of Domestic Violence: _____

Name(s) of other family members listed on the lease _____

Name of the abuser: _____

Relationship to Victim: _____

Date the incident of domestic violence occurred: _____

Time: _____

Location of Incident: _____

Name of victim:

Description of Incident:

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence or stalking and that the incident(s) in question are bona fide incidents of such actual or threatened abuse. I acknowledge that submission of false information relating to program eligibility is a basis for termination of assistance or eviction.

Signature _____ Executed on (Date) _____

All information provided to a PHA, owner or manager relating to the incident(s) of domestic violence, including the fact that an individual is a victim of domestic violence shall be retained in confidence by an owner and shall neither be entered into any shared database nor provided to any related entity, except to the extent that such disclosure is (i) requested or consented to by the individual in writing; (ii) required for use in an eviction proceeding or termination of assistance; or (iii) otherwise required by applicable law.