

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

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2010
Annual Plan for Fiscal Year 2008

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

**PHA Plan
Agency Identification**

PHA Name: Housing Authority of the Borough of Cliffside Park

PHA Number: NJ070

PHA Fiscal Year Beginning: 04/01/2008

Public Access to Information

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

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2010
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- X The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- PHA Goal: Expand the supply of assisted housing
Objectives:
 Apply for additional rental vouchers:
 Reduce public housing vacancies:
 Leverage private or other public funds to create additional housing opportunities:
 Acquire or build units or developments
 Other (list below)
- X PHA Goal: Improve the quality of assisted housing
Objectives:
X Improve public housing management: (PHAS score)
X Improve voucher management: (SEMAP score)
X Increase customer satisfaction:
X Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)

- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

X PHA Goal: Increase assisted housing choices

Objectives:

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

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

X PHA Goal: Provide an improved living environment

Objectives:

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

The Cliffside Park Housing Authority, to ensure the implementation of the VAWA Public Law 109-162, will protect, assist and support victims of domestic violence, dating violence, sexual assault or stalking in our public housing and Section 8 Program by not evicting or denying these persons due to the crimes committed against them. Incidences of abuse engaged by a member of the tenant's household/family shall not be good reason for eviction, termination of a lease or assistance held by the victim. The Cliffside Park Housing Authority may take steps to evict, remove or terminate assistance to that member of the household who has committed criminal acts of violence against family members or others, without evicting the victim. The family member/tenant who has been

victimized must submit certification by either completing form HUD-50066 or in lieu of this form the following:

- A federal, state or police or court record
- Documentation signed by an employee, agent or a medical professional from who the victim has sought assistance in addressing domestic violence, dating violence, stalking, etc. That the incidence in question is a bona fide incident of abuse.

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

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

Objectives:

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

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

X PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

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

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2008
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

In 1967 the Housing Authority of the borough of Cliffside Park was founded to provide decent, safe and sanitary housing to lower income people using funds from the U.S. Department of Housing and Urban Development and other assistance made available for such purposes.

Overall, the Housing Authority's image can be characterized as to promote self-sufficiency and asset development of families and individuals and to improve the community quality of life and economic stability. The Cliffside Park Housing Authority further works to ensure equal opportunity.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

- X Admissions Policy for Deconcentration
- X FY 2008 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- X FY 2008 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- X Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
	Applicable & On Display	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs	5 Year and Annual Plans

List of Supporting Documents Available for Review		
	Applicable & On Display	Applicable Plan Component
	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.	
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X 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

List of Supporting Documents Available for Review		
	Applicable & On Display	Applicable Plan Component
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	29,563	5	3	4	4	3	3
Income >30% but <=50% of AMI	27,400	5	3	4	4	3	3
Income >50% but <80% of AMI	22,772	5	3	4	4	3	3
Elderly							
Families with Disabilities							
Race/Ethnicity White	86.00						
Race/Ethnicity Black	4.10						
Race/Ethnicity Hispanic	4.80						
Race/Ethnicity Other	5.10						

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s
Indicate year: 2008
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:

- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List PUBLIC HOUSING			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	278		41
Extremely low income <=30% AMI	255	92%	
Very low income (>30% but <=50% AMI)	18	6%	
Low income (>50% but <80% AMI)	5	2%	
Families with children	0	0	
Elderly families	251	90%	
Families with Disabilities	27	10%	
Race/ethnicityWhite	170	61%	
Race/ethnicityBlack	6	2%	
Race/ethnicityAsian	102	37%	
Race/ethnicityAm In	0	0	
Characteristics by			

Housing Needs of Families on the Waiting List			
PUBLIC HOUSING			
Bedroom Size (Public Housing Only)			
0BR	176	63%	20
1 BR	102	37%	14
2 BR			
3 BR			
4 BR			
5 BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 3			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
SECTION EIGHT			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	146		23
Extremely low income <=30% AMI	97	66%	22
Very low income (>30% but <=50% AMI)	49	34%	1
Low income (>50% but <80% AMI)	0	0%	-
Families with children	78	53%	10
Elderly families	34	23%	17
Families with Disabilities	9	6%	3
Race/ethnicity White	116	79%	24

Housing Needs of Families on the Waiting List			
SECTION EIGHT			
Race/ethnicity Black	29	20%	2
Race/ethnicity American Indian	0	-	-
Race/ethnicity Asian	1	1%	0
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 3			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

The Cliffside Park Housing Authority will provide the goals and objectives as described and will make annual plans for each specific year. The Housing Authority shall continue to provide the most services possible considering the funds available.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development

- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- X Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- X Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- X Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- X Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- X Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- X Adopt rent policies to support and encourage work
- Other: (list below)

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

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

Select all that apply

- X Employ admissions preferences aimed at families who are working

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- Counsel Section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units

- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

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

(2) Reasons for Selecting Strategies

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

- X Funding constraints
- Staffing constraints
- X Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- X Community priorities regarding housing assistance
- X Results of consultation with local or state government
- X Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2008 grants)		
a) Public Housing Operating Fund	717,100.00	Public Hsg. Maint
b) Public Housing Capital Fund	566,655.00	Major Repairs
c) HOPE VI Revitalization		
d) HOPE VI Demolition		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
e) Annual Contributions for Section 8 Tenant-Based Assistance	3,354,494.00	Rental Assistance
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	1,255,990.00	Public Hsg. Maint.
4. Other income (list below)		
Interest	119,720.00	Public Hsg. Maint
Misc.	108,970.00	Public Hsg. Maint
4. Non-federal sources (list below)		
Total resources	6,122,929.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- X Other: (describe) At the time of application submission

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

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

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

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

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

(2)Waiting List Organization

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

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

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

- X PHA main administrative office
- PHA development site management office
- Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?
2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
 - PHA main administrative office
 - All PHA development management offices
 - Management offices at developments with site-based waiting lists
 - At the development to which they would like to apply
 - Other (list below)

(3) Assignment

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
 - One
 - Two
 - X Three or More
- b. X Yes No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

- a. Income targeting:
 - Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either

through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

3 Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- 1 Veterans and veterans’ families
- 2 Residents who live in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

- X The PHA-resident lease
- The PHA’s Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- X At an annual reexamination and lease renewal
- X Any time family composition changes
- X At family request for revision
- Other (list)

(6) Deconcentration and Income Mixing

- a. Yes X No: Did the PHA’s analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

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

- c. If the answer to b was yes, what changes were adopted? (select all that apply)
 - Adoption of site based waiting lists
If selected, list targeted developments below:

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

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

 - Other (list policies and developments targeted below)

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

- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
 - Additional affirmative marketing
 - Actions to improve the marketability of certain developments
 - Adoption or adjustment of ceiling rents for certain developments

- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

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

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

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

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

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)

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

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

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

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Criminal or drug-related activity
 Other (describe below)

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- X None
 Federal public housing
 Federal moderate rehabilitation
 Federal project-based certificate program
 Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- X PHA main administrative office
 Other (list below)

(3) Search Time

a. Yes X No: Does the PHA give extensions on standard 60-day period to search for a unit?

(4) Admissions Preferences

a. Income targeting

Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. X Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- X Working families and those unable to work because of age or disability
- X Veterans and veterans' families
- X Residents who live in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

3 Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- 2 Working families and those unable to work because of age or disability
- 1 Veterans and veterans' families
- 2 Residents who live in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)

- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

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

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- Through published notices
- Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

2. X Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

Copy of Minimum Hardship Rent Exemption Policy attached

c. Rents set at less than 30% than adjusted income

1. X Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

Not based on percentage, based on flat rent.

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
- Yes but only for some developments
- X No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95th percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments

- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- X Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- X Other (list below)
Any change in family size, any change in income

g. Yes X No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- X The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below) As necessary but not less than once a year.

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

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)
HUD Budget Restrictions

(2) Minimum Rent

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

- \$0
- \$1-\$25

X \$26-\$50

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	351	27
Section 8 Vouchers	331	24
Section 8 Certificates	N/A	N/A
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)	N/A	

--	--	--

C. Management and Maintenance Policies

List the PHA’s public housing management and maintenance policy documents, manuals and handbooks that contain the Agency’s rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)
 See attached Procurement Policy

(2) Section 8 Management: (list below)

See attached Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. Yes X No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- X PHA main administrative office
- PHA development management offices
- Other (list below)

B. Section 8 Tenant-Based Assistance

1. Yes X No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-

based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

- The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

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

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

- Yes No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

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

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. X Yes No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

X Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly <input type="checkbox"/>	
Occupancy by families with disabilities <input type="checkbox"/>	
Occupancy by only elderly families and families with disabilities <input type="checkbox"/>	
3. Application status (select one)	
Approved; included in the PHA’s Designation Plan <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	

- | |
|--|
| <input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development |
|--|

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. Yes No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY)

Activities pursuant to HUD-approved Conversion Plan underway

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

1. Yes X No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- Yes No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

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

B. Section 8 Tenant Based Assistance

1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

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

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants
- 26 - 50 participants
- 51 to 100 participants
- more than 100 participants

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- Yes No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

Yes No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Nutrition Center/Activity Center	351	Random	Community Area	Both
Podiatry	351	Random	Community Area	Both
Public Health Nurse (Blood Pressure Screening)	351	Random	CommunityArea	Public Housing
Senior Citizen Transport (Bus)	16	First Come Basis	Town Wide	Seniors of Both Programs

--	--	--	--	--

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2008 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

- b. Yes No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- X Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies
 - X Informing residents of new policy on admission and reexamination
 - X Actively notifying residents of new policy at times in addition to admission and reexamination.
 - Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
 - Establishing a protocol for exchange of information with all appropriate TANF agencies
 - Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents
(select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)
- Not applicable

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)
Office is on site of both projects and in the 35 years of existence there has not been an incident of crime reported.

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake:
(select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
 - Crime Prevention Through Environmental Design
 - Activities targeted to at-risk youth, adults, or seniors
 - Volunteer Resident Patrol/Block Watchers Program
 - Other (describe below)
 - Not applicable
2. Which developments are most affected? (list below)

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
 - Police provide crime data to housing authority staff for analysis and action
 - Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
 - Police regularly testify in and otherwise support eviction cases
 - Police regularly meet with the PHA management and residents
 - Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
 - Other activities (list below)
2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2008 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes No: Has the PHA included the PHDEP Plan for FY 2008 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

Attached

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. X Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. X Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes X No: Were there any findings as the result of that audit?
4. Yes No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? _____
5. Yes No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. X Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
 Not applicable
 Private management
 Development-based accounting
 Comprehensive stock assessment
X Other: (list below) Capital Fund Program
3. X Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. Yes X No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
 Attached at Attachment (File name)
 Provided below:

3. In what manner did the PHA address those comments? (select all that apply)
 Considered comments, but determined that no changes to the PHA Plan were necessary.
 The PHA changed portions of the PHA Plan in response to comments
List changes below:
 Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. Yes X No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. Yes X No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

- a. Nomination of candidates for place on the ballot: (select all that apply)
 Candidates were nominated by resident and assisted family organizations
 Candidates could be nominated by any adult recipient of PHA assistance
 Self-nomination: Candidates registered with the PHA and requested a place on ballot
 Other: (describe)

- b. Eligible candidates: (select one)
 Any recipient of PHA assistance

- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: Bergen County

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)

- X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- X 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)
Continued rental assistance for both Public Housing and Section 8 Families

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

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Attachments

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

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (4/1/2008)

X Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	\$55,600.00
3	1408 Management Improvements	\$49,055.00
4	1410 Administration	\$25,000.00
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	\$18,000.00
	1440 Site Acquisition	
9	1450 Site Improvement	\$67,000.00
10	1460 Dwelling Structures	\$210,000.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$132,000.00
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	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	\$556,655.00
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HA-Wide	Operations	1406	\$55,600.00
HA-Wide	Management Improvements	1408	\$49,055.00
HA-Wide	Administration	1410	\$25,000.00
HA-Wide	Fees & Costs	1430	\$18,000.00
<u>500 Bldg.</u>	Railings Around Bldg	1450	\$50,000.00
<u>550 Bldg</u>	Landscaping	1450	\$17,000.00
<u>500 Bldg</u>	Lobby Ceiling Valves for Bathrm Risers	1460	\$10,000.00
	All Heat Risers Changed	1460	\$200,000.00
<u>500 Bldg</u>	354 Stoves	1465	\$92,000.00
<u>550 Bldg</u>	100 Stoves	1465	\$40,000.00

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
NJ70-2	09/13/2010	09/13/2012
NJ70-3	09/13/2010	09/13/2012

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

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

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
	Riverview Towers	- 0 -	- 0 -	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
500 Bldg				
New Retaining Wall going down hall (stone wall)			50,000	2009
Change Window Ballasts			214,874	2009
Upgrade Ground Floor A/C			40,000	2010
New Card Tables			5,000	2010
New Smoke Detector Heads			55,000	2010
Painting of Apartments			140,000	2011
New Bedroom/Bathroom Doors			35,000	2011
Boilers & Circulating Pumps			200,000	2012
Total estimated cost over next 5 years			739,874	

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

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

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
	Terraceview Towers	- 0 -	- 0 -

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
550 Bldg		
New Tables & Chairs (Nutrition Center)	15,000	2009
New Card Tables	5,000	2010
Storm Doors with Screens/Glass	50,000	2010
New Smoke Detector Heads	50,000	2010
Painting of Apartments	70,000	2011
Replacement of Balcony Railings & Balcony Fascia	202,834	2012
Total estimated cost over next 5 years	\$392,834	

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

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

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<u>PHA-Wide</u>				
Parking Lots Repaved			148,339	2009
Total estimated cost over next 5 years			148,339	

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>
500	251	5 Year Plan Needs	N/A	N/A	Elderly & Handicap	N/A	N/A	N/A
550	100	5 Year Plan Needs	N/A	N/A	Elderly & Handicap	N/A	N/A	N/A

Table Library

**HOUSING AUTHORITY
OF THE BOROUGH OF
CLIFFSIDE PARK**

ADMISSIONS & CONTINUED OCCUPANCY POLICY

Updated 11/14/2007

ADMISSION & CONTINUED OCCUPANCY POLICY

1.0 INTRODUCTION/PURPOSE

1.1 Purpose of Policy

The purpose of this document is to explain the policies, rules and procedures of the Housing Authority of the Borough of Cliffside Park, as they relate to the admission of and continued occupancy of residents in public housing. It will also state the rules and procedures employed to calculate rent. This policy complies with the principles in Section 206 of the Housing and Community Development Amendments of 1979, Section 203 of the Housing and Urban Rural Recovery Act of 1983 and the Quality Housing and Work Responsibility Act of 1998.

Whereas it is the policy of the Housing Authority of the Borough of Cliffside Park to fulfill the stipulations expressed in the U.S. Housing Act of 1937 and all subsequent amendments thereto as enacted by the Housing and Community Development Acts in the operation of all low-income public housing under its administration, and whereas it is the commitment of the Borough of Cliffside Park, the Housing Authority of the Borough of Cliffside Park finds it necessary to delineate the admission, continued occupancy and rental policies and practices, and set priorities so as to accomplish its commitment to provide decent, safe and sanitary housing to eligible applicants, and residents in occupancy. It is pursuant to this goal that the Authority establishes the following criteria pertinent to eligibility for admission to its low-income housing developments under its jurisdiction, as well as rules and regulations to determine the calculation of rents. Notwithstanding the above, changes in applicable federal law or regulations as per 24 CFR Part 900 shall supercede provisions in conflict with this policy.

1.2 Fair Housing Policy

In establishing these criteria, the Authority has complied with all regulations of Title VI of the Civil Rights Act of 1964. Title VIII of the Civil Rights Act of 1968, the HUD regulations of May 21, 1984, requirements as outlined in the Public Housing Occupancy Handbook, 7465.1 Rev. dated 10/78 and HUD regulations of May 12, 1988 as outlined in notice PIH 88-16, 7465.1 Rev-2. In an effort to provide a decent home and a suitable living environment which fosters economic and social mobility in the tenant body as a whole, the Authority hereby adopts policies and procedures which embody standards and criteria for tenant selection that takes into consideration the needs of individual families for low-income housing, as well as the statutory purpose in developing and operating socially and financially sound low-income housing developments.

These policies and procedures have been so designed as to avoid concentration of the most economically deprived families in any one of the CPHA's low-income housing sites, and preclude admission of applicants whose habits and practices may have a detrimental effect on the health, safety and welfare of the residents. It is the goal of the Authority to attain a stable tenant body comprised of families with a broad range of incomes.

These policies and procedures have been designed in such a way as not to deny admission to any particular group or category or otherwise eligible applicants. They assure the objective and reasonable selection among eligible applicants and are consistent with the Authority's responsibilities as a public body. Finally, they comply with state, local and federal laws and regulations as well as the provisions of the Annual Contributions Contract governing the flow of funds between HUD and the Housing Authority.

1.3 Affirmative Marketing

In the hopes of reaching a broad spectrum of potential applicants, the CPHA will affirmatively market its public and assisted housing to the widest audience practicable. Information concerning the public and assisted housing programs shall be disseminated through the local media on a regular basis. This dissemination of information may take the form of press releases or advertisements. The CPHA shall assure minority participation by disseminating information in local and area-wide minority publications. The CPHA may meet with minority organizations to discuss their programs. In all instances the CPHA shall take steps to provide opportunities to households which due to other factors such as race, religion, ethnicity, sex of head of household, age, disability or source of income would be less likely to apply for public and/ or assisted housing. The CPHA shall be in compliance with the Local Housing Plan of any local, county or state Comprehensive Housing Affordability Strategy (CHAS) pursuant to Section 24 CFR, Part 91, and the CHAS shall have the housing authorities plans incorporated within.

2.0 ADMISSIONS POLICY

2.1 Criteria for Admission

In compliance with its statement of purpose and objectives, and in adherence to its policy of achieving a socially and economically viable tenant body, this Authority, through its tenant selection process, has determined that it will accept for admission to its public housing developments only applicants who at the time of application meet all of the following requirements: (note that procedures for the implementation of these criteria are discussed in Section 2.4 and criteria for denial of admission are discussed in Section 3.0 below).

- a) Have demonstrated satisfactorily by past performance the ability to pay such monthly rent as would be determined according to the Authority's rent policy.
- b) Have demonstrated through acceptable references the ability to conduct themselves in a manner that will not impair the environment and/or security of other tenants residing in the development.
- c) Have demonstrated by past performance and behavior that family members are likely to obey all rules and regulations as embodied in the tenant's lease, as well as the rules and regulations embodied herein.
- d) Have demonstrated by past behavior that family members will take affirmative action to maintain both the apartment they are seeking to lease as well as the common area of the development in which the apartment is located in a safe, healthy and sanitary condition.
- e) In the event, however, that in the course of soliciting relevant information that will help determine the suitability and eligibility of any individual applicant as a potential public housing resident, any unfavorable information is received with respect to the applicant, the Authority shall consider such factors as might indicate a reasonable probability of favorable future conduct or financial prospects such as 1) evidence of rehabilitation or 2) evidence of participation in or willingness to participate in social service or other appropriate counseling service programs offered by the community at large.

However, the above criteria **will not** be employed to deny admission to potential residents on the basis of race, creed, color, national origin, marital status, and other factors enumerated in Title VI of the Civil Rights Act of 1968.

While the Housing Authority envisions itself as being responsive to the community's needs for low-income housing, it cannot accommodate all emergency cases because of limited resources and its obligation to adhere to the standards set forth herein. However, its tenant selection process will aim at achieving these objectives by adhering to the criteria established herein.

2.2 Income Verification The CPHA will verify information related to waiting list preferences, eligibility, admission and level of benefits prior to admission. Periodically during occupancy, items related to eligibility and rent determination shall also be reviewed and verified. Income, assets, and expenses will be verified, as well as disability status, need for a live-in aide and other reasonable accommodations, social security numbers, and citizenship/eligible non-citizen status.

a) Acceptable Methods of Verification

Age, relationship, U.S. citizenship and social security numbers will generally be verified with documentation provided by the household. For United States citizenship, the household's self-certification will be accepted. Other necessary verifications will utilize photocopies of the social security cards and other documents presented by the household, the INS SAVE approval code, certified copies of birth certificates and other forms signed by the household.

Other information will be verified by third party verification. This type of verification includes written documentation (with forms sent directly to and received directly from a source, not passed through the hands of the household.) This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the CPHA or automatically by another government agency, e.g. the Social Security Administration. Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, e.g. name, date of contact, amount received, etc.

When third party verification cannot be obtained, the CPHA will accept documentation received from the applicant/participant. Verification from the client will only be accepted if the CPHA is unable to obtain third party verification. Photocopies of the documents provided by the household will be maintained in the file.

When direct third party verification or documentation from the client (such as pay stubs) cannot be obtained, the CPHA may accept a notarized statement signed by the head of household, spouse or co-head.

b) Types of Verification

The chart on the following pages outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the CPHA will send a request form to the source along with a release form signed by the applicant/participant via first class mail, fax or hand delivered.

Verification Requirements for Individual Items		
Item to be Verified	3 rd party Verification	Hand-carried Verification
General Eligibility Items		
Social Security Number	Letter from Social Security, electronic reports (if SSA provides)	Social security card
Citizenship	<i>N/A</i>	Signed HUD self-certification, birth certificate, etc.
Eligible immigration status	INS Verification	Permanent lawful resident card, INS stamp on passport, or other INS documentation
Proof of Age	<i>N/A</i>	State certified birth certificate
Physical Characteristics (if >18)	<i>N/A</i>	Photo i.d.
Disability	Letter from medical professional, SSI, etc.	Proof of SSI or Social Security disability payments
Full time student status (if >18)	Verification from the School/educational institution where enrolled	High school students documents showing enrollment
Need for a live-in aide	Letter from physician verifying condition requires a live-in-aide	<i>N/A</i>
Childcare costs	Verification from child care provider of out of pocket childcare expenses	Bills and receipts

Verification Requirements for Individual Items		
Item to be Verified	3rd Party Verification	Hand-carried Verification
Disability assistance expenses	Verification from suppliers, care givers, etc.	Bills and records of payment
Medical expenses	Verification from providers, Prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed, etc.	Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares and tolls
Value of and Income from Assets		
Savings, checking accounts	Verification from financial institution	Passbook, most current statements
CDs, bonds, etc.	Verification from financial institution	Tax return, information brochure from institution, the CD, the bond
Stocks	Verification from broker or holding company	Stock or most current statement, price in newspaper or through the internet
Real property	Letter from tax office, assessment, etc.	Property tax statement (for current value), assessment, records or income and expenses, tax return
Personal property	Assessment, bluebook, etc.	Receipt for purchase, other evidence of worth
Cash value of life insurance policies	Letter from insurance company	Current statement
Assets disposed of for less than fair market value	N/A	Original receipt and receipt at disposition, other evidence of worth
Income		
Earned income	Verification from employer	Multiple pay stubs if

		verification from employer fails , tax return, w-2 Statements
Verification Requirements for Individual Items		
Item to be Verified	3 rd Party Verification	Hand-carried Verification
	Verification from New Jersey Workforce Development Verification from HUD	Employer Wage Record records Up-Front Income Verification (EIV) system
Self-employed	N/A	Tax return from prior year, books of accounts
Regular gifts and contributions	Letter from source, letter from organization receiving gift (e.g., if grandmother pays day care provider, letter from the day care provider stating this)	Bank deposits, other similar evidence
Alimony/child support	Court order, letter from source, letter from Human Services or Child Support Recovery Unit	Record of deposits, Collection Services Center, certified payment history, payment record from Clerk of Court
Periodic payments (i.e., social security, welfare, pensions, workers' compensation, unemployment)	Verification or electronic reports from the source	Award letter, letter announcing change in amount of future payments
Training program participation	Letter from program provider indicating - whether enrolled or completed - whether training is HUD-funded - whether Federal, State, local govt., or local program - whether it is employment training - whether it has clearly defined goals and objectives - whether program has supportive services - whether payments are for out-of-pocket expenses incurred in order to participate in a program - date of first job after program completion	N/A

c) Verification of Social Security Numbers

Prior to admission, each household member must provide verification of his or her social security number.

Verification of the social security number is the original social security card. If the card is not available, the CPHA will accept letters from the Social Security Administration that state the number. Passports, or other official documents that establish and state the number, are also acceptable.

If a member of a household indicates that they have a social security number, but cannot verify it, they shall be asked to certify to this fact and shall have up to 60 days to provide the verification. If the individual is at least 62 years of age, they will be given 120 days to provide the verification. If the individual fails to provide the verification within the time allowed, the household will be denied assistance or will have their assistance terminated.

All information obtained from the applicant concerning eligibility will be verified when a suitable dwelling is expected to be available.

2.3 Citizenship/Eligible Immigration Status

A. Verification of Citizenship or Eligible Non-Citizen Status

The Citizenship or eligible non-citizen status of each household member, regardless of age, must be determined.

Prior to being admitted all citizens and nationals will be required to sign a declaration under penalty of perjury. They will also be required to show proof of their status by such means as social security card, birth certificate, military ID or military DD 214 Form.

Prior to being admitted, all eligible non-citizens who are 62 years of age or older will be required to sign a declaration under penalty of perjury. They will also be required to show proof of age.

Prior to being admitted, all eligible non-citizens must sign a declaration of their status and a verification consent form and provide their original INS documentation. The CPHA will make a copy of the individual's INS documentation and place the copy in the file. The CPHA also will verify their status through the Homeland Security system.

Household members who do not claim to be citizens, nationals or eligible non-citizens, or whose status cannot be confirmed, must be listed on a statement of non-eligible members and the list must be signed by the head of household.

Any household member who does not choose to declare his or her status must be listed on the statement of non-eligible members.

If no household member is determined to be eligible under this section, the household's admission will be denied.

The household's assistance will not be denied, delayed, reduced or terminated because of a delay in the process of determining eligible status under this section, with the exception of a delay caused by the household.

If the CPHA determines that a household member has knowingly permitted an ineligible non-citizen (other than any ineligible non-citizens listed on the lease) to permanently reside in their unit, the household's assistance will be terminated. Such household will not be eligible to be readmitted to building projects for a period of 24 months from the date of termination.

B. Prorating of Assistance

1. Determine total tenant payment in accordance with 24 CFR 913.107(a). Annual income includes income of all family members, including any family member who has not established eligible immigration status.
2. Subtracting the total tenant payment from the "public housing maximum rent". The result is the maximum subsidy for which the family could qualify if all members were eligible.
3. Dividing the family maximum subsidy by the number of persons in the family (all persons) to determine the maximum subsidy per each family member who has citizenship or eligible immigration status. The subsidy per eligible family member is the "member maximum subsidy".
4. Multiplying the member maximum subsidy by the number of "eligible "family members".
5. The product of steps 1-4, is the amount of subsidy for which the family is eligible. The family's rent is the "public housing maximum rent" minus the amount of the eligible subsidy.

2.4 Confidentiality.

All records concerning an applicant or Tenant are strictly confidential.

- a) All applicants applying for public and/ or assisted housing shall complete and execute a Federal Privacy statement that states under what conditions HUD will release Tenant information. Requests for information concerning a specific Tenant must be in writing and accompanied by a signed release request before the CPHA will release any information.
- b) All applicants applying for public and/ or assisted housing shall complete and execute release for information form. This form will enable the CPHA to obtain information regarding the applicant. Such information will be used solely in determining eligibility and suitability for admission.

2.5 Specific Standards of Eligibility

- a) **Eligibility for Admission.** Applicants to be admitted into the Authority's low-income housing must satisfy all of the following additional requirements:
 - i. Qualify as a family as defined in Section 22 (Terms of Definition).
 - ii. Have a total family income, less enumerated deductions, which cannot exceed the maximum income limits for admission as set forth in Exhibit B.
 - iii. Agree to complete an orientation program prior to occupancy. This program will be arranged pending the Authority's financial capability to do so, and its ability to provide the necessary staff for such a program.

2.6 Preference in Selection of Tenants.

Families will be selected for occupancy by using a Ranking Preference System in the following order:

1. Veterans of the United States Armed Forces/National Guard Members
2. Cliffside Park Residents

Applicants who qualify for the above preferences shall be handled according to the date order which the application was received.

a) Non-Preference

Applicants, other than those who qualify under the foregoing preferences categories shall be handled according to the date order which the application was received.

3. Continued Occupancy Limits

The Housing and Community Development Act of 1974 completely eliminated the concept of continued occupancy income limits for public housing residents.

In addition, the Authority as per Exhibit G has adopted ceiling rental limits. However, if it is determined that a family's income is in excess of the income limits set for new admissions, the Authority will determine whether the family is a family of low-income in accordance with its standards and criteria for continued occupancy. If the Authority determines that the family is not a low-income family, the Authority, as provided in 24CFR Section 860.6, will not commence eviction proceedings or refuse to renew a lease based upon the income of the tenant family unless it has identified for possible rental by the family a unit of decent, safe and sanitary housing of suitable size available at a rent not exceeding 30% of adjusted income as defined by this policy.

4. Related Procedures – Process of Applying for Admission

In order to insure that very low-income families are not discriminated against, it shall be the policy of this Authority to admit not less than 40% of all families with incomes at or below 30% of the area median income in accordance with the Income Targeting provisions of the Quality Housing and Work Responsibility Act of 1998.

The Authority shall obtain a written application signed by a responsible adult member of the family. This application shall set forth all data and information necessary to enable the Authority to determine whether or not the family meets the conditions for admission or continued occupancy.

All applications received shall be dated and maintained in the central office by the tenant selection staff. Each application shall be assigned an appropriate place on a community-wide basis in sequence based upon date the application is received, suitable type and size of unit and factors affecting preference or priority established by the Authority, not inconsistent with the objectives of Title III of the Civil Rights Act of 1964 and the HUD regulations and requirements pursuant thereof.

Eligible families on the waiting list must contact the Authority immediately if any change in family composition, income or factors affecting preference should occur.

The PHA will purge the waiting list by an annual mailing to all applicants requiring a verification of continued interest. The mailing will include a deadline date for when the update must be returned. If the update is not returned by the deadline date a second notice will be sent by mail providing a final deadline. When the final deadline passes without a response the family will be removed from the waiting list.

Suitable vacancies arising at a given time at any location shall be offered to the eligible applicant first in sequence at such time. If the applicant offered the available apartment refuses, they will be moved to the bottom of the eligible applicant list. After three offers the applicant will be removed from the waiting list. When eligible applicant refuses an apartment this is confirmed in writing to the eligible applicant. When the eligible applicant is being removed from the waiting list they are notified by mail that they are being removed from the list.

However, if an applicant presents to the satisfaction of the Authority clear evidence that acceptance of a given offer of a suitable vacancy will result in undue hardship or handicap not related to considerations of race, color, or national origin, such as medical emergency and the like, refusal of such an offer shall not be counted as one of the two allowable refusals permitted an applicant before placing their name at the bottom of the eligible list.

In addition, any and all forms requiring signature of applicants or tenants that involve contract of stipulations regarding admission and occupancy shall be read and explained to the tenant or applicant prior to signing. In any event, the Authority shall supply an applicant who does not read or write the English language with a translator if this is economically feasible.

Management shall develop reasonable procedures for the screening and acceptance of applicants referred from external social service agencies. If tenants are involved in such screening procedures, they shall not receive rent reductions in return for their participation.

The applicant will be required to sign a release allowing the authority to request a copy of a police report from the New Jersey State Police and the Federal Bureau of Investigation if required. In addition, the applicant, if required, will provide fingerprints to the police department for submission to the FBI for check through the National Crime Information Center.

The Authority shall promptly notify any applicant (as per Section 2.6) determined to be ineligible for admission (as per Section 3.0), the basis for such determination and shall provide the applicant, upon request, within a reasonable time after the determination is made, with an opportunity for an informal hearing on said determination.

When a determination has been made as to the eligibility and satisfaction of all requirements for admission including the tenant selection criteria, the applicant will be notified of the approximate date of occupancy.

The Housing Authority, working in conjunction with social service organizations, the local government and its various departments, shall commit itself to the development/provision of quality residences in public housing that will attract qualified new tenants, retaining tenants who adhere to standards embodied herein.

Individuals who have a physical impairment, which would prevent them from completing an application in person, may call the Authority to make special arrangement to complete their application.

The Authority may from time to time close its waiting list by suspending the acceptance of any new applications for assistance. The Authority will make it known to the general public through the publication in the media of the fact that applications are being suspended. When the Authority determines it is in their best interest to open the waiting list and begin accepting applications again they will publish in the news media an advertisement stating that applications are available.

The advertisement shall contain the following:

- The HA will publish the date applications will be accepted and the location where applications can be completed. If the HA anticipates suspending the taking of applications after a period of time, the date of acceptance and closing of applications must be published.
- Advise families that applications will be taken at the designated office;
- Briefly describe the Public Housing program; and
- State that applicants for Public Housing must specifically apply for the Public Housing Units and that applicants for Public Housing may also apply for to the Section 8 Program, if applicable, and they will not lose their place on the Public Housing waiting list if they also apply for Section 8 assistance. For this to be applicable the HA must have a Section 8 Program and be accepting applications for Section 8 assistance.

5. Non Compliance with Housing Authority Schedule of Appointments and Submission of Documents

An applicant must adhere to all schedules established by the housing authority to review eligibility. An applicant who fails to keep an appointment without notifying the HA and without re-scheduling the appointment shall be sent a notice of termination of the process for failure to supply such certification, release of information or documentation as the HA or HUD determines to be necessary (or failure to allow the HA to inspect the dwelling unit at reasonable times and after reasonable notice, if applicable) in the following situations:

- Complete Application
- Bringing in Verification Information
- Briefing prior to Occupancy
- Leasing Signature
- Inspections
- Recertification
- Interim Adjustment
- Other Appointments or Requirements to Bring in Documentation as Listed in this Plan

- Scheduled Counseling Sessions
- Move-In appointments

Process When Appointment(s) Are Missed: - For most of the functions above, the family may be given two appointments.

If the family does not appear or call to reschedule the appointment(s) required, the HA may begin termination procedures. The applicant or tenant will be given an opportunity for an informal meeting or hearing, as appropriate pursuant to the grievance process. Only Tenants are afforded a grievance. The grievance procedures do not apply to applicants.

If the representative of the HA and/or Hearing Officer makes a determination in favor of the applicant/tenant, the HA will comply with decision unless the applicable provisions of the Grievance Procedure is applicable to the hearing officers decision.

Letters Mailed to Applicants by the HA: - If an applicant claims they did not receive a letter sent by the Authority which requested information from the applicant or to have them attend an interview, the HA will determine whether the letter was returned to the HA. If the letter was not returned to the HA, the applicant will be assumed to have received the letter.

If the letter was returned to the HA and the applicant can provide evidence that they were living at the address to which the letter was sent, the applicant will be reinstated with the date and time of the application in effect at the time the letter was sent.

Applicants must notify the HA, in writing, if their address changes during the application process.

6. Notification of Applicants

The Authority will promptly notify all applicants as to their eligibility or ineligibility as follows:

- a) An eligible applicant will be notified of the approximate date of occupancy insofar as that date can be reasonably determined. If an approximate date cannot be determined, the Authority will inform the applicant of their status on the waiting list and its length.
- b) An ineligible applicant will be notified of the basis for the determination and will be provided upon a written request within ten (10) days after the determination with an opportunity for an informal meeting. The authority will hold this informal meeting within ten (10) days of the request. The person designated by the authority to conduct the informal meeting shall be an impartial person appointed by the authority other than the person who made the initial determination under review. The meeting shall be conducted in accordance with applicable HUD and housing authority rules. The hearing officer shall return a decision within ten (10) days of the meeting. The housing authority's grievance procedure applies only to residents. It does **not apply** to applicants.

- c) The Authority will maintain all applicants' records indicating the final action taken, including applications that have been determined inactive.

7. Deconcentration

Section 513 of the Quality Housing and Work Responsibility Act of 1998 makes several amendments to Section 16 with respect to deconcentration of poverty and income targeting. The housing authority will make every effort to provide for deconcentration of poverty and income-mixing by bringing higher income tenants into lower income projects and lower income tenants into higher income projects whenever possible.

The housing authority may offer incentives to eligible families that would help accomplish this goal. In addition, skipping of a family on the waiting list specifically to reach another family with a lower or higher income will be done as required to meet this goal.

The housing authority will try to maintain a balanced income mix on all of its scattered sites. Replacing vacancies from the same or similar income levels will maintain this mix.

The housing authority will establish a working family preference, will continue to affirmatively market units and provide rent incentives as permitted by the QHWRA.

8. Misrepresentation by the Applicant or Tenant

If an applicant or tenant is found to have made a falsification or willful misrepresentations at any time which resulted in the applicant or tenant being classified as eligible, when, in fact, they were ineligible, applicant will be declared ineligible and the lease and/or application will be terminated because of the misrepresentation by the applicant/tenant. If such misrepresentation resulted in tenant paying a lower rent than was appropriate, tenant shall be required to pay the difference between the actual payments and the amount, which should have been paid. In justifiable instances, the HA may take such other actions as it deems appropriate, including referring the tenant to the proper authorities for possible criminal prosecution.

9. Criteria For Denial Of Admission

Public housing residency is a privilege and not a right. In order to preserve the housing authority's interests and the integrity of the program, the PHA may deny admission to an applicant for the following:

- a) Have demonstrated unsatisfactorily by past performance the ability to pay such
- b) monthly rent as would be determined according to the Authority's rent policy.

- c) Have demonstrated through unacceptable references the ability to conduct themselves in a manner that will not impair the environment and/or security of other tenants residing in the development.
- d) Have demonstrated by past performance and behavior that family members are unlikely to obey all rules and regulations as embodied in the tenant's lease, as well as the rules and regulations embodied herein.
- e) Have demonstrated by past behavior that family members will not maintain both the apartment they are seeking to lease as well as the common area of the development in which the apartment is located in a safe, healthy and sanitary condition.
- f) The housing authority will not assist a family if they owe rent; other amounts or have judgments to any housing authority or any other federal subsidized housing program.
- g) The housing authority will not assist a family if they have previously vacated a public or assisted housing unit in violation of the terms of their lease.
- h) Have been previously evicted from public housing.
- i) Have committed acts that would constitute fraud in connection with any federal housing program.
- j) Did not provide information required within the specified timeframe as outline in Section 2.5 above.
- k) Has been convicted of a drug-related criminal offense or violent criminal activity. The CPHA shall deny admission to a family that contains a member of the household who is subject to the lifetime registration for sex offenders.
- l) If the authority determines that a person is illegally using a controlled substance or abuses alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other Tenants. The authority may waive this requirement if:
 - I. The person demonstrates to the authority's satisfaction that the person is no longer engaging in drug-related criminal activity or abuse of alcohol;
 - II. Has successfully completed a supervised drug or alcohol rehabilitation program;

III. Has otherwise been rehabilitated successfully; or

IV. Is participating in a supervised drug or alcohol rehabilitation program.

- m) Has a history of criminal activity involving crimes of physical violence to persons or property and other criminal activities that may adversely affect the health, safety and welfare of other Tenant.
- n) Intentional misrepresentation or withholding of verification information as outlined in Section 2.8 above.
- o) Section 2.4. If this information is used to deny admission the authority will provide a copy of the information used in its determination.

This list is not to be construed as totally inclusive, and there may be circumstances not listed which may be used for denial of admission if the authority determines that to admit the household or member thereof would have a detrimental affect on the health, safety or right to peaceful enjoyment of the premises by other Tenants.

10. RENT POLICY

The Total Tenant Payment (Rent) will be the greatest of:

- i. 30% of family monthly adjusted income
- ii. 10% of family monthly gross income
- iii. Welfare assistance specifically designated for rent
- iv. \$50.00 minimum monthly rent

10.1 Broad Range of Incomes Objective

To accomplish this objective the Authority shall:

- a) Ascertain the distribution of income within the community based upon the most recent census or other reliable data on family incomes;
- b) Ascertain the distribution of incomes of families on the Authority's waiting list;
- c) Ascertain the average operating costs of the project and the average rent required to meet such costs;

- d) Ascertain the average rent which would be achieved based upon the incomes of low-income families in accordance with the distribution of incomes of all low-income families in the community's area of operation;
- e) Ascertain the average rent which can be achieved based upon the incomes of the families on the waiting list;
- f) Utilizing the above information, develop criteria, by preference or otherwise, that will be reasonably calculated to attain the basic objective. The criteria developed will be sufficiently flexible to assure administrative feasibility.

10.2 Rent Collection

Rents are due and owing, in advance, by the first of each month, payable at the Housing Authority offices. A rent will be considered delinquent after the 10th day of the month. No partial payments will be accepted.

10.3 Deposits/Pro-rated Rent Payments

A deposit of \$75.00 must be given at the time the initial lease is executed. This deposit will be credited towards the first full month's rent.

Rent will be pro-rated for partial month's occupancy.

10.4 Minimum Rent Hardship Exemptions - As per Lease Section 4 (f)

Minimum Rent Hardship Exemptions: The CPHA shall grant an exemption from the minimum rent provision to any family making a request in accordance with HA policy in writing that is unable to pay that minimum payment because of financial hardship, which shall include:

- a) The family has lost eligibility for, or is awaiting an edibility determination for a federal, state or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the immigration and naturalization act who would be entitled to public health benefits but for Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
- b) The family would be evicted as a result of the implementation of the minimum rent.
- c) The income of the family has decreased because of changed circumstances, including loss of employment.

d) A death in the family has occurred which affect the family circumstances.

Other circumstances which may be decided by the CPHA on a case-by-case basis.

All of the above must be proven by the Tenant providing verifiable information in writing to the CPHA prior to the rent being delinquent and before the lease is terminated by the CPHA. If Tenant requests a hardship exemption under this section, and the CPHA reasonably determines the hardship to be of a temporary nature, exemption shall not be granted during a ninety-day period beginning upon the making of the formal request for the exemption. A Tenant may not be evicted during the ninety-day period for nonpayment of rent. In such a case, the Tenant thereafter demonstrates that the alleged hardship is of a long-term nature and not temporary, the CPHA shall retroactively exempt the Tenant from the minimum rent requirement for the ninety-day period past. This paragraph does not restrict nor prohibit the CPHA from taking legal action to evict the Tenant for other violations of the lease.

11. OCCUPANCY STANDARDS

The following standards will determine the number of bedrooms required to accommodate a family of a given size and will be adhered to in every instance where availability of units permits.

<u># Bedrooms</u>	<u>Minimum # Persons</u>	<u>Maximum # Persons</u>
0	1	1
1	1	2

12. Leasing of Dwelling Units

A legal head of a family accepted to live in public will be required to sign a lease agreement prior to actual admission. The Executive Director or Housing Manager will also sign the lease with one copy given to the tenant and one copy kept in the Authority's office. Both occupants living in a leased apartment together are required to sign the lease.

Only those persons listed on the most recent certification form shall be permitted to occupy a dwelling unit unless there is a birth to a family member or an authorized addition by the Authority in writing.

12.1 Visitors

Tenants shall have the right to exclusive use and occupancy of the dwelling unit fir Tenant and other household members listed on the lease. This provision permits reasonable accommodation of the Tenant's guests or visitors for a period of not longer than 10 days. Permission may be granted, upon written request to the Project Manager, for a temporary stay longer than 10 days. The request must include the reason for the stay and cannot exceed 30 consecutive calendar days each year.

Tenants will not be given permission to allow a former tenant of the Authority who has been evicted to sleep overnight in the unit for any period of time whatsoever.

12.2 Transfers

Transfers of families from one unit to another shall occur only as follows:

- a) If the Authority determines that the size or design of the dwelling unit is no longer appropriate to Tenant's needs, the Authority shall send Tenant written notice. Tenant further agrees to accept a new lease for a different dwelling unit of the appropriate size or design..
- b) The Authority may move a Tenant into another unit if it is determined necessary to repair, improve, modify, rehabilitate or demolish Tenant's unit.
- c) If a Tenant makes a written request for special unit features in support of a documented disability or handicap, the Authority shall make a reasonable effort to modify Tenant's existing unit. If the cost and extent of the modifications needed are tantamount to those required for a fully accessible unit, the Authority may transfer Tenant to another unit with the features requested at the Authority's expense.
- d) A tenant without disabilities housed in a unit with special features must transfer to a unit without such features should another Tenant with disabilities need the unit (at the Authority's expense).
- e) In the case of involuntary transfers, Tenant shall be required to move into the dwelling unit made available by the Authority. Tenant shall be given 30 days time in which to move following delivery of a transfer notice. If Tenant refuses to move, the Authority may terminate the lease.
- f) Involuntary transfers are subject to the Grievance Procedure, and, except in the event of a bona fide emergency, no such transfers may be made until either the time to request a Grievance has expired or the procedure has been completed.

12.3 Moving/Storage Expenses

The Authority shall not provide a mover at its expense for any tenant moving out of public housing. In addition, the Authority will not reimburse any tenant for any miscellaneous expenses involved with moving from one apartment to another.

When a tenant vacates the apartment, a move-out inspection will be performed. If, during this inspection it is found that furnishings have been left by the tenant, the costs to remove, store or dispose of these furnishings will be charged to the tenant. The costs will be deducted from any security deposit of that tenant. All charges will be based on an hourly rate for removal and actual rate for storage and/or disposal.

12.4 Interim Re-examinations

It is the tenant's responsibility to notify the PHA immediately when any income change occurs during the lease agreement period. Changes in rent or family composition shall be processed as follows:

- a) Changes in rent shall be made by submitting a Recertification Application, verifying new income and/or family members and executing a rider to the lease. This rider must be dated and signed by both the Authority and the Tenant. A copy will be given to the tenant and the original shall be kept in the Authority's office.
- b) Changes in the primary lessee shall cause a new lease to be made for the apartment.
- c) Cancellation of a tenant's lease will be made in accordance with the provisions of the lease attached hereto.

If, during the tenure of a lease agreement, a tenant requests the addition of a family member to the lease, the Authority will follow the same procedure when reviewing this individual's suitability for the public housing as it follows when reviewing the initial applicant. The review of this individual will include all of the items as outlined in Section 2.0 of the Admissions and Occupancy Policy.

If it is determined that this individual will not be a suitable resident of the public housing, the Authority will notify the family that this individual will not be allowed to reside in the public housing nor be added to the lease. At this point the resident may accept the Authority's decision or terminate their tenancy.

13. PARKING POLICY

It is the policy of the Authority to regulate all on-site parking. It is the position of the Authority that all on-site parking is a privilege and is, therefore, granted in accordance with the policy as

per Exhibit H. Parking is reserved only for tenants who are listed on the lease. Stickers will be given only to those tenants who present a valid driver's license, registration of the car in their name along with a valid insurance card.

14. PET POLICY

It is the purpose of this policy to insure that those residents who desire pets are responsible pet owners. That those residents who do not desire pets are not inconvenienced by pets on the premises; to assure that pets on premises are properly cared for; and that Housing Authority properties remain decent, safe and sanitary.

15. ANNUAL RECERTIFICATION

The rent amount as fixed in Part II of the Lease Agreement is due each month until changed as described below:

- a) The status of each family is to be re-examined at least once a year.
- b) Tenant promises to supply the Authority, when requested, with accurate information about family composition, age of family members, income and source of income of all family members, assets, and related information necessary to determine eligibility, annual income, adjusted income, and rent. Failure to supply such information when requested is a serious violation of the terms of the lease, and the authority may terminate the lease. All information must be verified. Tenant agrees to comply with the Authority's requests for verification by signing releases for third-party sources, presenting documents for review, or providing other suitable forms of verification. The Authority shall give Tenant reasonable notice of what actions Tenant must take and of the date by which any such action must be taken for compliance under this section. This information will be used by the Authority to decide whether the amount of rent should be changed.
- c) Rent will not change during the period between regular re-examinations, UNLESS during such period:
 1. A person with income joins the household.
 2. Tenant can verify a change in his/her circumstances (such as decline in or loss of income) that would justify a reduction in rent. If a reduction is granted, Tenant must report subsequent increase in income within 15 days of the occurrence, until the next scheduled re-examination. (Failure to report within the 15 days may result in a retroactive rent charge).
 3. It is found that Tenant has misrepresented the facts upon which their rent is based so that the rent Tenant is paying is less than the rent that he/she should have been charged. The Authority then may apply an increase in rent retroactive to the first of the month following the month in which the misrepresentation occurred.
 4. Rent formulas or procedures are changed by Federal law or regulation.

- d) All changes in family composition must be reported to the Project Manager within 10 days of the occurrence. Failure to report within the 10 days may result in a retroactive rent charge.

The length of time from the date of admission to the date of first recertification may not exceed 12 months according to current federal regulations. Therefore, in order to fit a new tenant into the established schedule, the first regularly scheduled recertification may be conducted in a period of less than 12 months.

The tenant is to be notified in writing of any changes required in rent or unit occupied and of any misrepresentations or lease violations revealed by the recertification and the corrective action that must be taken.

16. INSPECTIONS

16.1 Initial Inspection at Move-In

The Authority and Tenant or representative shall inspect the dwelling unit prior to occupancy by Tenant. A written statement will be made of the condition of the dwelling unit and any equipment provided with the unit will be noted. The statement shall be signed by the Tenant and retained in the Tenant's folder. The Authority, at no charge to Tenant will correct any deficiencies noted on the inspection report.

16.2 Inspection at Move-Out

The Authority will inspect the unit at the time Tenant vacates.

16.3 Annual Inspections

At least once a year the housing authority will perform an inspection of the dwelling unit. This inspection will be in accordance with the Housing Quality Standards (HQS), and a copy of the report will be forwarded to the Tenant. Any deficiencies found at the time of the inspection will result in the development of a work order for the repair. If Tenant's negligence or abuse instigated the required repair, the Tenant will be responsible for paying for the repair. A list of all maintenance charges will be provided the Tenant at Lease signing. Tenant will be given at least 48 hours noticing of inspection.

If the inspection indicates that the Tenant has poor housekeeping habits that need to be improved upon, the inspector will file a report and a subsequent meeting will be scheduled with the Tenant to counsel the Tenant on their poor housekeeping habits. A follow-up inspection as outlined in Section 11.5 may be scheduled within 30 days to see that the deficiencies are corrected. If the Tenant fails to correct the deficiencies, provisions of the lease may be enforced and the tenant evicted.

16.4 Emergency Inspections

If an employee and or contract agent of the authority has reason to believe that an emergency exists within the unit, the unit can be entered without notice. The person(s) that enters the unit must leave a written notice to the Tenant that indicates the date and time the unit was entered and the reason why it was necessary to enter the unit.

16.5 Random Inspections

The housing authority retains the right to perform random inspections to determine whether or not the Tenant is keeping the unit in a decent, safe and sanitary condition in accordance with the guidelines established by the authority. A copy of the report will be forwarded to the Tenant. Tenant will be given at least 48 hours noticing of inspection.

17. TERMINATION OF THE LEASE

See Lease, Section 12. In the event the Authority is forced to institute legal action for eviction, the tenant will be responsible for any legal costs incurred by the Authority. In the event the Authority is forced to institute legal action for eviction and the tenant is evicted, the tenant shall be responsible for any reasonable legal and court costs incurred by the Authority.

18. ENTERPRISE INCOME SECURITY SYSTEM

The Housing Authority of the Borough of Cliffside Park has established the following EIV security procedures:

For the purposes of EIV security we have established a log in/log out for all personnel who have an "M" number. The "M" number and the certification for each person, including the log in/log out book are in a locked, fireproof cabinet in the Maintenance Supervisor's office. Rather than having all information in one central area in the HA office we designated the Maintenance Supervisor's office for this file. The only personnel who have keys for this file are the Executive Director, Assistant Executive Director and the Project Manager.

The Executive Director, Assistant Executive Director and Project Manager have their keys to the file in their desks which are locked.

In addition we also have secure entry cards for personnel to enter the Housing Authority Offices. This includes a video surveillance camera on the front office door to view everyone entering and exiting the office during work hours 24 hours a day, seven days a week.

All resident information, i.e. social security number, health insurance numbers, pension, and all income including banking, life insurance is destroyed when the resident vacates the apartment and the time for retaining the file is met which is five years after tenant vacates. This is done by shredding all information when resident vacates.

There will be one log in/log out for the file cabinet and another log in/log out for authorized person to access the EIV system.

19. CRIME RELATED INCIDENTS

The Housing Authority of the Borough of Cliffside Park has a “Cooperation Agreement” with the Cliffside Park Policy Department

The Housing Authority maintains a “Crime Incident “ Log indicating, date, time, offense, copy of the police report and action taken.

20. SCREENING POLICY

All information concerning an applicant household's composition, income, preference, need for special apartment features and ability to reside in public housing must be verified and documented. Except for determination of preference status which is completed prior to the screening all information shall be verified during interview/screening.

At the time of screening all documents relative to verification shall be maintained in the applicant's file folder.

Documentation used as part of the verification process may include:

- Copies of documents that will be retained in the applicant's file folder
- Checklist completed as part of the interview process and signed by that applicant and Project Manager.
- Verification forms completed and signed by third parties.
- Reports of all interviews, telephone conversations or personal contact with or regarding the applicant household including date of conversation, source of information, name and position of the individual contacted, name and position of staff member receiving information and a written summary of the information received.
- All correspondence received for or on behalf of the applicant.

An applicant knowing falsification, misrepresentation or concealment of information will be considered grounds for denying admission.

Unintentional errors, or errors that do not secure an advantage with regard to eligibility for admission, preference or amount of rent will not be used as a basis for applicant rejection.

21. SMOKING POLICY

Since 500 and 550 Gorge Road are federally funded buildings, the Housing Authority has declared the common areas of 500 and 550 Gorge Road, Cliffside Park, NJ, smoke free.

22. VIOLENCE AGAINST WOMEN POLICY

The Cliffside Park Housing Authority, to ensure the implementation of the VAWA Public Law 109-162, will protect, assist and support victims of domestic violence, dating violence, sexual assault or stalking in our public housing and Section 8 Program by not evicting or denying these persons due to the crimes committed against them. Incidences of abuse engaged by a member of the tenant’s household/family shall not be good reason for eviction, termination of a lease or assistance held by the victim. The Cliffside Park Housing Authority may take steps to evict, remove or terminate assistance to that member of the household who has committed criminal acts of violence against family members or others, without evicting the victim. The family member/tenant who has been victimized must submit certification by either completing form HUD-50066 or in lieu of this form the following:

- A federal, state or police or court record
- 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, stalking, etc.. That the incidence in question is a bona fide incident of abuse

23. FINES TO TENANTS FOR NON-COMPLIANCE OF HEALTH/SAFETY REGULATIONS.

The Housing Authority has established the following fines for tenant non-compliance of health/safety issues:

Infraction	Charge for First Offense	Charge for Second Offense
Wrapped or tied up Emergency Pull Cords	\$10.00	\$25.00
Covered Smoke Detectors	\$25.00	\$50.00
Covered Vents	\$10.00	\$25.00
Carbon Monoxide Removed or Batteries Removed	\$10.00	\$25.00

24 DEFINITION OF TERMS

Citizen. An individual born in the United States or naturalized.

Dependent. A member of the household (excluding foster children) other than the head or spouse.

Disabled Person. An individual who is under a disability as defined in Section 223 of the Social Security Act or in Section 102(b)(5) of the Developmental Disabilities Services and Facilities Construction Amendments of 1970

Section 223 of the Social Security Act defines disability as:

“Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months”;
or

In the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in Section 416(I)(1) of this title: “ the inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which they have previously engaged with some regularity and over a substantial period of time.”

Section 102(b)(5) of the Developmental Disabilities Services and Facilities Construction amendments of 1970 defines disability as:

“A disability attributable to mental retardation, cerebral palsy, epilepsy, or another neurological condition of an individual found by the Secretary to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, which disability originates before such individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to such individual.”

No individual shall be considered to be a person with a disability for purposes of eligibility for low income housing solely on the basis of any drug or alcohol dependency.

Elderly Family. A family whose head or spouse or whose sole member is at least 62 years of age, or disabled as defined below, or handicapped as defined below, and may include two or more elderly, disabled or handicapped persons living together, or one or more such persons living with another person who is determined to be essential to their care and well being.

Family. Two or more persons related by blood, marriage, adoption or who give evidence of a “stable relationship” which has existed over a period of years. With respect to single

persons, such definition shall include an elderly family as defined above, or a displaced family as defined above, the remaining member of a tenant family, or single person family as defined below. By definition a family must contain a competent adult of at least 18 years of age to enter into a contract and capable of functioning as the head of household.

There must be some concept of family living together beyond the mere sharing or intention to share housing accommodations by two or more persons to constitute them as a family within the meaning of this policy.

Grievance Procedure. All Tenants are afforded the rights under the grievance policy of the ___HA. The grievance policy and procedures are incorporated into this document by reference and is a guideline to be used for grievances and appeals.

Handicapped Person. A person having a physical or mental impairment which 1) is expected to be of longstanding and indefinite duration, 2) substantially impedes their ability to live independently, and 3) is of such nature that such ability could be improved by more suitable housing conditions.

Hazardous Duty Pay. Pay to a family member in the Armed Services that is away from his primary residence and in a hostile situation. The pay received for this duty is not included in the total family income.

Head of Household. The adult family member who is held responsible and accountable for the family.

Homelessness. An individual or household is considered to be homeless as follows:

- a) They lack a fixed, regular and adequate residence.
- b) They have a primary residence that is
 - (1) A supervised shelter designed to provide temporary living arrangements (including welfare hotel, congregate shelters and transitional housing or housing for the mentally ill.);
 - (2) An institution that provides a temporary residence for individuals untended to be institutionalized; or
 - (3) A place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.
- c) A homeless family does not include:
 - (1) Any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State Law; or

- (2) Any individual who is a Single Room Occupant (SRO) that is not considered substandard housing.

Live-In Aide. A person who resides with an elderly, disabled or handicapped person(s) and who:

- a) Is determined by the CPHA to be essential to the care and well being of the person(s).
- b) Would not be allowed to live in the unit except to provide support for the person(s). The income of the live-in aide is not included in the family income.
- c) Is not obligated for support of the person(s).

Lower Income Family. A family whose annual income does not exceed 80% of the median income for the area as determined by HUD with adjustments for family size. HUD may establish income limits higher or lower than 80% of median income for the areas on the basis of its finding that such variations are necessary because of the prevailing levels of construction costs or unusually high or low family incomes.

Minimum Rent. Families assisted under the public housing program shall pay a monthly minimum rent of not more than \$50.00 per month. The CPHA has the discretion to establish the minimum rent from \$0 up to \$50.00. The minimum rent established by this housing authority is \$50.00.

Minor. A person, other than the head of household or spouse, under 18 years of age.

Mixed Family. A household whose members comprise of those with United States Citizenship or eligible immigration status and those without citizenship or eligible immigration status. The CPHA cannot support or financially assist those individuals without citizenship or eligible immigration status.

Non Citizen. A person who is neither a United States Citizen nor a national of the United States.

Recertification. Recertification is to reexamine documentation that indicates that Tenants meet continued occupancy standards and to determine their income for the purposes of calculating rent.

Re-examination Date. The date on which any rent change is effective or would be effective if required as a result of the annual re-examination of eligibility and rent.

Remaining Member of Tenant Family. The person(s) of legal age remaining in the public housing unit after the person(s) who signed the lease has (have) left the premises, other than by eviction, who may or may not normally qualify for assistance on their own

circumstances. An individual must occupy the unit to which he/ she claims head of household status for one year before becoming eligible for subsidized housing as a remaining family member. This person must complete the required forms of the CPHA within ten (10) days from the departure of the leaseholder and may remain in the unit for a reasonable amount of time pending verification and processing of their request. This person must upon satisfactory completion of the verification process then execute a new lease and cure any monetary defects and obligations in order to remain in the unit.

Any person who claims to be a remaining member of the family unit shall in the event that the CPHA declares them to be ineligible for remaining member status, be entitled to a grievance hearing upon notice that they will not be considered a remaining member of the household. The grievance procedure will meet all of the guidelines as outlined in the lease and lease attachments. During the interim between the time of the determination that there will be a grievance hearing and the determination of the grievance hearing officer, all rent that was due pursuant to the lease shall be deposited into an escrow account with the CPHA. The CPHA does not recognize the person as a Tenant by giving him or her the opportunity for a grievance hearing. A remaining member shall not be considered to be a Tenant until such time as the Authority executes a new lease and the person granted Tenant status after verification of all income and other related information.

Serviceman. A person currently in the active military service of the United States.

Single Person. A person living alone or intending to live alone and who does not qualify as an elderly family, displaced person, or the remaining member of a tenant family. (No PHA may admit single persons to any housing assisted under the Act without an authorization by HUD as provided in 24CFR Section 812.3.)

Spouse. The husband or wife of the head of household.

Veteran. A person who has served in the active military or naval service of the United States at any time as the President of the United States shall determine, and who has been discharged or released there from under conditions other than dishonorable.

25 INCOME DEFINITIONS

For the purpose of calculating and determining rent, the following definitions are provided:

Adjusted Income. Annual income less: a) \$480 for each dependent, b) \$400 for any elderly family, c) medical expenses in excess of 3% of annual income for elderly family and d) child care expenses while a head of household or spouse is employed or attending school.

Ceiling Rent. A maximum rent to be charged on a dwelling unit irrespective of the income of the family residing within the unit. This shall be established in accordance with HUD regulations and approved by the Board of Commissioners. This shall encourage mixed income developments and working families to reside in public housing.

Childcare Expenses. Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which the annual income is computed, but only where such care is necessary to enable a family member to be gainfully employed, to further their education, or actively seek employment. The amount deducted shall reflect reasonable charges for childcare, and in the case of childcare necessary to permit employment, the amount deducted may not exceed the amount of income received from such employment. The CPHA will not normally allow childcare deductions when the family has an additional unemployed adult member who is physically capable of caring for the child(ren).

If the total annual income less the above noted deductions results in a rent payment that is less than the established minimum rent standard, the Tenant's rent shall be the approved housing authority's minimum rent.

Contract Rent. The rent charged a tenant for the use of the dwelling unit and equipment such as range and refrigerator, but not including furniture, and reasonable amounts for utilities determined in accordance with the Authority's schedule of utility allowances deducted from Gross Rent.

Exclusions from Total Family Income. Temporary, nonrecurring or sporadic income defined as follows:

- a) Casual, sporadic and irregular gifts and amounts which are specifically received for, or are a reimbursement of, the cost of illness or medical care.
- b) Lump-sum additions to family assets such as, but not necessarily limited to, inheritances, insurance payments, worker's compensation, capital gains, and settlements for personal or property losses.
- c) Amounts of education scholarships paid directly to the student or the educational institution and amounts paid by the United States Government to a veteran for use in meeting the cost of tuition, fees, books, to the extent that such amounts are so used. Any amounts of such scholarships or payments to veterans not used for the above purpose that are available for subsistence are to be included in income, as well as the hazardous duty pay to a family member in the Armed Forces away from home and exposed to hostile fire.
- d) Relocation payments made pursuant to Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

- e) The value of the coupon allotments for the purchase of food in excess of the amount actually charged an eligible household pursuant to the Food Stamp Act of 1977.
- f) Payments received by participants or volunteers in programs pursuant to the Domestic Volunteer Service Act of 1973.
- g) Payments received by participants in other publicly assisted programs as reimbursement for out-of-pocket expenses incurred, e.g. special equipment, clothing, transportation, reimbursement for child care, etc. which are solely to allow participation in a specific program and cannot be used for other purposes.
- h) Income of a live-in aide as defined above.
- i) Income from employment of children (including foster children) under the age of 18 years.
- j) Payments received for the care of foster children.
- k) Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the 1937 Act.
- l) Payments received from the Job Training Partnership Act.
- m) Payments from Programs under Title V of the Older Americans Act of 1965.
- n) Payments received under the Alaska Native Claims Settlement Act.
- o) Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes.
- p) Income derived from the disposition of funds of the Grand River band of Ottawa Indians.
- q) The first \$2,000 of per capita shares received from judgement funds awarded by the Indians Claims Commission or the Court of Claims or from funds held in trust for an Indian tribe by the Secretary of the Interior.
- r) Payments or allowances made under the Department of Health and Human Services for Low Income Home Energy Assistance Program.
- s) Reparation payments made by foreign governments in connection with the Holocaust.

- t) Amounts received under training programs funded by HUD.
- u) Amounts received by a disabled person that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).
- v) Amounts received by participants in other publicly assisted programs which are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program.
- w) For taxable years after December 31, 1990, the earned income tax credit refund. Effective Date: July 25, 1994.
- x) The earnings and benefits to any resident resulting from the participation in a program providing employment training and supportive services in accordance with the Family Support Act of 1988, section 22 of the U.S. Housing Act of 1937, or any comparable Federal, State, or local law during the exclusion period. For purposes of this paragraph, the following definitions apply:

Comparable Federal, State or Local Law means a program providing employment training and supportive services that:

- Are authorized by a federal, state or local law; Are funded by federal, state or local government; Are operated or administered by a public agency; Has as its objective to assist participants in acquiring job skills.

Exclusion period means the period during which the resident participates in a program described in this section, plus 18 months from the date the resident begins the first job acquired by the resident after completion of such program that is not funded by public housing assistance under the U.S. Housing Act of 1937. If the resident is terminated from employment without good cause, the exclusion period shall end. Earnings and benefits mean the incremental earnings and benefits resulting from a qualifying employment training program or subsequent job. This provision does not apply to residents participating in the Family Self-Sufficiency Program who are utilizing the escrow account. Also, residents are required to pay the appropriate minimum rent.

- y) A resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a public housing resident for performing a service for the HA, on a part-time basis, that enhances the quality of life in public housing. Such services may include, but are not

limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination. No Resident may receive more than one such stipend during the same period of time.

- z) Compensation from State or local employment training programs and training of a family member as resident Management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for a limited period as determined in advance by the HA.
- aa) For all initial determinations and reexaminations of income carried out on or after April 23, 1993, reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
- bb) Earning in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse).
- cc) Adoption assistance payments in excess of \$480 per adopted child.
- dd) Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum payment received on or after October 28, 1992.
- ee) Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
- ff) Amounts paid by a State agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home.

Gross Income. Total income as defined in “Total Family Income” above.

Gross Rent. Contract rent plus the amount of any applicable allowance for tenant-supplied utilities.

Monthly Adjusted Income. Adjusted income divided by 12.

Monthly Income. Annual gross income divided by 12.

Net Family Assets. Value of equity in real property, savings, stocks, bonds and other forms of capital investment, excluding interests in Indian trust land and excluding equity accounts in HUD home ownership programs. The value of necessary items of personal property such as furniture and automobiles shall be excluded. (In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any

member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining annual income.) In determining net family assets, the Authority shall include the value of any assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or recertification, as applicable, in excess of the consideration received therefore. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or tenant receives important consideration not measurable in dollar terms.

Public Housing Agency. Any state, county, municipality or other governmental entity or public body (or agency or instrumentality thereof) that is authorized to engage in or assist in the development or operation of housing for lower income families.

Rent Burden. May be used for the purpose of determining a preference. Applicants must be paying more than 50% of their monthly income for rent for at least 90 days.

Substandard Housing. The HUD definition now specifically includes as homeless, participants in transitional housing programs.

Tenant Rent. The amount payable monthly by the household as rent to the Authority. Where the Authority supplies all utilities (except telephone) and other essential housing services, Tenant Rent equals Total Tenant Payment. Where some or all utilities (except telephone) and other essential housing services are not supplied by the Authority and the cost thereof is not included in the amount paid as rent, Tenant Rent equals Total Tenant Payment less Utility Allowances.

Total Family Income. Income anticipated to be received during the 12 months following admission or recertification. Income from all sources from 1) the head of household and/or spouse and 2) each additional household member who is at least 18 years of age, excluding full-time student income, income which is temporary, non-recurring or sporadic as defined below. Total family income should include that portion of the income of the head of household or spouse temporarily absent which, in the determination of the Authority, is available to meet the family's needs. Total family income includes, but is not limited to the following:

- a) The full amount, before any payroll deductions, of wages and salaries, including compensation for personal services such as commissions, fees, tips, bonuses, and cash payments.
- b) Net income from operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be deducted to determine net income from a business.

- c) Interest, dividends, and net income of any kind of real or personal property. Where the family has net assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net assets or a percentage of the value of such assets based on the current rate as determined by HUD.
- d) The full amount received from annuities, periodic payments from insurance policies, retirement income, pensions, periodic benefits for disability or death and other similar types of periodic receipts.
- e) Payments in lieu of earnings, such as unemployment and disability compensation, social security benefits, worker's compensation and termination wages.
- f) Welfare assistance payments.
- g) Periodic and determinable allowances, such as alimony, child support and regular contributions or gifts, including amounts received from any persons not residing in the dwelling unit.
- h) All regular pay, special payments and allowances, such as longevity, overseas duty, rental allowances, allowances for dependents, etc. received by a member of the Armed Forces, with the exception of hazardous duty pay.
- i) Payments to head of household for the support of a minor, or payments nominally to a minor for their support, but control for their benefit by the head of household or a resident family member other than the head, who is responsible for their support.
- j) Veterans Administration compensation (Service connected disability or death benefits)
- k) Any earned income tax credit to the extent it exceeds income tax liability.

All income is to be annualized if information received is for less than a 12-month basis. It is important to note that changes in family composition and or income must be reported to the Authority within ten (10) days. Failure to do so may result in eviction proceedings. In the case on income adjustments all back rent due and owing will be due within fourteen (14) days from the date the Authority formally notifies the Tenant of the amount due.

Total Tenant Payment (TTP). This amount is the family must pay per month. It may be either the minimum rent of \$ 50.00 or:

- a) For the public housing program, the TTP must be the greater of

- (1) 30 percent of family monthly adjusted income;
- (2) 10 percent of family monthly income;
- (3) \$ 50.00 which is the minimum rent set by the CPHA, or

b) The ceiling rent. The resident may elect the ceiling rent in lieu of the rent calculated in paragraph "a" above.

It is possible for the Tenant to qualify for a utility reimbursement despite the requirement of a minimum rent. If the utility allowance were greater than the minimum rent, the Tenant would receive a reimbursement for tenant purchased utilities.

Unreported Income. If a tenant fails to report income the tenancy will be terminated under the terms of the lease and in accordance with the New Jersey State Statutes. If the act is determined by the Authority to be intentional, the Tenant will be obligated to pay the applicable portion of the rent for any and all unreported income, and may be prosecuted. If the unreported income was unintentional the Authority may approve a repayment agreement which stipulates the schedule of repayments, the amount of the payment, and the consequences if a payment is missed.

Utility Allowance. The cost of utilities (except telephone) and other housing services for an assisted unit is not included in the Tenant Rent, but is the responsibility of the family occupying the unit, an amount equal to the estimate made or approved by the Authority or HUD, monthly cost of a reasonable consumption of such utilities and other services for the unit by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment.

Utility Reimbursement. The amount, if any, by which the Utility Allowance for a unit, if applicable, exceeds the Total Tenant Payment for the household occupying the unit.

Very Low Income Family. A Lower Income Family who's Annual Income does not exceed 50% of the median income for the area, as determined by HUD, with adjustments for family size. HUD may establish income limits higher or lower than 50% of the median income for the area on the basis of its finding that such variations are necessary because of unusually high or low family incomes.

Welfare Assistance. Welfare or other payments to families or individuals, based on need, that are made under programs funded separately or jointly, by federal, state or local governments.

26 ATTACHMENTS

- Exhibit A: Declaration of Status
- Exhibit B: Income Limits for Admission
- Exhibit C: Rental Calculation
- Exhibit D: Broad Range of Income Objectives

Exhibit E: Lease
Exhibit F: One Strike and You're Out Policy
Exhibit G: Ceiling Rent Limits
Exhibit H: Parking Policy
Exhibit I: Pet Policy

HOUSING AUTHORITY OF THE BOROUGH OF CLIFFSIDE PARK

SECTION 8 ADMINISTRATIVE PLAN

Updated 11/14/2007

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I. INTRODUCTION

A. Mission Statement: Our goal is to provide decent, safe and sanitary rental housing for eligible Section 8 participants.

B. Purpose of Policy: The purpose of this plan is to establish guidelines for the PHA staff to follow in determining eligibility for Section 8 programs. The basic guidelines for this plan are based on the requirements of The Department of Housing and Urban Development with margins for local policies of The Cliffside Park Housing Authority. The Policies and Procedures governing admissions and continued occupancy are outlined in this plan.

C. Objectives: The objectives of this plan are to:

1. Promote the overall goal of decent, safe and sanitary housing by using the Section 8 program to house eligible families in private rental housing; therefore, increasing the housing stock for very low-income families.
2. Improve the City's housing stock by requiring participating landlords to meet Section 8 Housing Quality Standards for their rental property.
3. Facilitate the efficient management of the PHA and compliance with Federal Regulations by establishing policies for the efficient and effective management of the Section 8 program and staff.
4. Comply in letter and spirit with Title VI of the Civil Rights Act of 1964, and all other applicable Federal laws and regulations to insure that occupancy in assisted housing is administered without regard of race, color, religion, sex, handicap, familial status and national origin.

D. Outreach: The PHA may make known to the public, through publications in a newspaper of general circulation as well as through minority media and other suitable means, the availability and nature of housing assistance for lower-income families. The notice shall inform such families where they may apply for Section 8 rental assistance.

2. TENANT BASED PROGRAMS – Housing Choice Voucher

- A. Housing Choice Voucher** – The subsidy amount is based on the Payment Standards adopted by the PHA. In the Housing Choice Voucher program, for most families, the subsidy is the difference between the unit rent and approximately 30% of their adjusted monthly income. The initial rent is negotiated between the tenant and owner. If the gross rent is above the payment standard the tenant will pay more than 30% of income for rent, but not more than 40% (see attached list for FMR and Payment Standards). If the total rent in a unit causes the tenant's portion of rent to exceed 40% of their adjusted monthly income the PHA cannot assist a family in that unit. This only applies to the initial lease up for a family on rental assistance. If the family is already receiving assistance in the unit they may continue to receive assistance in that unit even if their portion exceeds 40% of their adjusted monthly income.

3. APPLYING FOR ASSISTANCE

Families wishing to apply for the Section 8 Program will be required to complete an application for housing assistance.

Applications may be made in person at the Cliffside Park Housing Authority, 500 Gorge Road, Cliffside Park, NJ. Applications will be mailed to families upon request for special accommodation.

Applications are taken to compile a waiting list.

When the waiting list is open, completed applications will be accepted from all applicants. The Cliffside Park Housing Authority will verify the information in the applications relevant to the applicant's eligibility, admission and level of benefit.

The completed application will be dated and time stamped upon its return to the Cliffside Park Housing Authority.

The application process will involve two phases. The first phase requires the household to provide limited basic information including name, address, phone number, household composition, racial or ethnic designation, income and information establishing any preferences to which they may be entitled. This first phase results in the household's placement on the waiting list.

Upon receipt of the family's application, the Cliffside Park Housing Authority will make a preliminary determination of eligibility. The Cliffside Park Housing Authority will notify the household in writing. If the Housing Authority determines the household to be ineligible, the notice will state the reasons, and offer the household the opportunity for an informal review of this determination.

An applicant must, at any time, report changes in their applicant status in writing including changes in household composition, income, or preference factors. The Housing Authority will annotate the applicant's file and will update their placement on the waiting list.

The second phase is the final determination of eligibility. The full application takes place when an opening on the program becomes available. The Housing Authority will ensure verification of all preferences, eligibility and suitability selection factors are current to determine the household's final eligibility for admission into the Section 8 Program.

4. SELECTION OF APPLICANTS

A. Organization of the Waiting List – Placement on the waiting list shall be based upon date and time the application is received, and factors affecting preference or priority.

The application will be part of an active applicant's/tenant's permanent file. All inactive applications will be kept for five (5) years.

Contact or communication between the CPHA and the applicant will be documented in the applicant's file

Preferences – Families will be selected for occupancy by using a Ranking Preference System in the following:

1. Veterans of the United States Armed Forces/National Guard Members
2. Cliffside Park Residents
3. Senior Citizens/Disabled
4. Working (minimum of 20 hours per week)

Applicants will be selected for occupancy by first giving priority to **veterans** of the **United States Armed Forces**. **Veteran** applicants qualifying for any one or more of the above listed "local preferences" will be chosen first. Non-veteran applicants qualifying for any one or more of the "local preferences" will be selected for occupancy after veteran applicants. Applicants with more than one "local preference" will be chosen before applicants with one "local preference". Applicants with no "local preferences" will be chosen only after all applicants with "local preferences" are chosen. "Single" applicants (persons who do not qualify as a senior citizen, disabled or family) will be chosen only after all "non single" applicants are issued vouchers.

B. Administration of Preferences – The PHA requires applicant verification on their qualification for a preference. Applicants that qualify for a preference at the time of initial application must be able to verify their preference status prior to the offer of a Voucher. Applicants that cannot verify current preference status will lose their preference qualification.

C. Change in Preference Status While on the Waiting List – If a family who did not qualify for a preference at the time their application was received, experiences a change in circumstance that qualifies them for a preference, they must contact the PHA in writing and provide documented proof so their status may be changed.

D. Opening and Closing the Waiting List - The HA, at its discretion, may suspend application intake and close the waiting list. The PHA will update the waiting list annually by removing the names of families who are no longer interested, no longer qualify for housing

or cannot be reached. The PHA will advise families at the time they receive an application of their responsibility to notify the PHA of any mailing address changes. Any decision to close the waiting list must be approved by the PHA Board of Commissioners and will be advertised in The Record.

- E. Purging the Waiting List** - The PHA will purge the waiting list by an annual mailing to all applicants requiring a verification of continued interest. The mailing will include a deadline date for when the update must be returned. If the update is not returned by the deadline date a second notice will be sent by mail providing a final deadline. When the final deadline passes without a response the family will be removed from the waiting list.

5. INCOME TARGETING

On an annual basis, 75% of all admissions shall be applicants with incomes at or below 30% of the median income.

6. ISSUING VOUCHERS

A. Briefing

At the time the family is issued a Voucher the household verification process will begin. It is at this point that the household's waiting list preference will be verified. If the household no longer qualifies for the preference, they will be returned to the appropriate spot on the waiting list by date and time. The CPHA must notify the household in writing of this determination and give the household the opportunity for an informal review.

If not already done, the family will provide copies of social security cards and certified birth certificates for all adult members, citizenship/eligible immigrant information and signed consent for release of information forms.

At the time the family is issued a Voucher the family will be provided with an oral briefing and a voucher holder's packet in order to fully inform the family about the program.

A voucher shall be good for sixty (60) days only, unless extended by the PHA or if the family submits a Request for Lease Approval. The PHA may extend the voucher for another 60 days. After this, the voucher will expire and the family will need to re-apply in order to receive Section 8 Rental assistance.

B. Attendance Requirement

All family members 18 years of age or older are required to attend the briefing when they are initially issued a Voucher. No Voucher will be issued until then. Failure to attend a scheduled briefing (without notice to the HA) will result in the family's application being placed in the inactive file and the family may be required to reapply for assistance.

C. Issuance of Voucher: Request for Tenancy Approval (RFTA)

Once all household information has been verified and eligibility determined, the CPHA would issue a voucher to the household at the briefing. At this point the household begins their search for a unit.

When the household finds a unit that the owner is willing to lease under the program, the household and the owner will complete and sign the RFTA form. The household will submit the RFTA form to the CPHA during the term of the voucher. The CPHA will review and make an initial determination for approval of the tenancy. The CPHA may assist in negotiating changes that may be required for the tenancy to be approvable. Once it appears the tenancy may be approvable, the CPHA will schedule an appointment to inspect the unit within 15 days after the receipt of the RFTA. The 15 day period is suspended during any period the unit is unavailable for inspection. Either the tenant or a qualified representative of the tenant must be present for the inspection. It is also recommended that the owner or the owner's representative also be present for the inspection; however, it is not required.

D. Term of Voucher

The initial term of the voucher will be 60 days and will be stated on the Housing Voucher.

The CPHA may grant one extension of the term, but the initial term plus any extension will not exceed 120 calendar days from the initial date of issuance. To obtain an extension, the household must make a request in writing prior to the expiration date. If the household documents their efforts and additional time can reasonably be expected to result in success, the CPHA will grant the extension.

E. Approval to Lease a Unit

The CPHA will approve a tenancy if all of the following conditions are met:

1. The unit is eligible
2. The unit is inspected by the Housing Authority and passes inspection
3. The unit must be vacant and the inspection done by the 20th of the month
4. The lease includes the language of the tenancy addendum
5. The rent to owner is reasonable
6. The household's share of the rent does not exceed 40% of their monthly adjusted income
7. The household continues to meet all eligibility and screening criteria

If tenancy approval is denied, the Housing Authority will advise the owner and the household of any actions they could take that would enable the Housing Authority to approve the tenancy.

The assisted lease term may begin only after all of the following conditions are met:

1. The unit passes the CPHA Housing Quality Standards (HQS) inspection

2. The household's share of rent does not exceed 40% of their monthly adjusted income
3. The landlord and tenant sign the lease to include the HUD required addendum
4. The Housing Authority approves the assisted tenancy

The Housing Authority will prepare the HAP contract when the unit is approved for tenancy. The Housing Authority will not pay any housing assistance to the owner until the contract is executed and a signed lease is received by the CPHA.

In no case will the contract be executed later than 60 days after the beginning of the assisted lease term.

Any contract executed after the 60 day period will be void and the Housing Authority will not pay housing assistance to the owner.

F. Moves with Continued Assistance

Participating families are allowed to move to another unit after the initial lease term has expired, or if the landlord and the participant have mutually agreed to terminate the lease, or if the Housing Authority has terminated the HAP contract. The CPHA will issue the household a new voucher if the following apply:

1. The household does not owe the CPHA or any other Housing Authority money
2. The household has not violated a Family Obligation as stated on the voucher
3. The CPHA has sufficient funding for continued assistance
4. The household has fulfilled lease obligations and proper notice has been given to the landlord and the CPHA
5. The household has not moved within the last 12 months unless the tenant can prove that remaining in the unit presents a danger to the family.

7. VERIFICATION OF INCOME

The CPHA will verify information related to waiting list preferences, eligibility, admission, and level of benefits prior to admission. Periodically during occupancy, items related to eligibility and rent determination shall also be reviewed and verified. Income, assets, and expenses will be verified, as well as disability status, need for a live-in aide and other reasonable accommodations, full time student status of household members 18 years of age and older, social security numbers, and citizenship/eligible non-citizen status. Age and relationship will only be verified in those instances where needed to make a determination of level of assistance.

A. Acceptable Methods of Verification

Age, relationship, U.S. citizenship and social security numbers will generally be verified with documentation provided by the household. All United States citizens must provide certified copies of a birth certificate, or United States passport, or United States Naturalization Certificate. Non-citizens shall provide an Alien Registration Card, I-551 (white card) passport, or other INS issued documentation as well a signed Status 214 form for each household member.

Other information will be verified by third party verification. This type of verification includes written documentation (with forms sent directly to and received directly from a source, not passed through the hands of the household.) This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the CPHA or automatically by another government agency, e.g. the Social Security Administration. Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, e.g. name, date of contact, amount received, etc.

When third party verification cannot be obtained, the CPHA will accept documentation received from the applicant/participant. Verification from the client will only be accepted if the CPHA is unable to obtain third party verification. Photocopies of the documents provided by the household will be maintained in the file.

When direct third party verification or documentation from the client (such as pay stubs) cannot be obtained, the CPHA may accept a notarized statement signed by the head of household, spouse or co-head.

B. Types of Verification

The chart on the following pages outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the CPHA will send a request form to the source along with a release form signed by the applicant/participant via first class mail, fax or hand delivered.

Verification Requirements for Individual Items		
Item to be Verified	3 rd party Verification	Hand-carried Verification
General Eligibility Items		
Social Security Number	Letter from Social Security, electronic reports (if SSA provides)	Social security card
Citizenship	<i>N/A</i>	Birth certificate, US passport, US Naturalization certificate
Eligible immigration status	INS verification	Permanent lawful resident card, 1551 stamp on passport, or other INS documentation
Proof of Age	<i>N/A</i>	State certified birth certificate
Physical Characteristics (if >18)	<i>N/A</i>	Photo i.d.
Disability	SSI, SSD	Proof of SSI or Social Security disability payments
Full time student status (if >18)	Verification from the School/educational institution where enrolled	Documents showing enrollment, either in High School or college
Need for a live-in aide	Letter from physician verifying condition requires a live-in-aide	<i>N/A</i>
Childcare costs	Verification from child care provider of out of pocket childcare expenses	Bills and receipts

Verification Requirements for Individual Items		
Item to be Verified	3rd Party Verification	Hand-carried Verification
Disability assistance expenses	Verification from suppliers, care givers, etc.	Bills and records of payment
Medical expenses	Verification from providers, Prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed etc.	Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares, and tolls
Value of and Income from Assets		
Savings, checking accounts	Verification from financial institution	Passbook, most current statements
CDs, bonds, etc.	Verification from financial institution	Tax return, information brochure from institution, the CD, the bond
Stocks	Verification from broker or holding Company, end-of-year statement	Stock or most current statement, price in newspaper or through the internet
Real property	Letter from tax office, assessment, etc.	Property tax statement (for current value), assessment, records or income and expenses, tax return
Personal property	Assessment, bluebook, etc.	Receipt for purchase, other evidence of worth
Cash value of life insurance policies	Letter from insurance company	Current statement, anniversary statement
Assets disposed of for less than fair market value	N/A	Original receipt and receipt at disposition, other evidence of worth
Income		
Earned income	Verification from employer	Multiple pay stubs if verification from employer

		fails , most recent tax return and W2s
Verification Requirements for Individual Items		
Item to be Verified	3 rd Party Verification	Hand-carried Verification
	Verification from New Jersey Workforce Development Verification from HUD	Employer Wage Record records Up-Front Income Verification (EIV) system
Self-employed	N/A	Tax return from prior year, books of accounts
Regular gifts and contributions	Letter from source, letter from organization receiving gift (e.g., if grandmother pays day care provider, letter from the day care provider stating this)	Bank deposits, other similar evidence
Alimony/child support	Court order, letter from source, letter from Human Services or Child Support Recovery Unit	Record of deposits, Collection Services Center, certified payment history, payment record from Clerk of Court
Periodic payments (i.e., social security, welfare, pensions, workers' compensation, unemployment)	Verification or electronic reports from the source	Award letter, letter announcing change in amount of future payments
Training program participation	Letter from program provider indicating - whether enrolled or completed - whether training is HUD-funded - whether Federal, State, local govt., or local program - whether it is employment training - whether it has clearly defined goals and objectives - whether program has supportive services - whether payments are for out-of-pocket expenses incurred in order to participate in a program - date of first job after program completion	N/A

8. DENYING ASSISTANCE

A. Denied Admissions

The PHA may deny an applicant admission to participate in the Section 8 Program or, with respect to a current participant, may refuse to issue another Voucher for a move to another unit, approve a new lease, or execute a new contract for the Section 8 participant for the following reasons:

1. If the family violates obligations listed on the voucher.
2. If any member of the family has been evicted from public housing.
3. If any member of the family has engaged in drug related criminal activity or violent criminal activity.
4. If any member of the family commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.
5. If the family has not reimbursed the PHA or another PHA for any amounts paid to an owner under a housing assistance contract for rent or other amounts owed by the family under its lease and for a vacated unit.
6. If the family breaches a repayment agreement to the PHA and/or owner.
7. If the family did not provide information required within the time frame specified (the applicable dates are contained in the letters from the PHA to the family) during the application or re-certification process.
8. If the family does not sign and submit consent forms provided by the PHA for the purpose of verifying employment and income information.
9. If the family owes any money to the owner.

B. Notification of Denial

If a family is denied admission or assistance is terminated, the PHA will notify the family, in writing, of its determination and inform the family that they have an opportunity for a Fair Hearing on such determination. The denial or termination letter will allow the family ten (10) calendar days to request a Fair Hearing with the PHA.

C. Removal of Applicants from the Waiting List

The CPHA will not remove an applicant's name from the waiting list unless:

1. The applicant requests in writing that their name be removed
2. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program (this includes mail undeliverable by the Postal Service which is returned to the CPHA) or misses scheduled appointments; or
3. The applicant does not meet either the eligibility or screening criteria for the program

Application forms from applicants removed from the waiting list will be destroyed five (5) years from date of removal.

9. ASSISTING FAMILIES THAT CLAIM ILLEGAL DISCRIMINATION

The PHA will provide the Voucher/Voucher Holder with the addresses and telephone numbers of the HUD Office of Fair Housing and Equal Opportunity, and the NJ Division of Civil Rights.

10. DISAPPROVAL OF OWNERS

A. The PHA shall not approve a unit if:

1. The federal government has instituted an administrative or judicial action against the owner for violation of the Fair Housing Act or other federal equal opportunity requirements, and such action is pending or a court or administrative agency has determined that the owner violated the Fair Housing Act.
2. The owner has violated obligations under a housing assistance payment contract.
3. The owner has committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.
4. The owner has engaged in drug trafficking.
5. The owner has a history of non-compliance with the HQS for units leased under the tenant based programs.
6. The owner has a history or practice of renting units that fail to meet State or local housing codes
7. The owner has not paid State or local real estate taxes, fines or assessments.

11. OCCUPANCY STANDARDS

The PHA does not determine who shares a bedroom/sleeping room, but there must be at least one person per bedroom on the Voucher. The PHA's subsidy standards for determining voucher/voucher size shall be applied in a manner consistent with Fair Housing guidelines.

The PHA will not issue a larger voucher due to additions of family members other than by birth, adoption, marriage, or court-awarded custody.

If the family is found to have allowed anyone to live in the unit or use the address to receive mail, the Housing Authority will consider this person a part of the assisted household and the household may lose their assistance because of an unauthorized person.

12. FAIR MARKET RENTS AND PAYMENT STANDARDS

Fair Market Rents, based on bedroom size, are determined by HUD and updated annually. (For current FMR's see the attached sheet).

The FMR may be lower than listed above depending on which utilities are included in the rent. The PHA's utility allowance schedule will determine the actual FMR for a specific apartment.

The Cliffs Park Housing Authority's Payment Standard is 100% of the Fair Market Rent for all tenants leased up.

13. UTILITY ALLOWANCE

The Cliffs Park Housing Authority's utility allowance schedule is determined by the Bergen County Housing Authority. The Bergen County Housing Authority does an annual survey of utility rates and then determines what the allowance should be for each bedroom size and type of utility.

14. PORTABILITY

Portability is the renting of a dwelling unit with Section 8 tenant-based rental assistance outside the jurisdiction of the initial PHA. The unit may be located in the jurisdiction of a PHA anywhere within the United States that administers a tenant based program.

Before being eligible for portability all families issued a voucher must reside within the jurisdiction of the Cliffs Park Housing Authority and remain in the jurisdiction for at least one year before they qualify for portability.

15. SECURITY DEPOSITS

Security deposits shall **not** be provided by the Cliffside Park Housing Authority. Security deposits may be collected by the owner up to an amount not to exceed private practice and State law.

16. REALTOR FEES

Realtor fees shall be the responsibility of the family. The Cliffside Park Housing Authority will **not** pay a Realtor fee.

17. MINIMUM RENTS

The PHA shall charge a minimum rent of \$50.00

Exceptions to the minimum rent shall apply in hardship circumstances which include:

- 1) The family would be evicted as a result of the minimum rent requirement
- 2) The PHA has determined that a special circumstance will prevent the family from meeting the minimum rent requirement.

18. CITIZENSHIP/ELIGIBLE IMMIGRATION STATUS

A. Verification of Citizenship or Eligible Non-Citizen Status

The Citizenship or eligible non-citizen status of each household member, regardless of age, must be determined.

Prior to being admitted all citizens and nationals will be required to sign a declaration under penalty of perjury. They will also be required to show proof of their status by such means as social security card, birth certificate, military ID or military DD 214 Form, passport, or naturalization certificate.

Prior to being admitted, all eligible non-citizens who are 62 years of age or older will be required to sign a declaration under penalty of perjury. They will also be required to show proof of age.

Prior to being admitted, all eligible non-citizens must sign a declaration of their status and a verification consent form and provide their original INS documentation. The CPHA will make a copy of the individual's INS documentation and place the copy in the file. The CPHA also will verify their status through Homeland Security.

Household members who do not claim to be citizens, nationals or eligible non-citizens, or whose status cannot be confirmed, must be listed on a statement of non-eligible members and the list must be signed by the head of household.

Non-citizen students on student visas, though in the country legally, are not eligible to be admitted to the Section 8 Program

Any household member who does not choose to declare his or her status must be listed on the statement of non-eligible members.

If no household member is determined to be eligible under this section, the household's admission will be denied.

The household's assistance will not be denied, delayed, reduced or terminated because of a delay in the process of determining eligible status under this section, with the exception of a delay caused by the household.

If the CPHA determines that a household member has knowingly permitted an ineligible non-citizen (other than any ineligible non-citizens listed on the lease) to permanently reside in their Section 8 unit, the household's assistance will be terminated. Such household will not be eligible to be readmitted to Section 8 for a period of 24 months from the date of termination.

B. VERIFICATION OF SOCIAL SECURITY NUMBERS

Prior to admission, each household member who is at least six (6) years of age must provide verification of his or her social security number. Verification of social security numbers for all children under six (6) will be requested. Verification for social security cards for children in assisted households is required to be provided at the first regular reexamination after turning six (6).

Verification of the social security number is the original social security card. If the card is not available, the CPHA will accept letters from the Social Security Administration that state the number. Other official documents that establish and state the number, are also acceptable.

If a member of a household indicates that they have a social security number, but cannot verify it, they shall be asked to certify to this fact and shall have up to 60 days to provide the verification. If the individual is at least 62 years of age, they will be given 120 days to provide the verification. If the individual fails to provide the verification within the time allowed, the household will be denied assistance or will have their assistance terminated.

C. TIMING OF VERIFICATION

Verification must be dated within 60 days of issuance of a voucher or 120 days of a reexamination. If the verification is older than this, the source will be contacted and asked to provide information regarding any changes.

When an interim reexamination is conducted, the CPHA will verify and update only those elements reported to have changed. It is the client's responsibility to report any changes within 30 days of the event.

D. FREQUENCY OF OBTAINING VERIFICATION

For each household member, citizenship/eligible non-citizen status will be verified only once, unless a change is reported by the family. This verification will be obtained prior to admission. In addition, prior to a new member joining the household, their status will be verified. It is the household's responsibility to report any change in citizenship status to CPHA within 30 days of the change.

For each household member, verification of social security number will be obtained only once. This verification will be obtained prior to admission. When a child turns six (6), their verification will be obtained at the next regular reexamination.

Family composition, annual household income, and other factors affecting subsidy level will be verified at least annually.

E. Rent for Families under the Non Citizen Rule

- 1) A mixed household will receive full continuation of assistance if all of the following conditions are met:
 - a. The household's head or spouse has eligible immigration status: and
 - b. The household does not include any person who does not have eligible status other than the head of household, the spouse of the head of household, any parent of the head or spouse, or any child (under the age of 18) of the head or spouse
- 2) If these conditions are not met the household's assistance is prorated in the follow manner:
 - a. Find the prorated Housing Assistance Payment (HAP) by dividing the HAP by the total number of household members then multiplying the result by the number of eligible household members.
 - b. Obtain the prorated household share by subtracting the prorated HAP from the gross rent (contract rent plus utility allowance).
 - c. The prorated tenant rent equals the prorated household share minus the full utility allowance.

19. CHANGE OF OWNERSHIP

The Cliffside Park Housing Authority requires documentation from a new owner to process change of ownership. Any of the following documents must accompany the written request:

- 1) Deed or title to the property
- 2) Closing statement

New owners will be required to execute IRS form W-9 and provide the Housing Authority with the name and address of the new owner, as well as the tax ID number or social security number.

20. INSPECTION, HOUSING QUALITY STANDARDS

The CPHA will inspect all units to ensure that they meet Housing Quality Standards (HQS). No unit will be initially accepted into the Section 8 Program unless the HQS are met. Units will be inspected at least annually, and at other times as needed, to determine if the units meet HQS.

The CPHA must be allowed to inspect the dwelling unit at reasonable times with reasonable notice. The household will be notified of the inspection appointment. If the household cannot be home for the scheduled inspection appointment, the household must call and reschedule the inspection.

If the household misses the scheduled inspection and fails to reschedule the inspection, the CPHA will only schedule one more inspection. If the household misses two inspections, the CPHA will consider the household to have violated a Family Obligation and their assistance may be terminated.

21. RESTRICTIONS ON LEASING TO RELATIVES

The PHA may not approve a unit for lease if the owner is the parent, child, grandparent, grandchild, sister, or brother of the Section 8 voucher holder seeking to rent the unit. The PHA, however, could still approve the unit for lease, if the PHA determines that approving the unit would provide a reasonable accommodation for a family member who is a person with disabilities.

Each voucher/voucher holder and owner must sign a certification form that states the owner is not a parent, child, grandparent, grandchild, sister or brother of any member of the family renting the unit.

22. OBLIGATIONS OF THE PARTICIPANT

A. Supplying Required Information

1. The household must supply any information that the Housing Authority determines is necessary in the administration of the program. Information includes requested certifications, release, or other documentation.

B. Use and Occupancy of the Unit

1. The household must promptly inform the Housing Authority of the birth, adoption or court-awarded custody of a child.
2. The household must promptly notify the Housing Authority if any member of the household no longer resides in the unit.

C. Absence from the Unit

Absence means that no member of the household is residing in the unit. The household may be absent from the unit for up to 30 days. The household must notify the Housing Authority of absences in excess of 30 days. The Housing Authority may authorize absences of more than 30 days if any of the following circumstances apply:

1. Prolonged hospitalization
2. Absences beyond the control of the household (e.g. death in the household, other household member illness)
3. Other absences that are deemed necessary by the Housing Authority.

D. Notice to Owner to Vacate

The household must provide a 30-day written notice to the owner to move or terminate the lease. The Housing Authority will not approve the move to another unit without written consent from the owner.

23. INTERIM EXAMINATIONS

During an interim reexamination only the information affected by the changes reported will be reviewed and verified. Families are required to report increases in household income or changes in family composition in writing to the Housing Authority.

The following are samples of changes that will trigger an interim reexamination:

1. A member has been added to the household through birth, adoption or court-awarded custody.
2. The family's income changes for at least 30 days.
3. A household member leaves the household.

In circumstances of a household break-up, the Housing Authority will make a determination which household member will retain the voucher, taking into consideration the following factors:

1. To whom the voucher was issued.
2. The interest of minor children or of ill, elderly, or disabled household members.

3. Whether household members were forced to leave the unit as a result of actual or threatened physical violence by a spouse or other member(s) of the household.

24. PENALTIES, COMPLAINTS, INFORMAL REVIEWS FOR APPLICANTS, INFORMAL HEARINGS FOR PARTICIPANTS

1. PENALTIES

Tenants terminated (or applicants denied) by the Cliffside Park Housing Authority will be denied all forms of rental assistance and may not reapply for a minimum of 1 year and a maximum of 3 years pending the determination of the CPHA or the Hearing Officer. Severity and duplication of the violation will be taken into consideration when determining the duration of the penalty and the tenant will be notified in writing of the decision. An applicant will be denied for one or three years from the date of denial. A participant will be denied assistance for one or three years from the date of the last Housing Assistance Payment. Upon denial/termination an applicant/participant will be removed from all CPHA waiting lists.

2. COMPLAINTS

The CPHA will investigate and respond to complaints by participant families, owners and the general public. The CPHA may require that complaints, other than HQS violations be put in writing. Anonymous complaints are investigated whenever possible.

3. INFORMAL REVIEW FOR THE APPLICANT

A. Informal Review for the Applicant:

The CPHA will give an applicant for the Section 8 Program, prompt notice of a decision denying assistance to the applicant. The notice will contain a brief statement of the reasons for the CPHA's decision. The notice will state that the applicant may request an informal review within ten (10) calendar days of the denial and will describe how to obtain the informal review.

B. When an Informal Review is not required:

The CPHA will not provide the applicant an opportunity for an informal review for any of the following reasons:

1. A determination of the household unit size under CPHA subsidy standards
2. A CPHA determination not to approve extension or suspension of a voucher term

3. A CPHA determination not to grant approval to lease a unit under the program or to approve a proposed lease.
4. A CPHA determination that a unit selected by the applicant is not in compliance with HQS.
5. A CPHA determination that the unit is not in accordance with HQS because of household size or composition.
6. General policy issues or class grievances.
7. Discretionary administrative determinations by the CPHA

C. Review Process

The CPHA will give an applicant an opportunity for an informal review of the CPHA's decision denying assistance to the applicant. The procedure is as follows:

- a. The review will be conducted by any person or persons designated by the CPHA other than the person who made or approved the decision under review, or a subordinate of this person.
- b. The applicant will be given an opportunity to present written objections to the CPHA decision
- c. The CPHA will notify the applicant of CPHA' s decision after the informal review within (14) calendar days. The notification will include a brief statement of the reasons for the final decision.

D. Consideration of Circumstances:

In deciding whether to deny assistance because of action or inaction by members of the household, the CPHA may consider all of the circumstances in each case including the seriousness of the case, the extent of participation or culpability of individual household members and the effects of denial of assistance on other household members who were not involved in the action or inaction.

The CPHA may impose, as a condition of continued assistance for other household members, a requirement that household members who participated in, or were culpable for, the action of inaction will not reside in or visit the unit. The CPHA may permit other members of a household to receive assistance.

If the CPHA denies assistance because of illegal use, or possession for personal use of a controlled substance or pattern of abuse of alcohol, CPHA provides notice to the household of the CPHAA determination to deny or terminate assistance. In determining whether to terminate assistance for these reasons the CPHA may

consider evidence of whether the household member:

1. Has successfully completed a supervised drug or alcohol rehabilitation program (as applicable) and is no longer engaging in the illegal use of, controlled substance or abuse of alcohol;
2. Has otherwise been rehabilitated successfully and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol, or
3. Is participating in a supervised drug or alcohol rehabilitation program and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol.

E. Informal Review Procedures for Denial of Assistance on the Basis of Ineligible Immigration Status:

The applicant household may request that the CPHA provide for an informal review after the household has notification of the INS decision on appeal, or in lieu of request of appeal to the INS. This request must be made by the applicant household within 30 days of receipt of the Notice of Denial or Termination of Assistance, or within 30 days of receipt of the INS appeal decision.

For applicant families, the Informal Review Process above will be utilized with the exception that the applicant household will have up to 30 days from receipt of the Notice of Denial or Termination of Assistance, or of the INS appeal decision to request the review.

4. INFORMAL HEARINGS FOR PARTICIPANTS

A. When a Hearing is not required:

The CPHA will not provide a participant household an opportunity for an informal hearing for any of the following reasons:

1. Discretionary administrative determinations by the CPHA.
2. General policy issues or class grievances.
3. Establishment of the CPHA schedule of utility allowances for families on the program.
4. A CPHA determination not to approve an extension or suspension of a voucher term
5. A CPHA determination not to approve a unit or lease.
6. A CPHA determination that an assisted unit is not in compliance with HQS. However, the CPHA will provide the opportunity for an informal hearing for a decision to terminate assistance for a breach of the HQS caused by the household.

7. A CPHA determination that the unit is not in accordance with HQS because of the household size
8. A determination by the CPHA to exercise or not exercise any right or remedy against the owner under a HAP contract

B. Notice to the Household:

1. The CPHA will notify the household that the household may ask for an explanation of the basis of the CPHA's determination and that if the household does not agree with the determination, the household may request an informal hearing on the decision.
2. The CPHA will give the household prompt written notice that the household may request a hearing within ten (10) calendar days of the notification. The notice will:
 - a. Contain a brief statement of the reasons for the decision; and
 - b. State if the household does not agree with the decision, the household may request an informal hearing on the decision within ten (10) calendar days of the notification.

C. Hearing Procedures:

The CPHA and participants will adhere to the following procedures:

1. Discovery

- a. The household will be given the opportunity to examine, before the hearing, any CPHA documents that are directly relevant to the hearing. The household will be allowed to copy any such documents at the household's expense. If CPHA does not make the documents available for examination on request of the household, the CPHA may not rely on the documents at the hearing.
- b. The CPHA will be given the opportunity to examine, at CPHA's offices before the hearing, any household documents that are directly relevant to the hearing. The CPHA will be allowed to copy any such document at the CPHA's expense. If the household does not make the documents available for examination on request of the CPHA, the household may not rely on the document at the hearing.

Note: The term document includes records and regulations.

2. Representation of the Household

A lawyer, or other representative may represent the household at the household's expense.

3. Hearing Officer

- a. The hearing will be conducted by any person or persons designated by the CPHA, other than a person who made or approved the decision under review, or a subordinate of this person.
- b. The person who conducts the hearing will regulate the conduct of the hearing in accordance with the CPHA hearing procedure.

4. Evidence

The CPHA and the household must have the opportunity to present evidence and may question any witnesses. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings.

5. Issuance of Decision

The person who conducts the hearing must issue a written decision within fourteen (14) calendar days from the date of the hearing, stating briefly the reasons for the decision. Factual determinations relating to the individual circumstances of the household shall be based on a preponderance of the evidence presented at the hearing.

6. Effect of the Decision

The Cliffside Park Housing Authority is not bound by a hearing decision:

- a. Concerning a matter for which the CPHA is not required to provide an opportunity for an informal hearing under this section, or that otherwise exceeds the authority of the person conducting the hearing under the CPHA hearing procedure.
- b. Contrary to HUD regulations or requirements, or otherwise contrary to federal, state, or local law.
- c. If the CPHA determines that it is not bound by a hearing decision, the CPHA will notify the household within fourteen (14) calendar days of the determination and provide reasons for the determination.

D. Consideration of Circumstances:

In deciding whether to terminate assistance because of action or inaction by members of the household, the CPHA may consider all of the circumstances in each case, including the seriousness of the case, the extent of participation or culpability of individual household members and the effects of denial or termination of assistance on other household members who were not involved in the action or inaction.

The CPHA may impose, as a condition of continued assistance for other household members, a requirement that household members who participated in, or were culpable for, the action or inaction will not reside in or visit the unit. The CPHA may permit the other members of a participant household to continue receiving assistance.

If the CPHA seeks to terminate assistance because of illegal use, or possession for personal use, of a controlled substance or pattern of abuse of alcohol, CPHA provides notice to the household of the CPHA determination to deny or terminate assistance. In determining whether to terminate assistance for these reasons the CPHA may consider evidence of whether the household member:

1. Has successfully completed a supervised drug or alcohol rehabilitation program (as applicable) and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol
2. Has otherwise been rehabilitated successfully and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol; or
3. Is participating in a supervised drug or alcohol rehabilitation program and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol

E. Informal Hearing Procedures for Denial of Assistance on the Basis of Ineligible Immigration Status:

The participant household may request that the CPHA provide for an informal hearing after the household has notification of the INS decision on appeal, or in lieu of request of appeal to the INS. This request must be made by the participant household within 30 days of receipt of the Notice of Denial or Termination of Assistance, or within 30 days of receipt of the INS appeal decision.

For the participant families, the Informal Hearing Process above will be utilized with the exception that the participant household will have up to 30 days of receipt of the Notice of Denial or Termination of Assistance, or of the INS appeal decision.

25. REPAYMENT AGREEMENTS

If a participant owes money to the Cliffside Park Housing Authority, the Authority requires the participant to enter into a repayment agreement or repay the entire amount on demand.

If the Housing Authority determined that the family committed fraud, the Housing Authority may require the family to repay the entire amount in full or have assistance terminated since fraud is considered a violation of a family obligation.

26. ONE STRIKE AND YOUR OUT POLICY

The PHA may deny assistance to an applicant or terminate assistance to a participating family if any member is involved in drug related criminal activity or commits a violent crime

*See attached "One Strike and You're Out" form for specific details.

27. VIOLENCE AGAINST WOMEN POLICY

The Cliffside Park Housing Authority, to ensure the implementation of the VAWA Public Law 109-162, will protect, assist and support victims of domestic violence, dating violence, sexual assault or stalking in our public housing and Section 8 Program by not evicting or denying these persons due to the crimes committed against them. Incidences of abuse engaged by a member of the tenant's household/family shall not be good reason for eviction, termination of a lease or assistance held by the victim. The Cliffside Park Housing Authority may take steps to evict, remove or terminate assistance to that member of the household who has committed criminal acts of violence against family members or others, without evicting the victim. The family member/tenant who has been victimized must submit certification by either completing form HUD-50066 or in lieu of this form the following:

- A federal, state or police or court record
- 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, stalking, etc.. That the incidence in question is a bona fide incident of abuse.

Revised 6/11/05

Revision: Payment standard reduced to 100%.

Revision 11/1/05

Revision: Utility allowances.

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name Anywhere Housing Authority	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
--	---

Development Number N/A	Development Name MOD for Development	DOFA Date or Construction Date _____
----------------------------------	--	--

Development Type:	<input type="checkbox"/>	Occupancy Type:	<input type="checkbox"/>	Structure Type:	<input type="checkbox"/>	Number of Buildings	Number of Vacant Units
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>		0
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>	0 0 1 0 2 0	Total Current
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>	3 0 4 0 5 0	Units
Section 23, Bond Financed	<input type="checkbox"/>					5+ 0	0

General Description of Needed Physical Improvements	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$0.00
Per Unit Hard Cost	\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

Management Needs Assessment
 Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name Anywhere Housing Authority	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number ____
--	--

General Description of Management/Operations Needs	Urgency of Need (1-5)	Preliminary Estimated HA-Wide Cost

Total Preliminary Estimated HA-Wide Cost	\$0.00
--	---------------

Date Assessment Prepared _____

Source(s) of Information: _____

**Executive Summary of
Preliminary Estimated Costs**

Physical and Management/
Operations Needs
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**

Office of Public and Indian Housing

OMB No. 2577-0157 (exp. 7/31/9

HA Name				Federal Fiscal Year	
Anywhere Housing Authority				1997	
Development Number/ Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long Term Viability Y/N	Percent of V ₂ U
N/A		MOD for Development	0	\$0.00	
N/A		HA-Wide	N/A	See Below	N/A
PA28P001001		Anywhere Homes	0	\$0.00	
PA28P001002		Anywhere Homes	0	\$0.00	
PA28P001003		Anywhere Homes	0	\$0.00	
PA28P001004		Anywhere Homes	0	\$0.00	
PA28P001005		Anywhere Homes	0	\$0.00	
PA28P001006		Anywhere Homes	0	\$0.00	
PA28P001007		Anywhere Homes	0	\$0.00	
PA28P001008		Anywhere Homes	0	\$0.00	
PA28P001009		Anywhere Homes	0	\$0.00	
PA28P001010		Anywhere Homes	0	\$0.00	
PA28P001011		Anywhere Homes	0	\$0.00	
PA28P001012		Anywhere Homes	0	\$0.00	
PA28P001013		Anywhere Homes	0	\$0.00	
PA28P001014		Anywhere Homes	0	\$0.00	
PA28P001015		Anywhere Homes	0	\$0.00	
PA28P001016		Anywhere Homes	0	\$0.00	
PA28P001017		Anywhere Homes	0	\$0.00	
PA28P001018		Anywhere Homes	0	\$0.00	
PA28P001019		Anywhere Homes	0	\$0.00	
PA28P001020		Anywhere Homes	0	\$0.00	
PA28P001021		Anywhere Homes	0	\$0.00	
PA28P001022		Anywhere Homes	0	\$0.00	
PA28P001023		Anywhere Homes	0	\$0.00	
PA28P001024		Anywhere Homes	0	\$0.00	
PA28P001025		Anywhere Homes	0	\$0.00	
PA28P001026		Anywhere Homes	0	\$0.00	
PA28P001027		Anywhere Homes	0	\$0.00	
PA28P001028		Anywhere Homes	0	\$0.00	
PA28P001029		Anywhere Homes	0	\$0.00	
PA28P001030		Anywhere Homes	0	\$0.00	
PA28P001031		Anywhere Homes	0	\$0.00	
PA28P001032		Anywhere Homes	0	\$0.00	
PA28P001033		Anywhere Homes	0	\$0.00	
PA28P001034		Anywhere Homes	0	\$0.00	
PA28P001035		Anywhere Homes	0	\$0.00	
PA28P001036		Anywhere Homes	0	\$0.00	
PA28P001037		Anywhere Homes	0	\$0.00	
Total Preliminary Estimated HA-Wide Cost					
Total Preliminary Estimated Cost for HA-Wide Management/Operations Need					
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment					
Total Preliminary Estimated Cost for HA-Wide Administration					
Total Preliminary Estimated Cost for HA-Wide Other					
Grand Total of HA Needs					
Signature of Executive Director				Date	
X					

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

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

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

HA Name Housing Authority of Cliffside Park	Capital Fund Grant Number NJ39P07050104	FFY of Grant Approval 2004
---	---	--------------------------------------

- Original Annual Statement
 Reserve for Disaster/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending 12/31/07
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (may not exceed 10% of 19)	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$542,874.00	\$542,874.00	\$542,874.00	\$554,680.60
11	1465.1 Dwelling Equipment-Nonexpendable	\$25,000.00	\$25,000.00	\$25,000.00	\$13,193.40
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	\$622,874.00	\$622,874.00	\$622,874.00	\$622,874.00
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 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Energy Conservation	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director X	Date (mm/dd/yyyy)	Signature of Public Housing Director X	Date (mm/dd/yyyy)
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1 To be completed for the Performance & Evaluation Report or a Revised Annual Statement
2 To be completed for the Performance & Evaluation Report

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
XX Y-01 Anywhere Homes	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$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		
Total, Anywhere			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

Signature of Executive Director

Date (mm/dd/yyyy)

Signature of Public Housing Director

Date (mm/dd/yyyy)

X

X

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

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP)

Part III: Implementation Schedule

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

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NJ70-2	09/13/06			09/13/08			
NJ70-3	09/13/06			09/13/08			
Signature of Executive Director			Date (mm/dd/yyyy)	Signature of Public Housing Director			Date (mm/dd/yyyy)
X				X			

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

Five-Year Action Plan
Part I: Summary
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2:

HA Name:		Locality: (City/County & State)			<input checked="" type="checkbox"/>
Anywhere Housing Authority		Anywhere, USA			
A. Development Number/Name	Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97	Work Statement for Year 3 FFY: '98	Work Statement for Year 4 FFY: '99	
XX Y-01, Anywhere Homes	See Annual Statement	\$0	\$0	\$0	
XX Y-02, Anywhere Homes		\$0	\$0	\$0	
XX Y-03, Anywhere Homes		\$0	\$0	\$0	
XX Y-04, Anywhere Homes		\$0	\$0	\$0	
XX Y-05, Anywhere Homes		\$0	\$0	\$0	
XX Y-06, Anywhere Homes		\$0	\$0	\$0	
XX Y-07, Anywhere Homes		\$0	\$0	\$0	
XX Y-08, Anywhere Homes		\$0	\$0	\$0	
HA-Wide Contingency @ X%		\$0	\$0	\$0	
B. Physical Improvements Subtotal		\$0	\$0	\$0	
C. Management Improvements		\$0	\$0	\$0	
D. HA-Wide Nondwelling Structures & Equipment		\$0	\$0	\$0	
E. Administration		\$0	\$0	\$0	
F. Other (Fees & Costs and Relocation)		\$0	\$0	\$0	
G. Operations		\$0	\$0	\$0	
H. Demolition	\$0	\$0	\$0		
I. Replacement Reserve	\$0	\$0	\$0		
J. Mod Used for Development	\$0	\$0	\$0		
K. Total CGP Funds	\$0	\$0	\$0		
L. Total Non-CGP Funds	\$0	\$0	\$0		
M. Grand Total	\$0	\$0	\$0		
Signature of Executive Director and Date:		Signature of Public Housing Director/Office of Native American Programs Administrator and Date:			
X		X			

Five-Year Action Plan
Part I: Summary (Continuation)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2:

HA Name:		Locality: (City/County & State)			<input checked="" type="checkbox"/>
Anywhere Housing Authority		Anywhere, USA			
A. Development Number/Name	Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97	Work Statement for Year 3 FFY: '98	Work Statement for Year 4 FFY: '99	
XX Y-09, Anywhere Homes		\$0	\$0	\$0	
XX Y-10, Anywhere Homes		\$0	\$0	\$0	
XX Y-11, Anywhere Homes		\$0	\$0	\$0	
XX Y-12, Anywhere Homes		\$0	\$0	\$0	
XX Y-13, Anywhere Homes		\$0	\$0	\$0	
XX Y-14, Anywhere Homes		\$0	\$0	\$0	
XX Y-15, Anywhere Homes		\$0	\$0	\$0	

XX Y-16, Anywhere Homes	Statement	\$0	\$0	\$0
XX Y-17, Anywhere Homes		\$0	\$0	\$0
XX Y-18, Anywhere Homes		\$0	\$0	\$0
XX Y-19, Anywhere Homes		\$0	\$0	\$0
XX Y-20, Anywhere Homes		\$0	\$0	\$0
XX Y-21, Anywhere Homes		\$0	\$0	\$0
XX Y-22, Anywhere Homes		\$0	\$0	\$0
XX Y-23, Anywhere Homes		\$0	\$0	\$0
XX Y-24, Anywhere Homes		\$0	\$0	\$0
XX Y-25, Anywhere Homes		\$0	\$0	\$0
XX Y-26, Anywhere Homes		\$0	\$0	\$0
XX Y-27, Anywhere Homes		\$0	\$0	\$0
XX Y-28, Anywhere Homes		\$0	\$0	\$0
XX Y-29, Anywhere Homes		\$0	\$0	\$0
XX Y-30, Anywhere Homes		\$0	\$0	\$0

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Original Revision No:

Work Statement for
Year 5

FFY: '00

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simile form HUD-52834 (10/96)
ref Handbook 7485.3

Original Revision No:

Work Statement for
Year 5

FFY: '00

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simile form HUD-52834 (10/96)
ref Handbook 7485.3

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 3 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	HA-Wide Physical Improvements HA-WIDE Site: None	Total Site:	\$0	HA-Wide Physical Improvements HA-WIDE Site: None
			\$0	
	ON-DEMAND Mechanical and Electrical: None	Total M&E:	\$0	ON-DEMAND Mechanical and Electrical: None
			\$0	
	ON-DEMAND Building Exterior: None	Total B.E.:	\$0	ON-DEMAND Building Exterior: None
			\$0	
	ON-DEMAND Dwelling Units: None	Total DUs:	\$0	ON-DEMAND Dwelling Units: None
			\$0	
	HA-WIDE Dwelling Equipment: None	Total D.E.:	\$0	HA-WIDE Dwelling Equipment: None
			\$0	
HA-WIDE Interior Common Areas: None	Total ICAs:	\$0	HA-WIDE Interior Common Areas: None	
		\$0		
HA-WIDE Site-Wide Facilities: None	Total SWFs:	\$0	HA-WIDE Site-Wide Facilities: None	
		\$0		
HA-WIDE Nondwelling Equipment: None	Total NDE:	\$0	HA-WIDE Nondwelling Equipment: None	
		\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

Page ___ of ___

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 5 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	HA-Wide Physical Improvements HA-WIDE Site: None	Total Site:	\$0	HA-Wide Physical Improvements HA-WIDE Site: None
			\$0	
	ON-DEMAND Mechanical and Electrical: None	Total M&E:	\$0	ON-DEMAND Mechanical and Electrical: None
	\$0			

ON-DEMAND Building Exterior: None		\$0	ON-DEMAND Building Exterior: None
	Total B.E.:	\$0	
ON-DEMAND Dwelling Units: None		\$0	ON-DEMAND Dwelling Units: None
	Total DUs:	\$0	
HA-WIDE Dwelling Equipment: None		\$0	HA-WIDE Dwelling Equipment: None
	Total D.E.:	\$0	
HA-WIDE Interior Common Areas: None		\$0	HA-WIDE Interior Common Areas: None
	Total ICAs:	\$0	
HA-WIDE Site-Wide Facilities: None		\$0	HA-WIDE Site-Wide Facilities: None
	Total SWFs:	\$0	
HA-WIDE Nondwelling Equipment: None		\$0	HA-WIDE Nondwelling Equipment: None
	Total NDE:	\$0	
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

Page ___ of ___

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 3 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	
	XX Y-01, Anywhere Homes			XX Y-01, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
	Total ICAs:	\$0		

	Site-Wide Facilities: None	Total SWFs:	\$0	Site-Wide Facilities: None
			\$0	
	Nondwelling Equipment: None		\$0	Nondwelling Equipment: None
			\$0	
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

Page ___ of ___

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-01, Anywhere Homes			XX Y-01, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

Page ___ of ___

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-02, Anywhere Homes Site: None	Total Site:	\$0	XX Y-02, Anywhere Homes Site: None
	Mechanical and Electrical: None	Total M&E:	\$0	Mechanical and Electrical: None
	Building Exterior: None	Total B.E.:	\$0	Building Exterior: None
	Dwelling Units: None	Total DUs:	\$0	Dwelling Units: None
	Dwelling Equipment: None	Total D.E.:	\$0	Dwelling Equipment: None
	Interior Common Areas: None	Total ICAs:	\$0	Interior Common Areas: None
	Site-Wide Facilities: None	Total SWFs:	\$0	Site-Wide Facilities: None
	Nondwelling Equipment: None	Total NDE:	\$0	Nondwelling Equipment: None
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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U. S. Department of Housing
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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-02, Anywhere Homes Site: None	Total Site:	\$0	XX Y-02, Anywhere Homes Site: None
	Mechanical and Electrical: None	Total M&E:	\$0	Mechanical and Electrical: None
	Building Exterior: None	Total B.E.:	\$0	Building Exterior: None

	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-03, Anywhere Homes			XX Y-03, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		

	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost
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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-03, Anywhere Homes Site: None		\$0	XX Y-03, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-04, Anywhere Homes Site: None		\$0	XX Y-04, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None

Statement	Building Exterior: None	Total M&E:	\$0	Building Exterior: None
			\$0	
	Dwelling Units: None	Total B.E.:	\$0	Dwelling Units: None
			\$0	
	Dwelling Equipment: None	Total DUs:	\$0	Dwelling Equipment: None
			\$0	
	Interior Common Areas: None	Total D.E.:	\$0	Interior Common Areas: None
			\$0	
	Site-Wide Facilities: None	Total ICAs:	\$0	Site-Wide Facilities: None
			\$0	
Nondwelling Equipment: None	Total SWFs:	\$0	Nondwelling Equipment: None	
		\$0		
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-04, Anywhere Homes Site: None		\$0	XX Y-04, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-05, Anywhere Homes Site: None		\$0				XX Y-05, Anywhere Homes Site: None				
		Total Site:	\$0					Total Site:	\$0		
	Mechanical and Electrical: None		\$0				Mechanical and Electrical: None		\$0		
		Total M&E:	\$0					Total M&E:	\$0		
	Building Exterior: None		\$0				Building Exterior: None		\$0		
		Total B.E.:	\$0					Total B.E.:	\$0		
	Dwelling Units: None		\$0				Dwelling Units: None		\$0		
		Total DUs:	\$0					Total DUs:	\$0		
	Dwelling Equipment: None		\$0				Dwelling Equipment: None		\$0		
		Total D.E.:	\$0					Total D.E.:	\$0		
	Interior Common Areas: None		\$0				Interior Common Areas: None		\$0		
		Total ICAs:	\$0					Total ICAs:	\$0		
	Site-Wide Facilities: None		\$0				Site-Wide Facilities: None		\$0		
		Total SWFs:	\$0					Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0				Nondwelling Equipment: None		\$0		
		Total NDE:	\$0					Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0				Subtotal of Estimated Cost		\$0		

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-05, Anywhere Homes Site:						XX Y-05, Anywhere Homes Site:

See Annual Statement	None		\$0	None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-06, Anywhere Homes Site: None			\$0	XX Y-06, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
	Total DUs:	\$0		
Dwelling Equipment: None		\$0	Dwelling Equipment: None	
	Total D.E.:	\$0		

	Interior Common Areas: None		\$0	Interior Common Areas: None		
			Total ICAs:	\$0		
	Site-Wide Facilities: None			\$0	Site-Wide Facilities: None	
				Total SWFs:	\$0	
	Nondwelling Equipment: None				\$0	Nondwelling Equipment: None
	Total NDE:	\$0				
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost		

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories		
	XX Y-06, Anywhere Homes Site: None		\$0	XX Y-06, Anywhere Homes Site: None		
			Total Site:	\$0		
	Mechanical and Electrical: None			\$0	Mechanical and Electrical: None	
				Total M&E:	\$0	
	Building Exterior: None				\$0	Building Exterior: None
			Total B.E.:		\$0	
	Dwelling Units: None			\$0	Dwelling Units: None	
				Total DUs:	\$0	
	Dwelling Equipment: None			\$0	Dwelling Equipment: None	
				Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None			
		Total ICAs:	\$0			
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None			
		Total SWFs:	\$0			
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None			
		Total NDE:	\$0			
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost		

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-07, Anywhere Homes Site: None		\$0	XX Y-07, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-07, Anywhere Homes Site: None		\$0	XX Y-07, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	

		Total DUs:	\$0		
Dwelling Equipment:				Dwelling Equipment:	
None			\$0	None	
		Total D.E.:	\$0		
Interior Common Areas:				Interior Common Areas:	
None			\$0	None	
		Total ICAs:	\$0		
Site-Wide Facilities:				Site-Wide Facilities:	
None			\$0	None	
		Total SWFs:	\$0		
Nondwelling Equipment:				Nondwelling Equipment:	
None			\$0	None	
		Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		
XX Y-08, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-08, Anywhere Homes Site: None	
		Total Site:	\$0		
				\$0	Mechanical and Electrical: None
		Total M&E:	\$0		
				\$0	Building Exterior: None
		Total B.E.:	\$0		
				\$0	Dwelling Units: None
		Total DUs:	\$0		
				\$0	Dwelling Equipment: None
		Total D.E.:	\$0		
				\$0	Interior Common Areas: None
		Total ICAs:	\$0		
				\$0	Site-Wide Facilities: None
	Total SWFs:	\$0			
			\$0	Nondwelling Equipment: None	
	Total NDE:	\$0			
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-08, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-08, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
	Total M&E:		\$0	
	Building Exterior: None		\$0	Building Exterior: None
	Total B.E.:		\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
	Total DUs:		\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
	Total D.E.:		\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
Total ICAs:		\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
Total SWFs:		\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
Total NDE:		\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-09, Anywhere Homes Site: None Mechanical and Electrical: None			\$0	XX Y-09, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
Total M&E:		\$0		

Statement				
Building Exterior: None			\$0	Building Exterior: None
	Total B.E.:		\$0	
Dwelling Units: None			\$0	Dwelling Units: None
	Total DUs:		\$0	
Dwelling Equipment: None			\$0	Dwelling Equipment: None
	Total D.E.:		\$0	
Interior Common Areas: None			\$0	Interior Common Areas: None
	Total ICAs:		\$0	
Site-Wide Facilities: None			\$0	Site-Wide Facilities: None
	Total SWFs:		\$0	
Nondwelling Equipment: None			\$0	Nondwelling Equipment: None
	Total NDE:		\$0	
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-09, Anywhere Homes Site: None		\$0	XX Y-09, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
			\$0	

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-10, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-10, Anywhere Homes Site: None
		Total Site:	\$0	
			\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
			\$0	Building Exterior: None
		Total B.E.:	\$0	
			\$0	Dwelling Units: None
		Total DUs:	\$0	
			\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
			\$0	Interior Common Areas: None
		Total ICAs:	\$0	
		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-10, Anywhere Homes Site:			XX Y-10, Anywhere Homes Site:

See Annual Statement	None		\$0	None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-11, Anywhere Homes Site: None		\$0	XX Y-11, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	

	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
		Total SWFs:	\$0	
	Nondwelling Equipment: None		\$0	Nondwelling Equipment: None
		Total NDE:	\$0	
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-11, Anywhere Homes Site: None		\$0	XX Y-11, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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U. S. Department of Housing
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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '96
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-12, Anywhere Homes			XX Y-12, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '96
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-12, Anywhere Homes			XX Y-12, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	

		Total DUs:	\$0		
Dwelling Equipment:				Dwelling Equipment:	
None			\$0	None	
		Total D.E.:	\$0		
Interior Common Areas:				Interior Common Areas:	
None			\$0	None	
		Total ICAs:	\$0		
Site-Wide Facilities:				Site-Wide Facilities:	
None			\$0	None	
		Total SWFs:	\$0		
Nondwelling Equipment:				Nondwelling Equipment:	
None			\$0	None	
		Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		
XX Y-13, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-13, Anywhere Homes Site: None	
		Total Site:	\$0		
				\$0	Mechanical and Electrical: None
		Total M&E:	\$0		
				\$0	Building Exterior: None
		Total B.E.:	\$0		
				\$0	Dwelling Units: None
		Total DUs:	\$0		
				\$0	Dwelling Equipment: None
		Total D.E.:	\$0		
				\$0	Interior Common Areas: None
		Total ICAs:	\$0		
				\$0	Site-Wide Facilities: None
	Total SWFs:	\$0			
			\$0	Nondwelling Equipment: None	
	Total NDE:	\$0			
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-13, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-13, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical:		\$0	Mechanical and Electrical: None
	Total M&E:		\$0	
	Building Exterior:		\$0	Building Exterior: None
	Total B.E.:		\$0	
	Dwelling Units:		\$0	Dwelling Units: None
	Total DUs:		\$0	
	Dwelling Equipment:		\$0	Dwelling Equipment: None
	Total D.E.:		\$0	
Interior Common Areas:		\$0	Interior Common Areas: None	
Total ICAs:		\$0		
Site-Wide Facilities:		\$0	Site-Wide Facilities: None	
Total SWFs:		\$0		
Nondwelling Equipment:		\$0	Nondwelling Equipment: None	
Total NDE:		\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-14, Anywhere Homes Site: None Mechanical and Electrical: None			\$0	XX Y-14, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical:		\$0	Mechanical and Electrical: None
Total M&E:		\$0		

Statement	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-14, Anywhere Homes Site: None		\$0	XX Y-14, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
			\$0	

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-15, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-15, Anywhere Homes Site: None
		Total Site:	\$0	
			\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
			\$0	Building Exterior: None
		Total B.E.:	\$0	
			\$0	Dwelling Units: None
		Total DUs:	\$0	
			\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
			\$0	Interior Common Areas: None
		Total ICAs:	\$0	
			\$0	Site-Wide Facilities: None
	Total SWFs:	\$0		
		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-15, Anywhere Homes Site:			XX Y-15, Anywhere Homes Site:

See Annual Statement	None		\$0	None
	Mechanical and Electrical: None	Total Site:	\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None			Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None			Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None			Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None			Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None			Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None			Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-16, Anywhere Homes Site: None			\$0	XX Y-16, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None			Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None			Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None			Dwelling Units: None
	Total DUs:	\$0		
Dwelling Equipment: None			Dwelling Equipment: None	
	Total D.E.:	\$0		

	Interior Common Areas: None	Total ICAs:	\$0	Interior Common Areas: None	
			\$0		
	Site-Wide Facilities: None		Total SWFs:	\$0	Site-Wide Facilities: None
				\$0	
	Nondwelling Equipment: None		Total NDE:	\$0	Nondwelling Equipment: None
	\$0				
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-16, Anywhere Homes Site: None	Total Site:	\$0	XX Y-16, Anywhere Homes Site: None
			\$0	
	Mechanical and Electrical: None	Total M&E:	\$0	Mechanical and Electrical: None
			\$0	
	Building Exterior: None	Total B.E.:	\$0	Building Exterior: None
			\$0	
	Dwelling Units: None	Total DUs:	\$0	Dwelling Units: None
			\$0	
	Dwelling Equipment: None	Total D.E.:	\$0	Dwelling Equipment: None
			\$0	
Interior Common Areas: None	Total ICAs:	\$0	Interior Common Areas: None	
		\$0		
Site-Wide Facilities: None	Total SWFs:	\$0	Site-Wide Facilities: None	
		\$0		
Nondwelling Equipment: None	Total NDE:	\$0	Nondwelling Equipment: None	
		\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-17, Anywhere Homes			XX Y-17, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
	Total D.E.:	\$0		
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-17, Anywhere Homes			XX Y-17, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
		Total NDE:	\$0	

		Total DUs:	\$0		
Dwelling Equipment:				Dwelling Equipment:	
None			\$0	None	
		Total D.E.:	\$0		
Interior Common Areas:				Interior Common Areas:	
None			\$0	None	
		Total ICAs:	\$0		
Site-Wide Facilities:				Site-Wide Facilities:	
None			\$0	None	
		Total SWFs:	\$0		
Nondwelling Equipment:				Nondwelling Equipment:	
None			\$0	None	
		Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		
XX Y-18, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-18, Anywhere Homes Site: None	
		Total Site:	\$0		
				\$0	Mechanical and Electrical: None
		Total M&E:	\$0		
				\$0	Building Exterior: None
		Total B.E.:	\$0		
				\$0	Dwelling Units: None
		Total DUs:	\$0		
				\$0	Dwelling Equipment: None
		Total D.E.:	\$0		
				\$0	Interior Common Areas: None
		Total ICAs:	\$0		
			\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0			
			\$0	Nondwelling Equipment: None	
	Total NDE:	\$0			
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-18, Anywhere Homes Site: None		\$0	XX Y-18, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-19, Anywhere Homes Site: None		\$0	XX Y-19, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
	Total M&E:	\$0		

Statement	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-19, Anywhere Homes Site: None		\$0	XX Y-19, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-20, Anywhere Homes Site: None		\$0				XX Y-20, Anywhere Homes Site: None			\$0	
		Total Site:	\$0					Total Site:	\$0		
	Mechanical and Electrical: None		\$0				Mechanical and Electrical: None		\$0		
		Total M&E:	\$0					Total M&E:	\$0		
	Building Exterior: None		\$0				Building Exterior: None		\$0		
		Total B.E.:	\$0					Total B.E.:	\$0		
	Dwelling Units: None		\$0				Dwelling Units: None		\$0		
		Total DUs:	\$0					Total DUs:	\$0		
	Dwelling Equipment: None		\$0				Dwelling Equipment: None		\$0		
		Total D.E.:	\$0					Total D.E.:	\$0		
	Interior Common Areas: None		\$0				Interior Common Areas: None		\$0		
		Total ICAs:	\$0					Total ICAs:	\$0		
	Site-Wide Facilities: None		\$0				Site-Wide Facilities: None		\$0		
		Total SWFs:	\$0					Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0				Nondwelling Equipment: None		\$0		
		Total NDE:	\$0					Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0				Subtotal of Estimated Cost		\$0		

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-20, Anywhere Homes Site:						XX Y-20, Anywhere Homes Site:

See Annual Statement	None		\$0	None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-21, Anywhere Homes Site: None			\$0	XX Y-21, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
	Total DUs:	\$0		
Dwelling Equipment: None		\$0	Dwelling Equipment: None	
	Total D.E.:	\$0		

	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
		Total SWFs:	\$0	
	Nondwelling Equipment: None		\$0	Nondwelling Equipment: None
		Total NDE:	\$0	
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-21, Anywhere Homes Site: None		\$0	XX Y-21, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-22, Anywhere Homes Site: None		\$0	XX Y-22, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-22, Anywhere Homes Site: None		\$0	XX Y-22, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
			\$0	
			\$0	

		Total DUs:	\$0		
Dwelling Equipment:				Dwelling Equipment:	
None			\$0	None	
		Total D.E.:	\$0		
Interior Common Areas:				Interior Common Areas:	
None			\$0	None	
		Total ICAs:	\$0		
Site-Wide Facilities:				Site-Wide Facilities:	
None			\$0	None	
		Total SWFs:	\$0		
Nondwelling Equipment:				Nondwelling Equipment:	
None			\$0	None	
		Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-23, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None	XX Y-23, Anywhere Homes			XX Y-23, Anywhere Homes
			\$0	Site: None
		Total Site:	\$0	
			\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
			\$0	Building Exterior: None
		Total B.E.:	\$0	
			\$0	Dwelling Units: None
		Total DUs:	\$0	
			\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
			\$0	Interior Common Areas: None
		Total ICAs:	\$0	
		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-23, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-23, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical:		\$0	Mechanical and Electrical: None
	Total M&E:		\$0	
	Building Exterior:		\$0	Building Exterior: None
	Total B.E.:		\$0	
	Dwelling Units:		\$0	Dwelling Units: None
	Total DUs:		\$0	
	Dwelling Equipment:		\$0	Dwelling Equipment: None
	Total D.E.:		\$0	
Interior Common Areas:		\$0	Interior Common Areas: None	
Total ICAs:		\$0		
Site-Wide Facilities:		\$0	Site-Wide Facilities: None	
Total SWFs:		\$0		
Nondwelling Equipment:		\$0	Nondwelling Equipment: None	
Total NDE:		\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-24, Anywhere Homes Site: None Mechanical and Electrical: None			\$0	XX Y-24, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical:		\$0	Mechanical and Electrical: None
Total M&E:		\$0		

Statement	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-24, Anywhere Homes Site: None		\$0	XX Y-24, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
			\$0	

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-25, Anywhere Homes Site: None		\$0				XX Y-25, Anywhere Homes Site: None		\$0		
		Total Site:	\$0					Total Site:	\$0		
	Mechanical and Electrical: None		\$0				Mechanical and Electrical: None		\$0		
		Total M&E:	\$0					Total M&E:	\$0		
	Building Exterior: None		\$0				Building Exterior: None		\$0		
		Total B.E.:	\$0					Total B.E.:	\$0		
	Dwelling Units: None		\$0				Dwelling Units: None		\$0		
		Total DUs:	\$0					Total DUs:	\$0		
	Dwelling Equipment: None		\$0				Dwelling Equipment: None		\$0		
		Total D.E.:	\$0					Total D.E.:	\$0		
	Interior Common Areas: None		\$0				Interior Common Areas: None		\$0		
		Total ICAs:	\$0					Total ICAs:	\$0		
	Site-Wide Facilities: None		\$0				Site-Wide Facilities: None		\$0		
		Total SWFs:	\$0					Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0				Nondwelling Equipment: None		\$0		
		Total NDE:	\$0					Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0				Subtotal of Estimated Cost		\$0		

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-25, Anywhere Homes Site:						XX Y-25, Anywhere Homes Site:

See Annual Statement	None		\$0	None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-26, Anywhere Homes Site: None		\$0	XX Y-26, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	

	Interior Common Areas: None	Total ICAs:	\$0	Interior Common Areas: None	
			\$0		
	Site-Wide Facilities: None		Total SWFs:	\$0	Site-Wide Facilities: None
				\$0	
	Nondwelling Equipment: None			Total NDE:	\$0
	\$0				
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-26, Anywhere Homes Site: None	Total Site:	\$0	XX Y-26, Anywhere Homes Site: None
			\$0	
	Mechanical and Electrical: None	Total M&E:	\$0	Mechanical and Electrical: None
			\$0	
	Building Exterior: None	Total B.E.:	\$0	Building Exterior: None
			\$0	
	Dwelling Units: None	Total DUs:	\$0	Dwelling Units: None
			\$0	
	Dwelling Equipment: None	Total D.E.:	\$0	Dwelling Equipment: None
			\$0	
Interior Common Areas: None	Total ICAs:	\$0	Interior Common Areas: None	
		\$0		
Site-Wide Facilities: None	Total SWFs:	\$0	Site-Wide Facilities: None	
		\$0		
Nondwelling Equipment: None	Total NDE:	\$0	Nondwelling Equipment: None	
		\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-27, Anywhere Homes Site: None		\$0	XX Y-27, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-27, Anywhere Homes Site: None		\$0	XX Y-27, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	

		Total DUs:	\$0		
Dwelling Equipment:				Dwelling Equipment:	
None			\$0	None	
		Total D.E.:	\$0		
Interior Common Areas:				Interior Common Areas:	
None			\$0	None	
		Total ICAs:	\$0		
Site-Wide Facilities:				Site-Wide Facilities:	
None			\$0	None	
		Total SWFs:	\$0		
Nondwelling Equipment:				Nondwelling Equipment:	
None			\$0	None	
		Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	
XX Y-28, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-28, Anywhere Homes Site: None	
		Total Site:	\$0		
				\$0	Mechanical and Electrical: None
		Total M&E:	\$0		
				\$0	Building Exterior: None
		Total B.E.:	\$0		
				\$0	Dwelling Units: None
		Total DUs:	\$0		
				\$0	Dwelling Equipment: None
		Total D.E.:	\$0		
				\$0	Interior Common Areas: None
		Total ICAs:	\$0		
				\$0	Site-Wide Facilities: None
	Total SWFs:	\$0			
			\$0	Nondwelling Equipment: None	
	Total NDE:	\$0			
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-28, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-28, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical:		\$0	Mechanical and Electrical: None
	Total M&E:		\$0	
	Building Exterior:		\$0	Building Exterior: None
	Total B.E.:		\$0	
	Dwelling Units:		\$0	Dwelling Units: None
	Total DUs:		\$0	
	Dwelling Equipment:		\$0	Dwelling Equipment: None
	Total D.E.:		\$0	
Interior Common Areas:		\$0	Interior Common Areas: None	
Total ICAs:		\$0		
Site-Wide Facilities:		\$0	Site-Wide Facilities: None	
Total SWFs:		\$0		
Nondwelling Equipment:		\$0	Nondwelling Equipment: None	
Total NDE:		\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-29, Anywhere Homes Site: None Mechanical and Electrical: None			\$0	XX Y-29, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical:		\$0	Mechanical and Electrical: None
Total M&E:		\$0		

Statement	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-29, Anywhere Homes Site: None		\$0	XX Y-29, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
			\$0	

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-30, Anywhere Homes Site: None		\$0				XX Y-30, Anywhere Homes Site: None			\$0	
		Total Site:	\$0					Total Site:	\$0		
	Mechanical and Electrical: None		\$0				Mechanical and Electrical: None		\$0		
		Total M&E:	\$0					Total M&E:	\$0		
	Building Exterior: None		\$0				Building Exterior: None		\$0		
		Total B.E.:	\$0					Total B.E.:	\$0		
	Dwelling Units: None		\$0				Dwelling Units: None		\$0		
		Total DUs:	\$0					Total DUs:	\$0		
	Dwelling Equipment: None		\$0				Dwelling Equipment: None		\$0		
		Total D.E.:	\$0					Total D.E.:	\$0		
	Interior Common Areas: None		\$0				Interior Common Areas: None		\$0		
		Total ICAs:	\$0					Total ICAs:	\$0		
	Site-Wide Facilities: None		\$0				Site-Wide Facilities: None		\$0		
		Total SWFs:	\$0					Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0				Nondwelling Equipment: None		\$0		
		Total NDE:	\$0					Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0				Subtotal of Estimated Cost		\$0		

Page ___ of ___

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-30, Anywhere Homes Site:						XX Y-30, Anywhere Homes Site:

See Annual Statement	None		\$0	None
		Total Site:	\$0	
	Mechanical and Electrical:			Mechanical and Electrical:
	None		\$0	None
		Total M&E:	\$0	
	Building Exterior:			Building Exterior:
	None		\$0	None
		Total B.E.:	\$0	
	Dwelling Units:			Dwelling Units:
	None		\$0	None
		Total DUs:	\$0	
Dwelling Equipment:			Dwelling Equipment:	
None		\$0	None	
	Total D.E.:	\$0		
Interior Common Areas:			Interior Common Areas:	
None		\$0	None	
	Total ICAs:	\$0		
Site-Wide Facilities:			Site-Wide Facilities:	
None		\$0	None	
	Total SWFs:	\$0		
Nondwelling Equipment:			Nondwelling Equipment:	
None		\$0	None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
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ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0

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Total B.E.:	\$0
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Total DUs:	\$0
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Total NDE:	\$0
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ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total B.E.:	\$0
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Total NDE:	\$0
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Total SWFs:	\$0
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ent for Year 3

Quantity	Estimated Cost
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Total Site:	\$0
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Total M&E:	\$0

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Quantity	Estimated Cost
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Total SWFs:	\$0
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Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0

	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0

Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 5

Quantity	Estimated Cost

	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0

	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0

Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0

	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0

Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 5

Quantity	Estimated Cost

	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 3 FFY: '98	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
See Annual Statement	1) Item 1		\$0	1) Item 1	
	2) Item 2		\$0	2) Item 2	
	3) Item 3		\$0	3) Item 3	
	4) Item 4		\$0	4) Item 4	
	5) Item 5		\$0	5) Item 5	
	6) Item 6		\$0	6) Item 6	
	7) Item 7		\$0	7) Item 7	
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost	

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2

Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	1) Item 1		\$0	1) Item 1	
	2) Item 2		\$0	2) Item 2	
	3) Item 3		\$0	3) Item 3	
	4) Item 4		\$0	4) Item 4	
	5) Item 5		\$0	5) Item 5	
	6) Item 6		\$0	6) Item 6	
	7) Item 7		\$0	7) Item 7	

52834 (10/96)

\$0

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name Anywhere Housing Authority	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
--	---

Development Number N/A	Development Name MOD for Development	DOFA Date or Construction Date _____
----------------------------------	--	--

Development Type:	<input type="checkbox"/>	Occupancy Type:	<input type="checkbox"/>	Structure Type:	<input type="checkbox"/>	Number of Buildings	Number of Vacant Units
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>		0
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>	0 0 1 0 2 0	Total Current
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>	3 0 4 0 5 0	Units
Section 23, Bond Financed	<input type="checkbox"/>					5+ 0	0

General Description of Needed Physical Improvements	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$0.00
Per Unit Hard Cost	\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

Management Needs Assessment
 Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name Anywhere Housing Authority	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number ____
--	--

General Description of Management/Operations Needs	Urgency of Need (1-5)	Preliminary Estimated HA-Wide Cost

Total Preliminary Estimated HA-Wide Cost	\$0.00
--	---------------

Date Assessment Prepared _____

Source(s) of Information: _____

**Executive Summary of
Preliminary Estimated Costs**

Physical and Management/
Operations Needs
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**

Office of Public and Indian Housing

OMB No. 2577-0157 (exp. 7/31/9

HA Name				Federal Fiscal Year	
Anywhere Housing Authority				1997	
Development Number/ Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long Term Viability Y/N	Percent of V ₂ U
N/A	MOD for Development	0	\$0.00		
N/A	HA-Wide	N/A	See Below		
PA28P001001	Anywhere Homes	0	\$0.00		
PA28P001002	Anywhere Homes	0	\$0.00		
PA28P001003	Anywhere Homes	0	\$0.00		
PA28P001004	Anywhere Homes	0	\$0.00		
PA28P001005	Anywhere Homes	0	\$0.00		
PA28P001006	Anywhere Homes	0	\$0.00		
PA28P001007	Anywhere Homes	0	\$0.00		
PA28P001008	Anywhere Homes	0	\$0.00		
PA28P001009	Anywhere Homes	0	\$0.00		
PA28P001010	Anywhere Homes	0	\$0.00		
PA28P001011	Anywhere Homes	0	\$0.00		
PA28P001012	Anywhere Homes	0	\$0.00		
PA28P001013	Anywhere Homes	0	\$0.00		
PA28P001014	Anywhere Homes	0	\$0.00		
PA28P001015	Anywhere Homes	0	\$0.00		
PA28P001016	Anywhere Homes	0	\$0.00		
PA28P001017	Anywhere Homes	0	\$0.00		
PA28P001018	Anywhere Homes	0	\$0.00		
PA28P001019	Anywhere Homes	0	\$0.00		
PA28P001020	Anywhere Homes	0	\$0.00		
PA28P001021	Anywhere Homes	0	\$0.00		
PA28P001022	Anywhere Homes	0	\$0.00		
PA28P001023	Anywhere Homes	0	\$0.00		
PA28P001024	Anywhere Homes	0	\$0.00		
PA28P001025	Anywhere Homes	0	\$0.00		
PA28P001026	Anywhere Homes	0	\$0.00		
PA28P001027	Anywhere Homes	0	\$0.00		
PA28P001028	Anywhere Homes	0	\$0.00		
PA28P001029	Anywhere Homes	0	\$0.00		
PA28P001030	Anywhere Homes	0	\$0.00		
PA28P001031	Anywhere Homes	0	\$0.00		
PA28P001032	Anywhere Homes	0	\$0.00		
PA28P001033	Anywhere Homes	0	\$0.00		
PA28P001034	Anywhere Homes	0	\$0.00		
PA28P001035	Anywhere Homes	0	\$0.00		
PA28P001036	Anywhere Homes	0	\$0.00		
PA28P001037	Anywhere Homes	0	\$0.00		
Total Preliminary Estimated HA-Wide Cost					
Total Preliminary Estimated Cost for HA-Wide Management/Operations Need					
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment					
Total Preliminary Estimated Cost for HA-Wide Administration					
Total Preliminary Estimated Cost for HA-Wide Other					
Grand Total of HA Needs					
Signature of Executive Director				Date	
X					

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

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

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

HA Name Housing Authority of Cliffside Park	Capital Fund Grant Number NJ39P07050105	FFY of Grant Approval 2005
---	---	--------------------------------------

- Original Annual Statement
 Reserve for Disaster/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending 12/31/07
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (may not exceed 10% of 19)	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$15,000.00	\$15,000.00	\$15,000.00	\$14,116.08
4	1410 Administration	\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$40,000.00	\$40,000.00	\$40,000.00	\$18,578.83
8	1440 Site Acquisition				
9	1450 Site Improvement	\$60,000.00	\$70,000.00	\$70,000.00	\$0.00
10	1460 Dwelling Structures	\$342,000.00	\$332,000.00	\$332,000.00	\$185,976.69
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	\$46,339.00	\$46,339.00	\$46,339.00	\$46,339.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	\$563,339.00	\$563,339.00	\$563,339.00	\$325,010.60
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 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Energy Conservation	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director X	Date (mm/dd/yyyy)	Signature of Public Housing Director X	Date (mm/dd/yyyy)
---	-------------------	--	--------------------

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

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
XX Y-01 Anywhere Homes	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$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		
Total, Anywhere			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

Signature of Executive Director

Date (mm/dd/yyyy)

Signature of Public Housing Director

Date (mm/dd/yyyy)

X

X

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

Annual Statement /Performance and Evaluation Report
 Capital Fund Program (CFP)

Part III: Implementation Schedule

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

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
NJ70-2	08/17/07			08/17/09			
NJ70-3	08/17/07			08/17/09			
Signature of Executive Director			Date (mm/dd/yyyy)	Signature of Public Housing Director			Date (mm/dd/yyyy)
X				X			

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

Five-Year Action Plan
Part I: Summary
Comprehensive Grant Program (CGP)

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

OMB Approval No. 21

HA Name:		Locality: (City/County & State)			<input checked="" type="checkbox"/>
Anywhere Housing Authority		Anywhere, USA			
A. Development Number/Name	Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97	Work Statement for Year 3 FFY: '98	Work Statement for Year 4 FFY: '99	
XX Y-01, Anywhere Homes	See Annual Statement	\$0	\$0	\$0	
XX Y-02, Anywhere Homes		\$0	\$0	\$0	
XX Y-03, Anywhere Homes		\$0	\$0	\$0	
XX Y-04, Anywhere Homes		\$0	\$0	\$0	
XX Y-05, Anywhere Homes		\$0	\$0	\$0	
XX Y-06, Anywhere Homes		\$0	\$0	\$0	
XX Y-07, Anywhere Homes		\$0	\$0	\$0	
XX Y-08, Anywhere Homes		\$0	\$0	\$0	
HA-Wide Contingency @ X%		\$0	\$0	\$0	
B. Physical Improvements Subtotal		\$0	\$0	\$0	
C. Management Improvements		\$0	\$0	\$0	
D. HA-Wide Nondwelling Structures & Equipment		\$0	\$0	\$0	
E. Administration		\$0	\$0	\$0	
F. Other (Fees & Costs and Relocation)		\$0	\$0	\$0	
G. Operations		\$0	\$0	\$0	
H. Demolition	\$0	\$0	\$0		
I. Replacement Reserve	\$0	\$0	\$0		
J. Mod Used for Development	\$0	\$0	\$0		
K. Total CGP Funds	\$0	\$0	\$0		
L. Total Non-CGP Funds	\$0	\$0	\$0		
M. Grand Total	\$0	\$0	\$0		
Signature of Executive Director and Date:		Signature of Public Housing Director/Office of Native American Programs Administrator and Date:			
X		X			

Five-Year Action Plan
Part I: Summary (Continuation)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 21

HA Name:		Locality: (City/County & State)			<input checked="" type="checkbox"/>
Anywhere Housing Authority		Anywhere, USA			
A. Development Number/Name	Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97	Work Statement for Year 3 FFY: '98	Work Statement for Year 4 FFY: '99	
XX Y-09, Anywhere Homes		\$0	\$0	\$0	
XX Y-10, Anywhere Homes		\$0	\$0	\$0	
XX Y-11, Anywhere Homes		\$0	\$0	\$0	
XX Y-12, Anywhere Homes		\$0	\$0	\$0	
XX Y-13, Anywhere Homes		\$0	\$0	\$0	
XX Y-14, Anywhere Homes		\$0	\$0	\$0	
XX Y-15, Anywhere Homes		\$0	\$0	\$0	

XX Y-16, Anywhere Homes	Statement	\$0	\$0	\$0
XX Y-17, Anywhere Homes		\$0	\$0	\$0
XX Y-18, Anywhere Homes		\$0	\$0	\$0
XX Y-19, Anywhere Homes		\$0	\$0	\$0
XX Y-20, Anywhere Homes		\$0	\$0	\$0
XX Y-21, Anywhere Homes		\$0	\$0	\$0
XX Y-22, Anywhere Homes		\$0	\$0	\$0
XX Y-23, Anywhere Homes		\$0	\$0	\$0
XX Y-24, Anywhere Homes		\$0	\$0	\$0
XX Y-25, Anywhere Homes		\$0	\$0	\$0
XX Y-26, Anywhere Homes		\$0	\$0	\$0
XX Y-27, Anywhere Homes		\$0	\$0	\$0
XX Y-28, Anywhere Homes		\$0	\$0	\$0
XX Y-29, Anywhere Homes		\$0	\$0	\$0
XX Y-30, Anywhere Homes		\$0	\$0	\$0

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Original Revision No:

Work Statement for
Year 5

FFY: '00

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ref Handbook 7485.3

Original Revision No:

Work Statement for
Year 5

FFY: '00

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Five-Year Action Plan
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Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 3 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	HA-Wide Physical Improvements HA-WIDE Site: None	Total Site:	\$0	HA-Wide Physical Improvements HA-WIDE Site: None
			\$0	
	ON-DEMAND Mechanical and Electrical: None	Total M&E:	\$0	ON-DEMAND Mechanical and Electrical: None
			\$0	
	ON-DEMAND Building Exterior: None	Total B.E.:	\$0	ON-DEMAND Building Exterior: None
			\$0	
	ON-DEMAND Dwelling Units: None	Total DUs:	\$0	ON-DEMAND Dwelling Units: None
			\$0	
	HA-WIDE Dwelling Equipment: None	Total D.E.:	\$0	HA-WIDE Dwelling Equipment: None
			\$0	
HA-WIDE Interior Common Areas: None	Total ICAs:	\$0	HA-WIDE Interior Common Areas: None	
		\$0		
HA-WIDE Site-Wide Facilities: None	Total SWFs:	\$0	HA-WIDE Site-Wide Facilities: None	
		\$0		
HA-WIDE Nondwelling Equipment: None	Total NDE:	\$0	HA-WIDE Nondwelling Equipment: None	
		\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Office of Public and Indian Housing

Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 5 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	HA-Wide Physical Improvements HA-WIDE Site: None	Total Site:	\$0	HA-Wide Physical Improvements HA-WIDE Site: None
			\$0	
	ON-DEMAND Mechanical and Electrical: None	Total M&E:	\$0	ON-DEMAND Mechanical and Electrical: None
	\$0			

ON-DEMAND Building Exterior: None		\$0	ON-DEMAND Building Exterior: None
	Total B.E.:	\$0	
ON-DEMAND Dwelling Units: None		\$0	ON-DEMAND Dwelling Units: None
	Total DUs:	\$0	
HA-WIDE Dwelling Equipment: None		\$0	HA-WIDE Dwelling Equipment: None
	Total D.E.:	\$0	
HA-WIDE Interior Common Areas: None		\$0	HA-WIDE Interior Common Areas: None
	Total ICAs:	\$0	
HA-WIDE Site-Wide Facilities: None		\$0	HA-WIDE Site-Wide Facilities: None
	Total SWFs:	\$0	
HA-WIDE Nondwelling Equipment: None		\$0	HA-WIDE Nondwelling Equipment: None
	Total NDE:	\$0	
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 3 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	
	XX Y-01, Anywhere Homes			XX Y-01, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	

	Site-Wide Facilities: None	Total SWFs:	\$0	Site-Wide Facilities: None	
				\$0	
	Nondwelling Equipment: None			\$0	Nondwelling Equipment: None
			Total NDE:	\$0	
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-01, Anywhere Homes			XX Y-01, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-02, Anywhere Homes Site: None		\$0	XX Y-02, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-02, Anywhere Homes Site: None		\$0	XX Y-02, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
	Total B.E.:	\$0		

	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-03, Anywhere Homes			XX Y-03, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		

	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost
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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-03, Anywhere Homes Site: None		\$0	XX Y-03, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-04, Anywhere Homes Site: None		\$0	XX Y-04, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None

Statement	Building Exterior: None	Total M&E:	\$0	Building Exterior: None
			\$0	
	Dwelling Units: None	Total B.E.:	\$0	Dwelling Units: None
			\$0	
	Dwelling Equipment: None	Total DUs:	\$0	Dwelling Equipment: None
			\$0	
	Interior Common Areas: None	Total D.E.:	\$0	Interior Common Areas: None
			\$0	
Site-Wide Facilities: None	Total ICAs:	\$0	Site-Wide Facilities: None	
		\$0		
Nondwelling Equipment: None	Total SWFs:	\$0	Nondwelling Equipment: None	
		\$0		
	Total NDE:	\$0		
		\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-04, Anywhere Homes			XX Y-04, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-05, Anywhere Homes Site: None		\$0				XX Y-05, Anywhere Homes Site: None				
		Total Site:	\$0					Total Site:	\$0		
	Mechanical and Electrical: None		\$0				Mechanical and Electrical: None		\$0		
		Total M&E:	\$0					Total M&E:	\$0		
	Building Exterior: None		\$0				Building Exterior: None		\$0		
		Total B.E.:	\$0					Total B.E.:	\$0		
	Dwelling Units: None		\$0				Dwelling Units: None		\$0		
		Total DUs:	\$0					Total DUs:	\$0		
	Dwelling Equipment: None		\$0				Dwelling Equipment: None		\$0		
		Total D.E.:	\$0					Total D.E.:	\$0		
	Interior Common Areas: None		\$0				Interior Common Areas: None		\$0		
		Total ICAs:	\$0					Total ICAs:	\$0		
	Site-Wide Facilities: None		\$0				Site-Wide Facilities: None		\$0		
		Total SWFs:	\$0					Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0				Nondwelling Equipment: None		\$0		
		Total NDE:	\$0					Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0				Subtotal of Estimated Cost		\$0		

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-05, Anywhere Homes Site:						XX Y-05, Anywhere Homes Site:

See Annual Statement	None		\$0	None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-06, Anywhere Homes Site: None			\$0	XX Y-06, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
	Total DUs:	\$0		
Dwelling Equipment: None		\$0	Dwelling Equipment: None	
	Total D.E.:	\$0		

	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
		Total SWFs:	\$0	
	Nondwelling Equipment: None		\$0	Nondwelling Equipment: None
		Total NDE:	\$0	
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-06, Anywhere Homes Site: None		\$0	XX Y-06, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-07, Anywhere Homes Site: None		\$0	XX Y-07, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-07, Anywhere Homes Site: None		\$0	XX Y-07, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
			\$0	
			\$0	

		Total DUs:	\$0		
Dwelling Equipment:				Dwelling Equipment:	
None			\$0	None	
		Total D.E.:	\$0		
Interior Common Areas:				Interior Common Areas:	
None			\$0	None	
		Total ICAs:	\$0		
Site-Wide Facilities:				Site-Wide Facilities:	
None			\$0	None	
		Total SWFs:	\$0		
Nondwelling Equipment:				Nondwelling Equipment:	
None			\$0	None	
		Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		
	XX Y-08, Anywhere Homes			XX Y-08, Anywhere Homes	
	Site:			Site:	
	None		\$0	None	
		Total Site:	\$0		
	Mechanical and Electrical:			Mechanical and Electrical:	
	None		\$0	None	
		Total M&E:	\$0		
	Building Exterior:			Building Exterior:	
	None		\$0	None	
		Total B.E.:	\$0		
	Dwelling Units:			Dwelling Units:	
	None		\$0	None	
	Total DUs:	\$0			
Dwelling Equipment:			Dwelling Equipment:		
None		\$0	None		
	Total D.E.:	\$0			
Interior Common Areas:			Interior Common Areas:		
None		\$0	None		
	Total ICAs:	\$0			
Site-Wide Facilities:			Site-Wide Facilities:		
None		\$0	None		
	Total SWFs:	\$0			
Nondwelling Equipment:			Nondwelling Equipment:		
None		\$0	None		
	Total NDE:	\$0			
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-08, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-08, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical:		\$0	Mechanical and Electrical: None
	Total M&E:		\$0	
	Building Exterior:		\$0	Building Exterior: None
	Total B.E.:		\$0	
	Dwelling Units:		\$0	Dwelling Units: None
	Total DUs:		\$0	
	Dwelling Equipment:		\$0	Dwelling Equipment: None
	Total D.E.:		\$0	
Interior Common Areas:		\$0	Interior Common Areas: None	
Total ICAs:		\$0		
Site-Wide Facilities:		\$0	Site-Wide Facilities: None	
Total SWFs:		\$0		
Nondwelling Equipment:		\$0	Nondwelling Equipment: None	
Total NDE:		\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-09, Anywhere Homes Site: None Mechanical and Electrical: None			\$0	XX Y-09, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical:		\$0	Mechanical and Electrical: None
Total M&E:		\$0		

Statement				
Building Exterior: None			\$0	Building Exterior: None
	Total B.E.:		\$0	
Dwelling Units: None			\$0	Dwelling Units: None
	Total DUs:		\$0	
Dwelling Equipment: None			\$0	Dwelling Equipment: None
	Total D.E.:		\$0	
Interior Common Areas: None			\$0	Interior Common Areas: None
	Total ICAs:		\$0	
Site-Wide Facilities: None			\$0	Site-Wide Facilities: None
	Total SWFs:		\$0	
Nondwelling Equipment: None			\$0	Nondwelling Equipment: None
	Total NDE:		\$0	
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-09, Anywhere Homes Site: None		\$0	XX Y-09, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
			\$0	

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-10, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-10, Anywhere Homes Site: None
		Total Site:	\$0	
			\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
			\$0	Building Exterior: None
		Total B.E.:	\$0	
			\$0	Dwelling Units: None
		Total DUs:	\$0	
			\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
			\$0	Interior Common Areas: None
		Total ICAs:	\$0	
			\$0	Site-Wide Facilities: None
	Total SWFs:	\$0		
		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-10, Anywhere Homes Site:			XX Y-10, Anywhere Homes Site:

See Annual Statement	None		\$0	None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-11, Anywhere Homes	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	

	Interior Common Areas: None		\$0	Interior Common Areas: None	
			Total ICAs:	\$0	
	Site-Wide Facilities: None			\$0	Site-Wide Facilities: None
				Total SWFs:	\$0
	Nondwelling Equipment: None				\$0
	Total NDE:	\$0			
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	
	XX Y-11, Anywhere Homes Site: None		\$0	XX Y-11, Anywhere Homes Site: None	
			Total Site:	\$0	
	Mechanical and Electrical: None			\$0	Mechanical and Electrical: None
				Total M&E:	\$0
	Building Exterior: None				\$0
			Total B.E.:		\$0
	Dwelling Units: None			\$0	Dwelling Units: None
				Total DUs:	\$0
	Dwelling Equipment: None			\$0	Dwelling Equipment: None
				Total D.E.:	\$0
Interior Common Areas: None		\$0	Interior Common Areas: None		
		Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None		
		Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None		
		Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-12, Anywhere Homes			XX Y-12, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical:			Mechanical and Electrical:
	None		\$0	None
		Total M&E:	\$0	
	Building Exterior:			Building Exterior:
	None		\$0	None
		Total B.E.:	\$0	
	Dwelling Units:			Dwelling Units:
None		\$0	None	
	Total DUs:	\$0		
Dwelling Equipment:			Dwelling Equipment:	
None		\$0	None	
	Total D.E.:	\$0		
Interior Common Areas:			Interior Common Areas:	
None		\$0	None	
	Total ICAs:	\$0		
Site-Wide Facilities:			Site-Wide Facilities:	
None		\$0	None	
	Total SWFs:	\$0		
Nondwelling Equipment:			Nondwelling Equipment:	
None		\$0	None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-12, Anywhere Homes			XX Y-12, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical:			Mechanical and Electrical:
	None		\$0	None
		Total M&E:	\$0	
	Building Exterior:			Building Exterior:
	None		\$0	None
		Total B.E.:	\$0	
	Dwelling Units:			Dwelling Units:
None		\$0	None	

		Total DUs:	\$0		
Dwelling Equipment:				Dwelling Equipment:	
None			\$0	None	
		Total D.E.:	\$0		
Interior Common Areas:				Interior Common Areas:	
None			\$0	None	
		Total ICAs:	\$0		
Site-Wide Facilities:				Site-Wide Facilities:	
None			\$0	None	
		Total SWFs:	\$0		
Nondwelling Equipment:				Nondwelling Equipment:	
None			\$0	None	
		Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		
XX Y-13, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-13, Anywhere Homes Site: None	
		Total Site:	\$0		
				\$0	Mechanical and Electrical: None
		Total M&E:	\$0		
				\$0	Building Exterior: None
		Total B.E.:	\$0		
				\$0	Dwelling Units: None
		Total DUs:	\$0		
				\$0	Dwelling Equipment: None
		Total D.E.:	\$0		
				\$0	Interior Common Areas: None
		Total ICAs:	\$0		
				\$0	Site-Wide Facilities: None
	Total SWFs:	\$0			
			\$0	Nondwelling Equipment: None	
	Total NDE:	\$0			
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-13, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-13, Anywhere Homes Site: None
	Total Site:		\$0	
			\$0	Mechanical and Electrical: None
	Total M&E:		\$0	
			\$0	Building Exterior: None
	Total B.E.:		\$0	
			\$0	Dwelling Units: None
	Total DUs:		\$0	
			\$0	Dwelling Equipment: None
	Total D.E.:		\$0	
		\$0	Interior Common Areas: None	
Total ICAs:		\$0		
		\$0	Site-Wide Facilities: None	
Total SWFs:		\$0		
		\$0	Nondwelling Equipment: None	
Total NDE:		\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-14, Anywhere Homes Site: None Mechanical and Electrical: None			\$0	XX Y-14, Anywhere Homes Site: None
	Total Site:		\$0	
			\$0	Mechanical and Electrical: None
Total M&E:		\$0		

Statement	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-14, Anywhere Homes Site: None		\$0	XX Y-14, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
			\$0	

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-15, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-15, Anywhere Homes Site: None
		Total Site:	\$0	
			\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
			\$0	Building Exterior: None
		Total B.E.:	\$0	
			\$0	Dwelling Units: None
		Total DUs:	\$0	
			\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
			\$0	Interior Common Areas: None
		Total ICAs:	\$0	
			\$0	Site-Wide Facilities: None
	Total SWFs:	\$0		
		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-15, Anywhere Homes Site:			XX Y-15, Anywhere Homes Site:

See Annual Statement	None		\$0	None
	Mechanical and Electrical: None	Total Site:	\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None			Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None			Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None			Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None			Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None			Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None			Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-16, Anywhere Homes Site: None			\$0	XX Y-16, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None			Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None			Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None			Dwelling Units: None
	Total DUs:	\$0		
Dwelling Equipment: None			Dwelling Equipment: None	
	Total D.E.:	\$0		

	Interior Common Areas: None	Total ICAs:	\$0	Interior Common Areas: None	
			\$0		
	Site-Wide Facilities: None		Total SWFs:	\$0	Site-Wide Facilities: None
				\$0	
	Nondwelling Equipment: None		Total NDE:	\$0	Nondwelling Equipment: None
	\$0				
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-16, Anywhere Homes Site: None	Total Site:	\$0	XX Y-16, Anywhere Homes Site: None
			\$0	
	Mechanical and Electrical: None	Total M&E:	\$0	Mechanical and Electrical: None
			\$0	
	Building Exterior: None	Total B.E.:	\$0	Building Exterior: None
			\$0	
	Dwelling Units: None	Total DUs:	\$0	Dwelling Units: None
			\$0	
	Dwelling Equipment: None	Total D.E.:	\$0	Dwelling Equipment: None
			\$0	
Interior Common Areas: None	Total ICAs:	\$0	Interior Common Areas: None	
		\$0		
Site-Wide Facilities: None	Total SWFs:	\$0	Site-Wide Facilities: None	
		\$0		
Nondwelling Equipment: None	Total NDE:	\$0	Nondwelling Equipment: None	
		\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-17, Anywhere Homes			XX Y-17, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical:			Mechanical and Electrical:
	None		\$0	None
		Total M&E:	\$0	
	Building Exterior:			Building Exterior:
	None		\$0	None
		Total B.E.:	\$0	
	Dwelling Units:			Dwelling Units:
None		\$0	None	
	Total DUs:	\$0		
Dwelling Equipment:			Dwelling Equipment:	
None		\$0	None	
	Total D.E.:	\$0		
Interior Common Areas:			Interior Common Areas:	
None		\$0	None	
	Total ICAs:	\$0		
Site-Wide Facilities:			Site-Wide Facilities:	
None		\$0	None	
	Total SWFs:	\$0		
Nondwelling Equipment:			Nondwelling Equipment:	
None		\$0	None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-17, Anywhere Homes			XX Y-17, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical:			Mechanical and Electrical:
	None		\$0	None
		Total M&E:	\$0	
	Building Exterior:			Building Exterior:
	None		\$0	None
		Total B.E.:	\$0	
	Dwelling Units:			Dwelling Units:
None		\$0	None	

		Total DUs:	\$0		
Dwelling Equipment:				Dwelling Equipment:	
None			\$0	None	
		Total D.E.:	\$0		
Interior Common Areas:				Interior Common Areas:	
None			\$0	None	
		Total ICAs:	\$0		
Site-Wide Facilities:				Site-Wide Facilities:	
None			\$0	None	
		Total SWFs:	\$0		
Nondwelling Equipment:				Nondwelling Equipment:	
None			\$0	None	
		Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		
XX Y-18, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-18, Anywhere Homes Site: None	
		Total Site:	\$0		
				\$0	Mechanical and Electrical: None
		Total M&E:	\$0		
				\$0	Building Exterior: None
		Total B.E.:	\$0		
				\$0	Dwelling Units: None
		Total DUs:	\$0		
				\$0	Dwelling Equipment: None
		Total D.E.:	\$0		
				\$0	Interior Common Areas: None
		Total ICAs:	\$0		
				\$0	Site-Wide Facilities: None
	Total SWFs:	\$0			
			\$0	Nondwelling Equipment: None	
	Total NDE:	\$0			
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-18, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-18, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
	Total M&E:		\$0	
	Building Exterior: None		\$0	Building Exterior: None
	Total B.E.:		\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
	Total DUs:		\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
	Total D.E.:		\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
Total ICAs:		\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
Total SWFs:		\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
Total NDE:		\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-19, Anywhere Homes Site: None Mechanical and Electrical: None			\$0	XX Y-19, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
Total M&E:		\$0		

Statement	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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U. S. Department of Housing
and Urban Development
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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-19, Anywhere Homes			XX Y-19, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-20, Anywhere Homes Site: None		\$0		XX Y-20, Anywhere Homes Site: None		\$0		XX Y-20, Anywhere Homes Site: None		\$0
		Total Site:	\$0			Total Site:	\$0			Total Site:	\$0
	Mechanical and Electrical: None		\$0		Mechanical and Electrical: None		\$0		Mechanical and Electrical: None		\$0
		Total M&E:	\$0			Total M&E:	\$0			Total M&E:	\$0
	Building Exterior: None		\$0		Building Exterior: None		\$0		Building Exterior: None		\$0
		Total B.E.:	\$0			Total B.E.:	\$0			Total B.E.:	\$0
	Dwelling Units: None		\$0		Dwelling Units: None		\$0		Dwelling Units: None		\$0
		Total DUs:	\$0			Total DUs:	\$0			Total DUs:	\$0
	Dwelling Equipment: None		\$0		Dwelling Equipment: None		\$0		Dwelling Equipment: None		\$0
		Total D.E.:	\$0			Total D.E.:	\$0			Total D.E.:	\$0
	Interior Common Areas: None		\$0		Interior Common Areas: None		\$0		Interior Common Areas: None		\$0
		Total ICAs:	\$0			Total ICAs:	\$0			Total ICAs:	\$0
	Site-Wide Facilities: None		\$0		Site-Wide Facilities: None		\$0		Site-Wide Facilities: None		\$0
		Total SWFs:	\$0			Total SWFs:	\$0			Total SWFs:	\$0
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None		\$0		Nondwelling Equipment: None		\$0
		Total NDE:	\$0			Total NDE:	\$0			Total NDE:	\$0
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost		\$0

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
	XX Y-20, Anywhere Homes Site:				XX Y-20, Anywhere Homes Site:		

See Annual Statement	None		\$0	None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Office of Public and Indian Housing

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-21, Anywhere Homes Site: None			\$0	XX Y-21, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
	Total DUs:	\$0		
Dwelling Equipment: None		\$0	Dwelling Equipment: None	
	Total D.E.:	\$0		

	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
		Total SWFs:	\$0	
	Nondwelling Equipment: None		\$0	Nondwelling Equipment: None
		Total NDE:	\$0	
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-21, Anywhere Homes Site: None		\$0	XX Y-21, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Office of Public and Indian Housing

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-22, Anywhere Homes			XX Y-22, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
	Total D.E.:	\$0		
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-22, Anywhere Homes			XX Y-22, Anywhere Homes
	Site: None		\$0	Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
		Total NDE:	\$0	

		Total DUs:	\$0		
Dwelling Equipment:				Dwelling Equipment:	
None			\$0	None	
		Total D.E.:	\$0		
Interior Common Areas:				Interior Common Areas:	
None			\$0	None	
		Total ICAs:	\$0		
Site-Wide Facilities:				Site-Wide Facilities:	
None			\$0	None	
		Total SWFs:	\$0		
Nondwelling Equipment:				Nondwelling Equipment:	
None			\$0	None	
		Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '98	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		
XX Y-23, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-23, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None	
		Total Site:	\$0		
		Total M&E:	\$0		
		Total B.E.:	\$0		
		Total DUs:	\$0		
		Total D.E.:	\$0		
		Total ICAs:	\$0		
		Total SWFs:	\$0		
		Total NDE:	\$0		
	Subtotal of Estimated Cost				\$0

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U. S. Department of Housing
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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-23, Anywhere Homes Site: None		\$0	XX Y-23, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

Five-Year Action Plan
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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-24, Anywhere Homes Site: None		\$0	XX Y-24, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
	Total M&E:	\$0		

Statement	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-24, Anywhere Homes Site: None		\$0	XX Y-24, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
			\$0	

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 3 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	
	XX Y-25, Anywhere Homes Site: None		\$0	XX Y-25, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
		Total SWFs:	\$0	
	Nondwelling Equipment: None		\$0	Nondwelling Equipment: None
		Total NDE:	\$0	
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 5 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	
	XX Y-25, Anywhere Homes Site:			XX Y-25, Anywhere Homes Site:

See Annual Statement	None		\$0	None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-26, Anywhere Homes Site: None			\$0	XX Y-26, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
	Total DUs:	\$0		
Dwelling Equipment: None		\$0	Dwelling Equipment: None	
	Total D.E.:	\$0		

	Interior Common Areas: None	Total ICAs:	\$0	Interior Common Areas: None	
			\$0		
	Site-Wide Facilities: None		Total SWFs:	\$0	Site-Wide Facilities: None
				\$0	
	Nondwelling Equipment: None			Total NDE:	\$0
	\$0				
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-26, Anywhere Homes Site: None	Total Site:	\$0	XX Y-26, Anywhere Homes Site: None
			\$0	
	Mechanical and Electrical: None	Total M&E:	\$0	Mechanical and Electrical: None
			\$0	
	Building Exterior: None	Total B.E.:	\$0	Building Exterior: None
			\$0	
	Dwelling Units: None	Total DUs:	\$0	Dwelling Units: None
			\$0	
	Dwelling Equipment: None	Total D.E.:	\$0	Dwelling Equipment: None
			\$0	
Interior Common Areas: None	Total ICAs:	\$0	Interior Common Areas: None	
		\$0		
Site-Wide Facilities: None	Total SWFs:	\$0	Site-Wide Facilities: None	
		\$0		
Nondwelling Equipment: None	Total NDE:	\$0	Nondwelling Equipment: None	
		\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '96
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
See Annual Statement	XX Y-27, Anywhere Homes Site: None		\$0	XX Y-27, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
	Total ICAs:	\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '96
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-27, Anywhere Homes Site: None		\$0	XX Y-27, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	

		Total DUs:	\$0		
Dwelling Equipment:				Dwelling Equipment:	
None			\$0	None	
		Total D.E.:	\$0		
Interior Common Areas:				Interior Common Areas:	
None			\$0	None	
		Total ICAs:	\$0		
Site-Wide Facilities:				Site-Wide Facilities:	
None			\$0	None	
		Total SWFs:	\$0		
Nondwelling Equipment:				Nondwelling Equipment:	
None			\$0	None	
		Total NDE:	\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '98	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost		
XX Y-28, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-28, Anywhere Homes Site: None	
		Total Site:	\$0		
				\$0	Mechanical and Electrical: None
		Total M&E:	\$0		
				\$0	Building Exterior: None
		Total B.E.:	\$0		
				\$0	Dwelling Units: None
		Total DUs:	\$0		
				\$0	Dwelling Equipment: None
		Total D.E.:	\$0		
				\$0	Interior Common Areas: None
		Total ICAs:	\$0		
				\$0	Site-Wide Facilities: None
	Total SWFs:	\$0			
			\$0	Nondwelling Equipment: None	
	Total NDE:	\$0			
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost	

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 1 FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-28, Anywhere Homes Site: None Mechanical and Electrical: None Building Exterior: None Dwelling Units: None Dwelling Equipment: None Interior Common Areas: None Site-Wide Facilities: None Nondwelling Equipment: None			\$0	XX Y-28, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
	Total M&E:		\$0	
	Building Exterior: None		\$0	Building Exterior: None
	Total B.E.:		\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
	Total DUs:		\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
	Total D.E.:		\$0	
Interior Common Areas: None		\$0	Interior Common Areas: None	
Total ICAs:		\$0		
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
Total SWFs:		\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
Total NDE:		\$0		
Subtotal of Estimated Cost			\$0	Subtotal of Estimated Cost

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 1 FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
XX Y-29, Anywhere Homes Site: None Mechanical and Electrical: None			\$0	XX Y-29, Anywhere Homes Site: None
	Total Site:		\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
Total M&E:		\$0		

Statement	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
Site-Wide Facilities: None		\$0	Site-Wide Facilities: None	
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-29, Anywhere Homes Site: None		\$0	XX Y-29, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
			\$0	

		Total SWFs:	\$0		
	Nondwelling Equipment: None		\$0		Nondwelling Equipment: None
		Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0		Subtotal of Estimated Cost

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement FFY: '98
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-30, Anywhere Homes Site: None		\$0	XX Y-30, Anywhere Homes Site: None
		Total Site:	\$0	
	Mechanical and Electrical: None		\$0	Mechanical and Electrical: None
		Total M&E:	\$0	
	Building Exterior: None		\$0	Building Exterior: None
		Total B.E.:	\$0	
	Dwelling Units: None		\$0	Dwelling Units: None
		Total DUs:	\$0	
	Dwelling Equipment: None		\$0	Dwelling Equipment: None
		Total D.E.:	\$0	
	Interior Common Areas: None		\$0	Interior Common Areas: None
		Total ICAs:	\$0	
	Site-Wide Facilities: None		\$0	Site-Wide Facilities: None
	Total SWFs:	\$0		
Nondwelling Equipment: None		\$0	Nondwelling Equipment: None	
	Total NDE:	\$0		
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost	

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Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement FFY: '00
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories
	XX Y-30, Anywhere Homes Site:			XX Y-30, Anywhere Homes Site:

See Annual Statement	None		\$0	None
		Total Site:	\$0	
	Mechanical and Electrical:			Mechanical and Electrical:
	None		\$0	None
		Total M&E:	\$0	
	Building Exterior:			Building Exterior:
	None		\$0	None
		Total B.E.:	\$0	
	Dwelling Units:			Dwelling Units:
	None		\$0	None
		Total DUs:	\$0	
Dwelling Equipment:			Dwelling Equipment:	
None		\$0	None	
	Total D.E.:	\$0		
Interior Common Areas:			Interior Common Areas:	
None		\$0	None	
	Total ICAs:	\$0		
Site-Wide Facilities:			Site-Wide Facilities:	
None		\$0	None	
	Total SWFs:	\$0		
Nondwelling Equipment:			Nondwelling Equipment:	
None		\$0	None	
	Total NDE:	\$0		
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

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ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0

	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

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ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0

	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

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ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

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ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
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ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
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Total B.E.:	\$0

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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
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ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
	\$0
Total NDE:	\$0

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ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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ent for Year 5

Quantity	Estimated Cost
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Total Site:	\$0
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Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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ent for Year 5

Quantity	Estimated Cost

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Total Site:	\$0
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Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
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Total Site:	\$0
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Total M&E:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
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Total Site:	\$0
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Total M&E:	\$0
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Total DUs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Quantity	Estimated Cost
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Total Site:	\$0
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Total M&E:	\$0
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Total DUs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
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Total Site:	\$0
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Total M&E:	\$0
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Total SWFs:	\$0
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ent for Year 5

Quantity	Estimated Cost
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Total Site:	\$0
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Total M&E:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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ent for Year 3

Quantity	Estimated Cost
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Total Site:	\$0
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Total M&E:	\$0

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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total B.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total NDE:	\$0
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ent for Year 5

Quantity	Estimated Cost

	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total ICAs:	\$0
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Total NDE:	\$0
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Total Site:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total B.E.:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total B.E.:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
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ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0

	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
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Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
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Total NDE:	\$0
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ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
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Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

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OMB Approval No. 2577-0157 (7/31/98)

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
	\$0

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ent for Year 5

Quantity	Estimated Cost

	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0

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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
	\$0
Total Site:	\$0
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Total M&E:	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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	\$0
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Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0

Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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ent for Year 5

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
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Total B.E.:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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ent for Year 3

Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0

	\$0
Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

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Quantity	Estimated Cost
	\$0
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Total M&E:	\$0
	\$0
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Total DUs:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

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Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
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	\$0
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	\$0
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	\$0

form HUD-52834 (10/96)

OMB Approval No. 2577-0157 (7/31/98)

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Quantity	Estimated Cost

	\$0
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	\$0
Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
	\$0
Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
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	\$0
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Total B.E.:	\$0
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Total DUs:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Total ICAs:	\$0
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Total NDE:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Quantity	Estimated Cost
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Total Site:	\$0
	\$0
Total M&E:	\$0

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Total B.E.:	\$0
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Total DUs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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Total D.E.:	\$0

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Total ICAs:	\$0
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Total SWFs:	\$0
	\$0
Total NDE:	\$0
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form HUD-52834 (10/96)

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Quantity	Estimated Cost
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	\$0
Total M&E:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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form HUD-52834 (10/96)

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form HUD-52834 (10/96)

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Total NDE:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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ent for Year 3

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	\$0
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Total B.E.:	\$0
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Total D.E.:	\$0
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Total ICAs:	\$0
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Total SWFs:	\$0
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Total NDE:	\$0
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form HUD-52834 (10/96)

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ent for Year 5

Quantity	Estimated Cost
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	\$0
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Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0

Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

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Quantity	Estimated Cost
	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

form HUD-52834 (10/96)

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ent for Year 5

Quantity	Estimated Cost

	\$0
Total Site:	\$0
	\$0
Total M&E:	\$0
	\$0
Total B.E.:	\$0
	\$0
Total DUs:	\$0
	\$0
Total D.E.:	\$0
	\$0
Total ICAs:	\$0
	\$0
Total SWFs:	\$0
	\$0
Total NDE:	\$0
	\$0

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2

Work Statement for Year 1 FFY: '96	Work Statement for Year 2 FFY: '97			Work Statement for Year 3 FFY: '98	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
See Annual Statement	1) Item 1		\$0	1) Item 1	
	2) Item 2		\$0	2) Item 2	
	3) Item 3		\$0	3) Item 3	
	4) Item 4		\$0	4) Item 4	
	5) Item 5		\$0	5) Item 5	
	6) Item 6		\$0	6) Item 6	
	7) Item 7		\$0	7) Item 7	
	Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost	

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2

Work Statement for Year 1 FFY: '96	Work Statement for Year 4 FFY: '99			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	1) Item 1		\$0	1) Item 1	
	2) Item 2		\$0	2) Item 2	
	3) Item 3		\$0	3) Item 3	
	4) Item 4		\$0	4) Item 4	
	5) Item 5		\$0	5) Item 5	
	6) Item 6		\$0	6) Item 6	
	7) Item 7		\$0	7) Item 7	

52834 (10/96)

\$0

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

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

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

HA Name Housing Authority of Cliffside Park	Capital Fund Grant Number NJ39P070501-06	FFY of Grant Approval 2006
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- Original Annual Statement
 Reserve for Disaster/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending 12/31/2007
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (may not exceed 10% of 19)	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00
3	1408 Management Improvements	\$55,000.00	\$55,000.00	\$55,000.00	\$63,938.00
4	1410 Administration	\$15,000.00	\$15,000.00	\$15,000.00	\$239.40
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$25,000.00	\$25,000.00	\$25,000.00	\$9,685.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$348,874.00	\$348,874.00	\$348,874.00	\$28,681.50
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	\$108,339.00	\$108,339.00	\$108,339.00	\$108,339.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	\$572,213.00	\$572,213.00	\$572,213.00	\$230,882.90
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 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Energy Conservation	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director	Date (mm/dd/yyyy)	Signature of Public Housing Director	Date (mm/dd/yyyy)
X		X	

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

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

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

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

HA Name Housing Authority of Cliffside Park	Capital Fund Grant Number	FFY of Grant Approval 2007
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- Original Annual Statement
 Reserve for Disaster/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending 12/31/2007
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (may not exceed 10% of 19)	\$55,600.00	\$0.00	\$55,600.00	\$0.00
3	1408 Management Improvements	\$55,000.00	\$0.00	\$55,000.00	\$3,740.00
4	1410 Administration	\$25,000.00	\$0.00	\$25,000.00	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$23,000.00	\$0.00	\$23,000.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$398,055.00	\$0.00	\$398,055.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	\$556,655.00	\$0.00	\$556,655.00	\$3,740.00
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 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Energy Conservation	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director	Date (mm/dd/yyyy)	Signature of Public Housing Director	Date (mm/dd/yyyy)
X		X	