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(exp. 02/28/2006)

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

PHA Plans

5 Year Plan for Fiscal Years 2008 - 2012
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: Town of Hempstead Housing Authority

PHA Number: NY046

PHA Fiscal Year Beginning: 01/2008

Public Access to Information

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

X 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)

X 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)

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

5-YEAR PLAN
PHA FISCAL YEARS 2008 - 2012
[24 CFR Part 903.5]

A. Mission

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

☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

X The PHA's mission is: (state mission here)
To provide drug-free, decent, safe and sanitary housing for eligible families and to provide opportunities and promote self-sufficiency and independence for all residents.

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.

X PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
- **X** Reduce public housing vacancies:
- **X** 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)
- ☐ 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)
a) Public Housing Finance
b)Computerize Inventory System
c)Computerize/Microfiche Tenant files

X Renovate or modernize public housing units:

☐ Demolish or dispose of obsolete public housing:

☐ Provide replacement public housing:

☐ Provide replacement vouchers:

☐ Other: (list below)

X PHA Goal: Increase assisted housing choices
Objectives:

☐ Provide voucher mobility counseling:

☐ Conduct outreach efforts to potential voucher landlords

☐ Increase voucher payment standards

☐ Implement voucher homeownership program:

X Implement public housing or other homeownership programs: **Continue Partnerships with private, not-for-profit and governmental agencies in**
Order to assist seniors and families to participate in home ownership opportunities

☐ Implement public housing site-based waiting lists:

☐ Convert public housing to vouchers:

X Other: (list below)
Develop increased opportunities for greater variety of housing

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)

☐ Other: (list below)

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

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

Objectives:

- **X** Increase the number and percentage of employed persons in assisted families:
- ☐ Provide or attract supportive services to improve assistance recipients' employability:
- **X** 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

☐ 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:
- ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
- ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2007
[24 CFR Part 903.7]

i. Annual Plan Type:
Select which type of Annual Plan the PHA will submit.

X Troubled Agency 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)]
Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

Included in this year's Plan are the major objectives and initiatives of the Town of Hempstead Housing Authority. Of primary importance to us is continuing to provide a quality product for our residents, always striving to improve it, while developing alternative methods of cash management. A strategy of multiple methods of financing our efforts is our main objective.

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:

☐ Admissions Policy for Deconcentration
X FY 2008 Capital Fund Program Annual Statement(ny046a01)
X Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

X PHA Management Organizational Chart
X FY 2007 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) (ny046f01)
☐ 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	**Supporting Document**	**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 or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	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)	Annual Plan: Eligibility, Selection, and Admissions Policies
	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 Quality Housing and Work Responsibility Act Initial Guidance; Notice* 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
	Section 8 rent determination (payment standard) policies ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures **X** check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
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
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	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 ☐ 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
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Plan to improve communication with residents	RASS

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	**80%**	**5**	**5**	**4**	**3**	**3**	**3**
Income >30% but <=50% of AMI	**74%**	**5**	**5**	**4**	**3**	**3**	**3**
Income >50% but <80% of AMI	**56%**	**5**	**5**	**4**	**3**	**3**	**3**
Elderly	**55%**	**5**	**5**	**4**	**4**	**3**	**3**
Families with Disabilities	**15%**	**5**	**5**	**4**	**5**	**3**	**3**
Race/Ethnicity Hispanic	**90%**	**5**	**5**	**4**	**3**	**3**	**3**
Race/Ethnicity White (Not Hispanic)	**72%**	**5**	**5**	**4**	**3**	**3**	**3**
Race/Ethnicity Black/African American	**90%**	**5**	**5**	**4**	**3**	**3**	**3**
Race/Ethnicity American Indian/Alaska Native	**0**	**1**	**1**	**1**	**1**	**1**	**1**
Race/Ethnicity Asian	**0**	**1**	**1**	**1**	**1**	**1**	**1**
Race/Ethnicity Native Hawaiian/Other Pacific Islander	**0**	**1**	**1**	**1**	**1**	**1**	**1**

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.)

X Consolidated Plan of the Jurisdiction/s
Indicate year: **2005**

X 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			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance **X** Public Housing ☐ Combined Section 8 and Public Housing ☐ 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	**6331**		
Extremely low income <=30% AMI	**2155**	**34.%**	
Very low income (>30% but <=50% AMI)	**1676**	**26%**	
Low income (>50% but <80% AMI)	**1360**	**21%**	
Families with children	**226**	**3.5%**	

Housing Needs of Families on the Waiting List			
Elderly families	**5197**	**92%**	
Families with Disabilities	**720**	**11%**	
Race/ethnicity White	**4986**	**79%**	
Race/ethnicity Hispanic	**190**	**3%**	
Race/ethnicity Black/African American	**582**	**9%**	
Race/ethnicity American Indian/Alaska Native	**10**	**2/10ths of 1%**	
Race/ethnicity Asian	**95**	**1.5%**	
Race/ethnicity Native Hawaiian/ Other Pacific Islander	**0**	**0**	
Characteristics by Bedroom Size (Public Housing Only) 0BR	**3500**	**55%**	
1BR	**2500**	**40%**	
2 BR	**273**	**4%**	
3 BR	**48**	**3/4ths of 1%**	
4 BR	**10**	**2/10ths of 1 %**	
5 BR	**0**	**0**	
5+ BR	**0**	**0**	

Is the waiting list closed (select one)? X No ☐ Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ 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.

(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

- **X** **Employ effective maintenance and management policies to minimize the number of public housing units off-line**
- **X** **Reduce turnover time for vacated public housing units**
- **X** **Reduce time to renovate public housing units**
- ☐ **Seek replacement of public housing units lost to the inventory through mixed finance development**
- ☐ **Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources**
- ☐ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☐ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- **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
- **X** Leverage affordable housing resources in the community through the creation of mixed - finance housing
- **X** 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
☐ 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
X Other: (list below)
Continue designation of public housing for the elderly

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
X Affirmatively market to local non-profit agencies that assist families with disabilities
X Other: (list below)

Maintain modifications to public housing for residents with disabilities

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

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

Select if applicable

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

☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

☐ 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

X Staffing constraints

X Limited availability of sites for assisted housing

X Extent to which particular housing needs are met by other organizations in the community

X Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA

X Influence of the housing market on PHA programs

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

X 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 2007 grants)**		
a) Public Housing Operating Fund	**2,469,370**	**Public Housing Operating and Tenant Services**
b) Public Housing Capital Fund	**1,658,654**	**Public Housing Modernization, Repairs, Tenant Services and Program Administration**
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based 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)		
FY 2006	**843,767**	
3. Public Housing Dwelling Rental Income	**5,304,900**	
4. Other income (list below)		

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
Other Utilities	**74,700**	
Interest **Affordable Housing Administration Fees** **Washer/Dryer Commissions** **Tenant Charges** **Miscellaneous**	**5,000** **200,000** **41,400** **41,200** **2,000**	
4. Non-federal sources (list below)		
Total resources	**10,640,991**	

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)

X When families are within a certain time of being offered a unit: (state time)

☐ Other: (describe)

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

X Criminal or Drug-related activity

X Rental history

X Housekeeping

X Other (describe)

Past credit practices and references of applicants

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

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

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

(2)Waiting List Organization

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

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

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

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

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

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

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

3. ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists?

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

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

☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

☐ 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)

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

c. Preferences

1. **X** 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:

X Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
X Victims of domestic violence
X Substandard housing
☐ Homelessness
X 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
X Veterans and veterans' families
X Residents who live in the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
X 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.

X Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability
3 Veterans and veterans' families
1 Residents who live in the jurisdiction of unincorporated areas of Town of Hempstead

☐ Those enrolled currently in educational, training, or upward mobility programs
1 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
X The PHA's Admissions and (Continued) Occupancy policy
☐ 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)

☐ None

☐ Federal public housing

☐ Federal moderate rehabilitation

☐ Federal project-based certificate program

☐ Other federal or local program (list below)

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

☐ PHA main administrative office
☐ Other (list below)

(3) Search Time

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

If yes, state circumstances below:

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

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

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

6. Relationship of preferences to income targeting requirements: (select one)
☐ The PHA applies preferences within income tiers
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)
☐ 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. ☐ Yes **X** No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

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

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

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

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

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

☐ For the earned income of a previously unemployed household member
☐ 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)

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

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

X 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
X 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)_____
☐ Other (list below)

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.)

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

The Town of Hempstead Housing Authority establishes flat rents by investigating local marketability of comparable apartments, fair market rents, and neighborhood unassisted apartments

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 below100% 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)

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)

(2) Minimum Rent

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

☐ $0
☐ $1-$25
☐ $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)

X 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	1309	20-40
Section 8 Vouchers	NA	
Section 8 Certificates	NA	
Section 8 Mod Rehab	NA	
Special Purpose Section 8 Certificates/Vouchers (list individually)	NA	
Public Housing Drug Elimination Program (PHDEP)	NA	
Other Federal Programs(list individually)	NA	

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)
Blood Borne Disease Policy
Capitalization Policy
Check Signing Authorization Policy
Criminal, Drug Treatment & Registered Sex Offender Classification Records Management Policy
Disposition Policy
Drug-Free Workplace Policy
Equal Opportunity Housing
Ethics Policy
Facilities Use Policy
Funds Transfer Policy
Hazardous Materials Policy
Investment Policy
Maintenance Policy (includes System of Priorities, Work Order System, Long Range Planning, Procedures, Performance Goals, Turnovers, Preventive Maintenance, Inspections, Routine Maintenance, Pest Control)
Pest Control Policy

(2) Section 8 Management: (list below)

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 ☐ 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:

X The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment **NY046a01**

-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. **X** 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:

X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment **NY046b01c-NY046b01p**

-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 **X** 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 **X** 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 ☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐

Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ 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. Yes **X** 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.)

12 of the Housing Authority's complexes are designated for elderly and people with disabilities and 2 have the same designation for part of the complex. These designations were approved at the time of the original application foer development funds.

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 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 ☐ Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application ☐
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) ☐ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) ☐ Part of the development ☐ 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 **X** 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?

- ☐ Assessment underway
- ☐ Assessment results submitted to HUD
- ☐ Assessment results approved by HUD (if marked, proceed to next question)
- ☐ Other (explain below)

3. ☐ Yes ☐ 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)

- ☐ Conversion Plan in development
- ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- ☐ 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: ☐ HOPE I ☐ 5(h) ☐ Turnkey III ☐ Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) ☐ Approved; included in the PHA's Homeownership Plan/Program ☐ Submitted, pending approval ☐ 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) ☐ Part of the development ☐ 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 **X** No: Has the PHA has 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
X 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 **X** 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)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 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)

☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
☐ Informing residents of new policy on admission and reexamination
☐ 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
X Residents fearful for their safety and/or the safety of their children
Observed lower-level crime, vandalism and/or graffiti
X 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)

2. What information or data did the PHA used 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
X Analysis of cost trends over time for repair of vandalism and removal of graffiti

X Resident reports
X PHA employee reports
☐ Police reports
Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
X Other (describe below)
HUD RASS Survey

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)

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
X Other activities (list below)
We are working with various precincts to establish greater police presence on site and to assist them in any way we can to eliminate the problem

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

46-11 Franklin Square (graffiti problem due to proximity to shopping center

46-10 Elmont (perception; no documented problems on site)

46-14 Roosevelt (reports of illegal substance activity & ujnauthorized people in apartments; working with police and seeking residents' cooperation)

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 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 2000 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)]

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. **X** Yes ☐ No: Were there any findings as the result of that audit?
4. ☐ Yes **X** 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
X Development-based accounting
X Comprehensive stock assessment
☐ Other: (list below)

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

X Attached at Attachment (File name) **NY046f01**
☐ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

X 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:

X Other: (list below)

Comments are considered each year and, included, where appropriate. This year's comments included items that were brought up previously and included this year.

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

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

☐ Candidates were nominated by resident and assisted family organizations
☐ Candidates could be nominated by any adult recipient of PHA assistance
☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
X Other: (describe)

Any resident, 18 years of age or older who has been a resident for a minimum of 90 days who wishes to run for the Board of Commissioners may request a petition to collect a minimum numbere of signatures from residents. Any resident, 18 years of age or older, may collect signatures on behalf of another resident.

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
X Other (list)

Any resident who is 18 years of age and has been a resident for at least 90 days prior to election..

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
X Other (list)

Any resident who is at least 18 years of age and has been a resident for at least 90 days prior to election.

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: (provide name here)

Nassau 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)

☐ 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.

☐ 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)

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

Nassau County's Consolidated Plan serves as the county's official application for the U.S. Department of Housing and Urban Development entitlement programs. The Consolidated Plan includes an Action Plan, which includes 2 elements:
1) The description of the federal, state, city, private and nonprofit funding for housing, homeless assistance and prevention, supportive housing services, and community development activities; and
2) The supportive housing continuum of care for homeless and other special needs populations.
The Public Housing Agency plans to embody, in many respects, the concept of HUD's Consolidated Plan. The PHA plans to provide a planning mechanism by which the PHA can examine its long-term and short-term strategies for addressing those needs.

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

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
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

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)

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)

Total estimated cost over next 5 years		

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 Component 7a	Development Activities Component 7b	Demolition / disposition Component 8	Designated housing Component 9	Conversion Component 10	Home-ownership Component 11a	Other (describe) Component 17

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 16 FFY of Grant Approval: (01/2008)

X Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	331,730
3	1408 Management Improvements	331,730
4	1410 Administration	165,865
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	50,000
8	1440 Site Acquisition	
9	1450 Site Improvement	62,000
10	1460 Dwelling Structures	607,329
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	45,000
13	1475 Nondwelling Equipment	65,000
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)	1,658,654
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
NY 46-1 Newbridge Gardens	Upgrade Apartments & Hallways	1460	10,000
	Upgrade Heating System	1460	25,000
	Replace Roofs and Building Canopies	1460	50,000
46-2 Green Acres	Upgrade Air Conditioning System	1470	20,000
	Upgrade Apartments and Hallways	1460	10,000
46-3 Park Gardens	Replace Building Entrance Doors	1460	25,000
	Upgrade Apartments and Hallway	1460	10,000
46-4 Bayview Gardens	Upgrade Apartments	1460	10,000
	Replace Roofs	1460	50,000
46-5 Inwood Gardens	Replace Walkways	1450	20,000
	Replace Roofs	1460	50,000
	Upgrade Apartments	1460	10,000
46-6 Brookside Gardens	Upgrade Apartments and Hallways	1460	10,000
	Upgrade Drainage System	1460	10,000
	Upgrade Heating System	1460	20,000
46-7 Meadowbrook Gardens	Upgrade Apartments and Hallways	1460	10,000
46-8 Mill River Gardens	Upgrade Apartments and Hallways	1460	10,000
46-9 Bellmore Gardens	Repave Parking Lots	1450	20,000
	Replace Walkways	1450	22,000
	Upgrade Apartments and Hallways	1460	10,000

46-10 Westover Gardens	**Upgrade Apartments and Hallways**	**1460**	**10,000**
46-11 Dogwood Terrace	**Replace Building Roofs and Canopies**	**1460**	**50,000**
	Upgrade Apartments and Hallways	**1460**	**10,000**
46-12 Eastover Gardens	**Replace Windows**	**1460**	**25,000**
	Replace Building Entrance Doors	**1460**	**25,000**
	Upgrade Apartments and Hallways	**1460**	**10,000**
	Upgrade Heating System	**1460**	**40,000**
	Replace Roofs and Canopies	**1460**	**40,000**
46-14 Centennial Gardens	**Upgrade Hallway Heating System**	**1460**	**10,000**
	Upgrade Apartments and Hallways	**1460**	**10,000**
	Upgrade Community Building	**1470**	**15,000**
46-17 Salisbury Gardens	**Refurbish Apartments and Hallways**	**1460**	**10,000**
	Replace Roofs, Soffits, Gutters and Leaders	**1460**	**47,329**
	Upgrade Community Building	**1470**	**10,000**
PHA-Wide Operations	**Provide Funds for Operation of CFP Program**	**1406**	**331,730**
PHA-Wide Management Improvement	**Provide Funding for Management Improvement and Tenant Services**	**1408**	**331,730**
PHAWide Administration	**Provide Necessary Advertisements**	**1410**	**5,000**
	Provide Necessary Staff Support	**1410**	**160,865**
Fees and Costs	**HUD and State Requirements for A/E Services**	**1430**	**50,000**
PHA-Wide Non-Dwelling Equipment	**Replace Grounds Maintenance Equipment**	**1475**	**10,000**
	Replace Vehicles	**1475**	**50,000**
	Replace Office Equipment	**1475**	**5,000**

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)
NY46-1 Newbridge Gardens	3/2009	9/2009
NY46-2 Green Acres	3/2009	9/2009
NY46-3 Park Gardens	3/2009	9/2009
NY46-4 Bayview Gardens	3/2009	9/2009
NY46-5 Inwood Gardens	3/2009	9/2009
NY46-6 Brookside Gardens	3/2009	9/2009
NY46-7 Meadowbrook Gardens	3/2009	9/2009
NY46-8 Mill River Gardens	3/2009	9/2009
NY46-9 Bellmore Gardens	3/2009	9/2009
NY46-10 Westover Gardens	3/2009	9/2009
NY46-11 Dogwood Terrace	3/2009	9/2009
NY46-12 Eastover Gardens	3/2009	9/2009
NY46-14 Centennial Gardens	3/2009	9/2009
NY46-17 Salisbury Gardens	3/2009	9/2009
PHA-Wide Operations	3/2009	9/2009
PHA-Wide Management Improvements	3/2009	9/2009

PHA-Wide Administration	**3/2009**	**9/2009**
Fees and Costs	**3/2009**	**9/2009**
PHA-Wide Non Dwelling Equipment	**3/2009**	**9/2009**

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Town of Hempstead Housing Authority	Grant Type and Number Capital Fund Program: **NY 36PO4650104** Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies Revised Annual Statement (r**
Performance and Evaluation Report for Period Ending:6/2007 XX Final Performance and Evaluation Report for Period Ending: 6/2007

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	**375,000**	**375,000**	**375,000**	**375,000**
3	1408 Management Improvements	**375,000**	**375,000**	**375,000**	**375,000**
4	1410 Administration	**187,552**	**187,552**	**187,552**	**187,552**
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	**78,000**	**78,000**	**78,000**	**78,000**
8	1440 Site Acquisition				
9	1450 Site Improvement	**24,322**	**24,322**	**24,322**	**24,322**
10	1460 Dwelling Structures	**835,655**	**790,905**	**790,905**	**790,905**
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	**0**	**44,750**	**44,750**	**44,750**
13	1475 Nondwelling Equipment	**0**	**0**	**0**	**0**
14	1485 Demolition				
15	1490 Replacement Reserve				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Town of Hempstead Housing Authority	Grant Type and Number Capital Fund Program: NY 36PO4650104 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies Revised Annual Statement (r
Performance and Evaluation Report for Period Ending:6/2007 XX Final Performance and Evaluation Report for Period Ending: 6/2007

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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)	**1,875,529**	**1,875,529**	**1,875,529**	**1,875,529**
21	Amount of line 20 Related to LBP Activities	**0**	**0**	**0**	**0**
22	Amount of line 20 Related to Section 504 Compliance				
74,433	Amount of line 20 Related to Security-Soft Costs Amount of line 20 Related to Security-Hard Costs				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650104** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-2 **Green Acres**	**Upgrade and Refurbish Apartments**	**1460**	**10**	**31,384**	**31,284**	**31,384**	**31,384**	**Complete**
	Upgrade and Refurbish Hallways	**1460**	**1**	**3,304**	**3,304**	**3,304**	**3,304**	**Complete**
NY 46-3	**Upgrade and Refurbish Apartments**	**1460**	**1**	**15,758**	**15,758**	**15,758**	**15,758**	**Complete**
	Refurbish Hallways	**1460**	**1**	**4,628**	**4,628**	**4,628**	**4,628**	**Complete**

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650104** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-5 Inwood Gardens	**Upgrade and Refurbish Apartments**	**1460**	**8**	**20,086**	**20,086**	**20,086**	**20,086**	**Complete**
NY 46-6 Brookside Gardens	**Upgrade Hallway Floors**	**1460**	**1** **1**	**21,584**	**21,584**	**21,584**	**21,584**	**Complete**
NY 46-7 Meadowbrook Gardens	**Upgrade and Refurbish Apartments**	**1460**	**5**	**8,227**	**8,227**	**8,227**	**8,227**	**Complete**
NY 46-8 Mill River Gardens	**Upgrade and Refurbish Apartments**	**1460**	**10**	**29,400**	**29,400**	**29,400**	**29,400**	**Complete**

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650104** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2004**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-10 Westover Gardens	**Upgrade and Refurbish Apartments**	**1460**	**8**	**34,804**	**34,804**	**34,804**	**34,804**	**Complete**
	Refurbish Building Exterior	**1460**	**1**	**57,808**	**0**	**0**	**0**	
NY 46-11 Dogwood Terrace	**Upgrade and Refurbish Apartments**	**1460**	**100**	**21,935**	**21,935**	**21,935**	**21,935**	**Complete**
	Upgrade Heating System	**1460**	**7**	**39,184**	**39,184**	**39,184**	**39,184**	**Complete**

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650104** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
46-12 Eastover Gardens	**Upgrade and Refurbish Apartments**	**1460**	**10**	**37,299**	**37,299**	**37,299**	**37,299**	**Complete**
	Refurbish Building Exterior & Brickface Restoration	**1460**	**1**	**331,776**	**344,835**	**344,835**	**344,835**	**Complete**
	Upgrade Community Building	**1470**	**1**	**0**	**44,749**	**44,749**	**44,749**	**Complete**
46-14 Centennial Gardens	**Upgrade and Refurbish Apartments**	**1460**	**7**	**9,893**	**9,893**	**9,893**	**9,893**	**Complete**
46-17 Salisbury Gardens	**Replace Fencing**	**1450**	**1**	**24,322**	**24,322**	**24,322**	**24,322**	**Complete**
PHA-Wide	**Termite Prevention**	**1460**	**14**	**168,585**	**168,585**	**168,585**	**168,585**	**Complete**

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650104** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2004**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA MGMT Improvements	**Operations Management Oversight**	**1406 1408**		**375,000 375,000**	**375,000 375,000**	**375,000 375,000**	**375,000 375,000**	**Complete Complete**
PHA Administration	**Clerical Support Provide Necessary Advertisements**	**1410 1410**		**184,627 2,925**	**184,627 2,925**	**184,627 2,925**	**184,627 2,925**	**Complete Complete**
Fees And Costs	**HUD and State Requirement for Architectural and Engineering Services**	**1430**		**78,000**	**78,000**	**78,000**	**78,000**	**Complete**
TOTAL				**1,875,529**	**1,875,529**	**1,875,529**	**1,875,529**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650104** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650104** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650104** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	TOTAL							

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650204** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY 46-1 Newbridge Gardens	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
NY 46-2 Green Acres	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
NY 46-3 Park Gardens	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
NY 46-4 Bayview Gardens	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
NY 46-5 Inwood Gardens	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
NY 46-6 Brookside Gardens	**11/2004**		**3/2005**	**5/2006**		**3/2006**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650204** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY 46-7 Meadowbrook Gardens	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
NY 46-8 Mill River Gardens	**11/2004**		**3/2005**	**5/2006**		**3/2006**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650204** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY 46-9 Bellmore Gardens	**11/2004**		**3/2005**	**5/2006**		**3/2006**	4
NY 46-10 Westover Gardens	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
NY 46-11 Dogwood Terrace	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
NY 46-12 Eastover Gardens	**11/2004**		**3/2005**	**5/2006**		**6/2007**	
NY 46-14 Centennial Gardens	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
NY 46-17 Salisbury Gardens	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
PHA-Wide Management Improvements	**11/2004**		**3/2005**	**5/2006**		**3/2006**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650204** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide Administration	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
Fees and Costs	**11/2004**		**3/2005**	**5/2006**		**3/2006**	
PHA-Wide Non-Dwelling Equipment	**11/2004**		**3/2005**	**5/2006**		**3/2006**	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Town of Hempstead Housing Authority	Grant Type and Number Capital Fund Program: **NY 36PO4650105** Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies Revised Annual Statement (r**
X **Performance and Evaluation Report for Period Ending:06/2007** **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	**339,867**	**339,867**	**339,867**	**339,867**
3	1408 Management Improvements	**339,867**	**339,867**	**339,867**	**339,867**
4	1410 Administration	**187,933**	**167,083**	**167,083**	**167,083**
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	**50,000**	**34,257**	**34,257**	**25,800**
8	1440 Site Acquisition				
9	1450 Site Improvement	**55,000**	**0**	**0**	**0**
10	1460 Dwelling Structures	**616,622**	**341,976**	**341,976**	**235,197**
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	**70,000**	**445,719**	**445,719**	**210,368**
13	1475 Nondwelling Equipment	**58,049**	**30,569**	**30,569**	**30,569**
14	1485 Demolition				
15	1490 Replacement Reserve				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Town of Hempstead Housing Authority	Grant Type and Number Capital Fund Program: **NY 36PO4650105** Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies Revised Annual Statement (r**
X Performance and Evaluation Report for Period Ending:06/2007 **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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)	**1,699,338**	**1,699,338**	**1,699,338**	**1,348,751**
21	Amount of line 20 Related to LBP Activities	**0**	**0**	**0**	**0**
22	Amount of line 20 Related to Section 504 Compliance				
74,433	Amount of line 20 Related to Security-Soft Costs Amount of line 20 Related to Security-Hard Costs				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2005**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY-46-1 Newbridge Gardens	**Termite Prevention**	**1460**		**5,000**	**0**	**0**	**0**	
	Brickface Restoration & Weatherization	**1460**	**1**	**99,405**	**96,298**	**96,298**	**94,372**	**In Process**
	Replace Roof	**1460**	**1**	**0**	**14,210**	**14,210**	**0**	In Process

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2005**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-2 Green Acres	**Termite Prevention**	**1460**		**5,000**	**0**	**0**	**0**	
	Upgrade Community Building	**1470**	**1**	**25,000**	**94,644**	**94,644**	**94,644**	**Complete**
	Weatherization Project	**1460**	**1**	**0**	**140,825**	**140,825**	**140,825**	**Complete**
NY 46-3 Park Gardens	**Replace Building Entrance Doors**	**1460**		**60,000**	**0**	**0**	**0**	
	Upgrade Building Entrances	**1460**		**50,000**	**0**	**0**	**0**	
	Termite Prevention	**1460**		**5,000**	**0**	**0**	**0**	
	Upgrade & Refurbish Apartments	**1460**		**10,000**	**0**	**0**	**0**	
	Brickface Restoration	**1460**		**35,000**	**0**	**0**	**0**	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-4 **Bayview Gardens**	**Replace Flooring** **Termite Prevention**	**1460** **1460**		**25,200** **5,000**	**0** **0**	**0** **0**	**0** **0**	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-5 Inwood Gardens	**Replace Flooring**	**1460**		**23,289**	**0**	**0**	**0**	
	Termite Prevention	**1460**		**5,000**	**0**	**0**	**0**	
NY 46-6 Brookside Gardens	**Structural Stabilization**	**1460**		**50,000**	**0**	**0**	**0**	
	Upgrade Community Building	**1470**	**1**	**10,000**	**78,100**	**78,100**	**0**	**In Process**
	Termite Prevention	**1460**		**5,000**	**0**	**0**	**0**	
	Upgrade Heating System	**1460**		**50,000**	**0**	**0**	**0**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2005**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-7 Meadowbrook Gardens	**Upgrade and Refurbish Hallways**	**1460**		**35,000**	**0**	**0**	**0**	
	Termite Prevention	**1460**		**5,000**	**0**	**0**	**0**	
	Roof Drain Clean Outs	**1460**	**1**	**0**	**51,247**	**51,247**	**0**	In Process
	Upgrade Community Building	**1470**	**1**	**0**	**123,234**	**123,234**	**100,596**	In Process
NY 46-8 Mill River Gardens	**Upgrade Heating System**	**1460**		**75,000**	**0**	**0**	**0**	
	Termite Prevention	**1460**		**5,000**	**0**	**0**	**0**	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-9 Bellmore Gardens	**Upgrade Community Building**	**1470**		**10,000**	**0**	**0**	**0**	
	Termite Prevention	**1460**		**5,000**			**0**	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-10 Westover Gardens	**Upgrade Building Entrances**	**1460**	**13**	**60,000**	**13,500**	**13,500**	**0**	**In Process**
	Replace Building Exterior Doors	**1460**	**26**	**50,000**	**25,896**	**25,896**	**0**	**In Process**
	Termite Prevention	**1460**		**5,000**	**0**	**0**	**0**	
	Upgrade Hallways	**1460**		**23,133**	**0**	**0**	**0**	
	Upgrade Community Building	**1470**	**1**	**0**	**26,542**	**26,542**	**0**	**In Process**

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2005**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-11 Dogwood Terrace	**Parking Lot Expansion**	**1450**		**55,000**	**0**	**0**	**0**	
	Termite Prevention	**1460**		**5,000**	**0**	**0**	**0**	
	Upgrade Community Building	**1470**	**1**	**0**	**106,849**	**106,849**	**0**	In Process
46-12 Eastover Gardens	**Upgrade Community Building**	**1470**	**1**	**25,000**	**16,350**	**16,350**	**15,128**	**In Process**
	Termite Prevention	**1460**		**5,000**	**0**	**0**	**0**	
46-14 Centennial Gardens	**Termite Prevention**	**1460**		**5,000**	**0**	**0**	**0**	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
46-17 Salisbury Gardens	**Termite Prevention**	**1460**		**5,000**	**0**	**0**	**0**	
PHA MGMT Improvements	**Operations**	**1406**		**339,867**	**339,867**	**339,867**	**339,867**	**Complete**
	Management Oversight	**1408**		**339,867**	**339,867**	**339,867**	**339,867**	**Complete**
PHA Administration	**Clerical Support**	**1410**		**164,933**	**164,933**	**164,933**	**164,933**	**Complete**
	Provide Necessary Advertisements	**1410**		**5,000**	**2,150**	**2,150**	**2,150**	Complete

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Fees And Costs	**HUD and State Requirement for Architectural and Engineering Services**	**1430**		**50,000**	**34,257**	**34,257**	**25,800**	**In Process**
PHA-Wide Non-Dwelling Equipment	**Replace Grounds Maintenance Equipment**	**1475**		**10,000**	**9.985**	**9,985**	**9,985**	**Complete**
	Replace Vehicle	**1475**		**30,049**	**0**	**0**	**0**	
	Replace Office Equipment	**1475**		**18,000**	**20,584**	**20,584**	**20,584**	Complete
TOTAL				**1,699,338**	**1,699,338**	**1,669.338**	**1,348,751**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2005**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quanti ty	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650105** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	TOTAL							

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

PHA Name:**Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650205** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2005**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY 46-1 Newbridge Gardens	**9/2006**		**6/2006**	**9/2007**		**9/2007**	
NY 46-2 Green Acres	**9/2006**		**6/2006**	**9/2007**		**6/2007**	
NY 46-3 Park Gardens	**9/2006**			**9/2007**			
NY 46-4 Bayview Gardens	**9/2006**			**9/2007**			
NY 46-5 Inwood Gardens	**9/2006**			**9/2007**			
NY 46-6 Brookside Gardens	**9/2006**		**6/2006**	**9/2007**		**9/2007**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650205** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2005**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY 46-7 Meadowbrook Gardens	**9/2006**		**6/2006**	**9/2007**		**9/2007**	
NY 46-8 Mill River Gardens	**9/2006**			**9/2007**			

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650205** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2005**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY 46-9 Bellmore Gardens	**9/2006**			**9/2007**			
NY 46-10 Westover Gardens	**9/2006**		**6/2006**	**9/2007**		**9/2007**	
NY 46-11 Dogwood Terrace	**9/2006**		**6/2006**	**9/2007**		**9/2007**	
NY 46-12 Eastover Gardens	**9/2006**		**6/2006**	**9/2007**		**9/2007**	
NY 46-14 Centennial Gardens	**9/2006**			**9/2007**			
NY 46-17 Salisbury Gardens	**9/2006**			**9/2007**			
PHA-Wide Management Improvements	**9/2006**		**6/2006**	**9/2007**		**6/2007**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650205** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2005**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide Administration	**9/2006**		**6/2006**	**9/2007**		**6/2007**	
Fees and Costs	**9/2006**		**6/2006**	**9/2007**		**6/2007**	
PHA-Wide Non-Dwelling Equipment	**9/2006**		**6/2006**	**9/2007**		**6/2007**	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Town of Hempstead Housing Authority	Grant Type and Number Capital Fund Program: **NY 36PO4650106** Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies Revised Annual Statement (r**
Performance and Evaluation Report for Period Ending:6/2007 Final Performance and Evaluation Report for Period Ending:

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	**318,676**	**318,676**	**318,676**	**318,676**
3	1408 Management Improvements	**318,676**	**318,676**	**318,676**	**318,676**
4	1410 Administration	**159,338**	**164,045**	**159,338**	**159,338**
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	**50,000**	**50,000**	**0**	**0**
8	1440 Site Acquisition				
9	1450 Site Improvement	**100,000**	**100,000**	**0**	**0**
10	1460 Dwelling Structures	**518,692**	**513,985**	**0**	**0**
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	**117,075**	**117,075**	**0**	**0**
13	1475 Nondwelling Equipment	**58,000**	**58,000**	**0**	**0**
14	1485 Demolition				
15	1490 Replacement Reserve				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Town of Hempstead Housing Authority	Grant Type and Number Capital Fund Program: **NY 36PO4650106** Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies Revised Annual Statement (r**
Performance and Evaluation Report for Period Ending:6/2007 Final Performance and Evaluation Report for Period Ending:

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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)	**1,640,457**	**1,640,457**	**796,690**	**796,690**
21	Amount of line 20 Related to LBP Activities	**0**	**0**	**0**	**0**
22	Amount of line 20 Related to Section 504 Compliance				
74,433	Amount of line 20 Related to Security-Soft Costs Amount of line 20 Related to Security-Hard Costs				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-1 Newbridge Gardens	**Termite Prevention**	**1460**		**5,000**	**5,000**	**0**	**0**	
	Upgrade Building Exterior	**1460**		**41,231**	**36,524**	**0**	**0**	
NY 46-2	**Repave Parking Lots**	**1450**		**50,000**	**50,000**	**0**	**0**	
Green Acres	**Upgrade Community Building**	**1470**	**1**	**25,000**	**25,000**	**0**	**0**	
	Upgrade Heating System	**1460**		**25,000**	**25,000**	**0**	**0**	
	Termite Prevention	**1460**		**5,000**	**5,000**	**0**	**0**	
NY 46-3 Park Gardens	**Replace Building Entrance Doors**	**1460**		**50,000**	**50,000**	**0**	**0**	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-3 Park Gardens	**Upgrade Building Entrances**	**1460**		**50,000**	**50,000**	**0**	**0**	
	Termite Prevention	**1460**		**5,000**	**5,000**	**0**	**0**	
	Upgrade Community Building	**1470**		**47,075**	**47,075**	**0**	**0**	
NY 46-4 Bayview Gardens	**Termite Prevention**	**1460**		**5,000**	**5,000**	**0**	**0**	
	Upgrade Building Exterior	**1460**		**41,231**	**41,231**	**0**	**0**	
NY 46-5 Inwood Gardens	**Termite Prevention**	**1460**		**5,000**	**5,000**	**0**	**0**	
	Upgrade Building Exterior	**1460**		**41,230**	**41,230**	**0**	**0**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-6 Brookside Gardens	**Structural Stabilization**	**1460**		**50,000**	**50,000**	**0**	**0**	
	Termite Prevention	**1460**		**5,000**	**5,000**	**0**	**0**	
	Upgrade Heating System	**1460**		**50,000**	**50,000**	**0**	**0**	
NY 46-7 Meadowbrook Gardens	**Termite Prevention**	**1460**		**5,000**	**5,000**	**0**	**0**	
	Roof Drain Clean Outs	**1460**	**59**	**0**	**1,045**	**0**	**0**	
NY 46-8 Mill River Gardens	**Upgrade Heating System**	**1460**	**1**	**50,000**	**48,955**	**0**	**0**	
	Termite Prevention	**1460**		**5,000**	**5,000**	**0**	**0**	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-9 Bellmore Gardens	**Termite Prevention**	**1460**		**5,000**	**5,000**	**0**	**0**	
	Repave Parking Lots	**1450**		**50,000**	**50,000**	**0**	**0**	
NY 46-10 Westover Gardens	**Upgrade Building Entrances**	**1460**		**25,000**	**25,000**	**0**	**0**	
	Replace Building Entrance Doors	**1460**		**25,000**	**25,000**	**0**	**0**	
	Termite Prevention	**1460**		**5,000**	**5,000**	**0**	**0**	
	Upgrade Community Building	**1470**		**10,000**	**10,000**	**0**	**0**	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NY 46-11 Dogwood Terrace	**Termite Prevention**	**1460**		**5,000**	**5,000**	**0**	**0**	
	Upgrade Community Building	**1470**		**10,000**	**10,000**	**0**	**0**	
NY 46-12 Eastover Gardens	**Termite Prevention**	**1460**		**5,000**	**5,000**	**0**	**0**	
	Upgrade Community Building	**1470**		**25,000**	**25,000**	**0**	**0**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
46-14 **Centennial Gardens**	**Termite Prevention**	**1460**		**5,000**	**5,000**	**0**	**0**	
NY 46-17 **Salisbury Gardens**	**Termite Prevention**	**1460**		**5,000**	**5,000**	**0**	**0**	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide Operations	**Provide Funds for Operation of CFP Program**	**1406**		**318,676**	**318,676**	**318,676**	**318,676**	**Complete**
PHA-Wide Management Improvement	**Provide Funding for Studies and Implementation of Parking Lot Usage, Computer Needs, Staffing Needs**	**1408**		**318,676**	**318,676**	**318,676**	**318,676**	**Complete**
PHA Wide Administration	**Provide Necessary Advertisements**	**1410**		**5,000**	**4,707**	**0**	**0**	**In Process**
	Provide Necessary Staff Support	**1410**		**154,338**	**159,338**	**159,338**	**159,338**	**Complete**
Fees and Costs	**HUD and State Requirements for A/E Services**	**1430**		**50,000**	**50,000**	**0**	**0**	**In Process**

Table Library

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide Non Dwelling Equipment	**Replace Grounds Maintenance Equipment**	**1475**		**10,000**	**10,000**	**0**	**0**	
	Replace Vehicle	**1475**		**35,000**	**35,000**	**0**	**0**	
	Replace Office Equipment	**1475**		**13,000**	**13,000**	**0**	**0**	

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

PHA Name: **Town of Hempstead Housing Authority**		**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant: 2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quanti ty	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TOTAL				**1,640,457**	**1,640,457**	**796,690**	**796,690**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650106** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	TOTAL							

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

PHA Name:**Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650206** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY 46-1 Newbridge Gardens	**9/2007**			**9/2008**			
NY 46-2 Green Acres	**9/2007**			**9/2008**			
NY 46-3 Park Gardens	**9/2007**			**9/2008**			
NY 46-4 Bayview Gardens	**9/2007**			**9/2008**			
NY 46-5 Inwood Gardens	**9/2007**			**9/2008**			
NY 46-6 Brookside Gardens	**9/2007**			**9/2008**			

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650206** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY 46-7 Meadowbrook Gardens	**9/2007**			**9/2008**			
NY 46-8 Mill River Gardens	**9/2007**			**9/2008**			

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650206** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY 46-9 Bellmore Gardens	**9/2007**			**9/2008**			
NY 46-10 Westover Gardens	**9/2007**			**9/2008**			
NY 46-11 Dogwood Terrace	**9/2007**			**9/2008**			
NY 46-12 Eastover Gardens	**9/2007**			**9/2008**			
NY 46-14 Centennial Gardens	**9/2007**			**9/2008**			
NY 46-17 Salisbury Gardens	**9/2007**			**9/2008**			
PHA-Wide Management Improvements	**9/2007**	6/2007	**6/2007**	**9/2008**	6/2007	**6/2007**	

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

PHA Name: **Town of Hempstead Housing Authority**	**Grant Type and Number** Capital Fund Program #: **NY36PO4650206** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant: 2006**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide Administration	**9/2007**	6/2007	**6/2007**	**9/2008**	6/2007	**6/2007**	
PHA-Wide Operations	**9/2007**	6/2007	**6/2007**	**9/2008**	6/2007	**6/2007**	
Fees and Costs	**9/2007**			**9/2008**			
PHA-Wide Non-Dwelling Equipment	**9/2007**			**9/2008**			

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-1	**Newbridge Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	10,000	2009
Replace Gutters and Leaders	25,000	2009
Structural Stabilization & Drainage	35,000	2010
Upgrade Kitchens	88,000	2010
Upgrade Air Conditioning	75,000	2010
Repave Parking Lot	35,000	2010
Replace Bathrooms	120,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	24,500	2011
Install Lawn Sprinklers	50,000	2012
Upgrade Interior Lighting	45,000	2012
Upgrade Apartment Flooring	35,000	2012
Upgrade Generators	10,000	2012
Upgrade Community Building	10,000	2012
Upgrade Plumbing Distribution System	100,000	2012
Replace Windows	50,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Upgrade Seating Areas & Gazebo	10,000	2012
Upgrade Heating Distribution System	100,000	2012
Replace Refrigerators	20,000	2012
Total estimated cost over next 5 years	**1,017,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-2	**Green Acres**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	10,000	2009
Replace Roofs, Gutters and Leaders	150,000	2009
Upgrade Community Building	20,000	2009
Upgrade Kitchens	88,000	2010
Upgrade Air Conditioning	75,000	2010
Repave Parking Lots	45,000	2010
Replace Bathrooms	150,000	2011
Upgrade Hallway Ventilation	75,000	2011
Replace Stoves	34,500	2011
Install Lawn Sprinklers	60,000	2011
Upgrade Interior Lighting	55,000	2012
Upgrade Apartment Floors	35,000	2012
Upgrade Generators	10,000	2012
Upgrade Heating System	75,000	2012
Structural Stabilization & Drainage	50,000	2012
Upgrade Plumbing Distribution System	100,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Upgrade Seating Areas	10,000	2012
Upgrade Heating Distribution System	100,000	2012
Replace Refrigerators	30,000	2012
Total estimated cost over next 5 years	**1,272,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-3	**Park Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	10,000	2009
Replace Roofs, Gutters and Leaders	150,000	2009
Structural Stabilization & Drainage	35,000	2009
Replace Windows	80,000	2009
Upgrade Kitchens	88,000	2010
Upgrade Air Conditioning	75,000	2010
Upgrade Hallways and Apartments	45,000	2010
Repave Parking Lots	35,000	2010
Replace Bathrooms	150,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	34,500	2011
Install Lawn Sprinklers	60,000	2012
Upgrade Interior Lighting	55,000	2012
Upgrade Apartment Floor	35,000	2012
Replace Hallway Flooring	45,000	2012
Upgrade Seating Areas	10,000	2012
Upgrade Generators	10,000	2012
Upgrade Plumbing Distribution System	100,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Replace Refrigerators	30,000	2012
Upgrade Heating Distribution System	100,000	2012
Total estimated cost over next 5 years	**1,322,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-4	**Bayview Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	10,000	2009
Upgrade Seating Areas	10,000	2009
Upgrade Plumbing Distribution System	150,000	2009
Structural Stabilization & Drainage	35,000	2010
Replace Windows	80,000	2010
Repave Parking Lot	50,000	2010
Upgrade Kitchens	88,000	2010
Replace Entrance Doors	45,000	2010
Repave Parking Lot	35,000	2010
Replace Bathrooms	150,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	34,500	2011
Install Lawn Sprinklers	60,000	2011
Upgrade Interior Lighting	55,000	2012
Upgrade Apartment Floor	35,000	2012
Upgrade Apartment Entrances	45,000	2012
Upgrade Generators	10,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Upgrade Heating Distribution System	100,000	2012
Replace Refrigerators	30,000	2012
Total estimated cost over next 5 years	**1,197,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-5	**Inwood Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	10,000	2009
Upgrade Seating Areas	10,000	2009
Replace Plumbing Distribution System	150,000	2009
Structural Stabilization & Drainage	35,000	2010
Replace Windows	80,000	2010
Install Laundry Room	50,000	2010
Upgrade Kitchens	88,000	2010
Upgrade Interior Doors	45,000	2010
Repave Parking Lot	35,000	2011
Replace Bathrooms	150,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	34,500	2011
Install Lawn Sprinklers	60,000	2012
Upgrade Interior Lighting	55,000	2012
Upgrade Apartment Floors	35,000	2012
Upgrade Apartment Entrances	45,000	2012
Upgrade Generators	10,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Replace Refrigerators	30,000	2012
Total estimated cost over next 5 years	**1,097,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-6	**Brookside Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade Site Drainage	250,000	2009
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	10,000	2009
Upgrade Seating Areas	10,000	2009
Replace Roofs, Gutters and Leaders	150,000	2009
Structural Stabilization	335,000	2009
Replace Windows	80,000	2010
Repave Parking Lot	50,000	2010
Upgrade Kitchens	88,000	2010
Upgrade Hallways and Apartments	45,000	2010
Upgrade Fencing	35,000	2010
Replace Bathrooms	150,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	34,500	2011
Install Lawn Sprinklers	60,000	2011
Upgrade Interior Lighting	55,000	2011
Upgrade Apartment Floors	35,000	2012
Upgrade Air Conditioning System	45,000	2012
Widen Driveway Entrance	50,000	2012
Upgrade Generators	10,000	2012
Upgrade Plumbing Distribution System	100,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Upgrade Heating Distribution System	100,000	2012
Replace Refrigerators	30,000	2012
Total estimated cost over next 5 years	**1,897,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-7	**Meadowbrook Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade Heating Distribution System	150,000	2009
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	10,000	2009
Upgrade Seating Areas & Gazebo	10,000	2009
Enlarge Maintenance Area	150,000	2009
Structural Stabilization & Drainage	35,000	2010
Repave Parking Lot	50,000	2010
Upgrade Kitchens	88,000	2010
Upgrade Hallways and Apartments	45,000	2010
Repave Parking Lot	35,000	2010
Replace Bathrooms	150,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	34,500	2011
Install Lawn Sprinklers	60,000	2011
Upgrade Interior Lighting	55,000	2011
Upgrade Apartment Floors	35,000	2012
Upgrade Air Conditioning	45,000	2012
Upgrade Generators	10,000	2012
Upgrade Plumbing Distribution System	100,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Replace Refrigerators	30,000	2012
Total estimated cost over next 5 years	**1,267,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-8	**Mill River Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	10,000	2009
Upgrade Seating Areas	10,000	2009
Replace Roofs, Gutters and Leaders	150,000	2009
Structural Stabilization	35,000	2010
Repave Parking Lot	50,000	2010
Upgrade Kitchens	88,000	2010
Upgrade Hallways and Apartments	45,000	2010
Upgrade Drainage System	35,000	2010
Replace Bathrooms	150,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	34,500	2011
Install Lawn Sprinklers	60,000	2011
Upgrade Interior Lighting	55,000	2011
Upgrade Apartment Floors	35,000	2011
Upgrade Air Conditioning	45,000	2011
Upgrade Generators	10,000	2012
Upgrade Community Building	10,000	2012
Bulkhead Restoration	500,000	2012
Upgrade Plumbing Distribution System	100,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Replace Refrigerators	30,000	2012
Replace Windows	50,000	2012
Total estimated cost over next 5 years	**1,677,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-9	**Bellmore Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	10,000	2009
Upgrade Seating Areas & Gazebos	10,000	2009
Replace Roofs, Gutters and Leaders	150,000	2009
Structural Stabilization & Drainage	35,000	2009
Repave Parking Lots	50,000	2010
Upgrade Kitchens	88,000	2010
Upgrade Hallways and Apartments	45,000	2010
Replace Windows	100,000	2010
Replace Interior Doors	35,000	2010
Replace Bathrooms	150,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	34,500	2011
Install Lawn Sprinklers	60,000	2011
Upgrade Interior Lighting	55,000	2012
Upgrade Apartment Floors	35,000	2012
Upgrade Air Conditioning	45,000	2012
Upgrade Generators	10,000	2012
Upgrade Community Building	10,000	2012
Upgrade Plumbing Distribution System	100,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Upgrade Heating Distribution System	100,000	2012
Replace Refrigerators	30,000	2012
Total estimated cost over next 5 years	**1,327,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-10	**Westover Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade Emergency Alarm Systems	50,000	2009
Upgrade Exterior Lighting	10,000	2009
Upgrade Seating Areas & Gazebo	10,000	2009
Replace Roofs, Gutters and Leaders	150,000	2009
Structural Stabilization & Drainage	35,000	2009
Repave Parking Lot	100,000	2009
Upgrade Kitchens	110,000	2010
Upgrade Hallways and Apartments	75,000	2010
Replace Windows	120,000	2010
Replace Maintenance Building	735,000	2010
Replace Bathrooms	150,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	44,500	2011
Install Lawn Sprinklers	60,000	2011
Upgrade Interior Lighting	55,000	2011
Upgrade Hallway Floors	35,000	2012
Upgrade Air Conditioning	45,000	2012
Upgrade Generators	10,000	2012
Upgrade Community Building	10,000	2012
Upgrade Mansard	175,000	2012
Upgrade Plumbing Distribution System	100,000	2012
Upgrade Heating Distribution System	100,000	2012
Replace Refrigerators	40,000	2012
Total estimated cost over next 5 years	**2,294,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-11	**Dogwood Terrace**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	10,000	2009
Upgrade Seating Areas & Gazebo	10,000	2009
Replace Roofs, Gutters and Leaders	150,000	2008
Structural Stabilization & Drainage	35,000	2008
Repave Parking Lot	100,000	2008
Upgrade Kitchens	110,000	2009
Upgrade Hallways and Apartments	75,000	2009
Replace Windows	120,000	2009
Enlarge Parking Lot	35,000	2009
Replace Bathrooms	150,000	2010
Upgrade Heating System	75,000	2010
Replace Stoves	44,500	2010
Install Lawn Sprinklers	60,000	2010
Upgrade Interior Lighting	55,000	2010
Upgrade Hallway Floors	35,000	2011
Upgrade Air Conditioning	45,000	2011
Upgrade Generators	10,000	2011
Upgrade Community Building	10,000	2011
Upgrade Mansard	175,000	2011
Upgrade Plumbing Distribution System	100,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Replace Refrigerators	40,000	2012
Total estimated cost over next 5 years	**1,544,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-12	**Eastover Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade Emergency Alarm Systems	75,000	2009
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	100,000	2009
Parking Lot Expansion	500,000	2009
Upgrade Seating Areas & Gazebo	10,000	2009
Replace Roofs, Gutters and Leaders	150,000	2010
Structural Stabilization Drainage	35,000	2010
Repave Parking Lot	100,000	2010
Upgrade Kitchens	110,000	2010
Upgrade Hallways and Apartments	75,000	2010
Upgrade Solar Panels	120,000	2010
Repave Walkways	135,000	2010
Replace Bathrooms	150,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	44,500	2011
Install Lawn Sprinklers	60,000	2011
Upgrade Interior Lighting	55,000	2012
Upgrade Hallway Floors	35,000	2012
Upgrade Air Conditioning	45,000	2012
Upgrade Generators	10,000	2012
Upgrade Community Building	10,000	2012
Upgrade Plumbing Distribution System	100,000	2012
Upgrade Heating Distribution System	100,000	2012
Replace Refrigerators	40,000	2012
Total estimated cost over next 5 years	**2,184,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-14	**Centennial Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade and Refurbish Building Exterior	50,000	2009
Upgrade Exterior Lighting	100,000	2009
Upgrade Seating Areas	10,000	2009
Replace Roofs, Gutters and Leaders	150,000	2009
Structural Stabilization & Drainage	35,000	2009
Repave Parking Lots	100,000	2010
Upgrade Kitchens	100,000	2010
Upgrade Hallways and Apartments	75,000	2010
Replace Windows	80,000	2010
Replace Bathrooms	150,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	34,500	2011
Install Lawn Sprinklers	60,000	2011
Upgrade Interior Lighting	55,000	2012
Upgrade Hallway Floors	35,000	2012
Upgrade Air Conditioning	45,000	2012
Upgrade Generators	10,000	2012
Upgrade Community Building	10,000	2012
Upgrade Plumbing Distribution System	100,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Replace Refrigerators	30,000	2012
Total estimated cost over next 5 years	**1,354,500**	

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NY46-17	**Salisbury Gardens**	**0**	**0**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Widen Driveway Entrance	50,000	2009
Upgrade Exterior Lighting	100,000	2009
Upgrade Seating Areas	10,000	2009
Replace Roofs, Gutters & Leaders	150,000	2009
Structural Stabilization	35,000	2010
Repave Parking Lot	100,000	2010
Upgrade Kitchens	100,000	2010
Upgrade Hallways	75,000	2010
Replace Bathrooms	150,000	2011
Upgrade Heating System	75,000	2011
Replace Stoves	44,500	2011
Install Lawn Sprinklers	60,000	2011
Upgrade Interior Lighting	55,000	2012
Upgrade Air Conditioning	45,000	2012
Upgrade Generators	10,000	2012
Upgrade Community Building	10,000	2012
Upgrade Plumbing Distribution System	100,000	2012
Upgrade Emergency Alarm Systems	50,000	2012
Replace Refrigerators	40,000	2012
Upgrade Heating Distribution System	100,000	2012
Total estimated cost over next 5 years	**1,359,500**	

Statement of Progress in Meeting 5-Year Plan Mission and Goals

In its efforts to continue addressing its established mission, the Town of Hempstead Housing Authority has taken demonstrative steps to improve residents' sense of security, as well as their sense of pride and enjoyment of their surroundings and their desire for independence and self-sufficiency.

After beginning our partnership with Town of Hempstead Workforce Investment Board, a consortium of agencies, both public and private, we had a computer installed in our office with a direct link to the Department of Labor's job bank. As part of the Workforce Investment Board, a Youth Board was formed, designed to provide career training and employment opportunities for young adults. Additionally, the Town of Hempstead Housing Authority Executive Director was asked to serve as Chairperson of the Youth Board.

We applied for a ROSS Grant, in order to provide more diverse services to our senior residents in need. Unfortunately, that application was not successful. We are renewing our discussions with Nassau University Medical Center, in the hope of designing a program that would bring caregivers and evaluators on site. We hope to pilot this program this year and, if it is successful, expand it to other sites.

Having implemented our computerized Housing Inspection System and Work Order/ Repair System, we have continued to expand its uses. Work orders are now automatically generated following inspections; we have begun utilizing our work order system as part of our unit turnover process in order to more effectively monitor the repairs necessary to prepare an apartment for leasing. The results of these endeavors are heightened accountability on the part of our staff, making them far more aware of the time they are taking to complete an apartment before it can be released.

We continue to seek ways to increase our residents' feelings of security. Although we have increased site lighting, replaced exterior doors at almost all our sites (the remaining two will be completed shortly), increased Town of Hempstead Public Safety and Nassau County Police patrols, the most frequently asked questions continue to be about safety, although crime is virtually non-existent on our sites. Having consulted counselors specializing in geriatric care, we

find that feelings of insecurity and fear are not uncommon in elderly people, regardless of their environment. Seniors are also frequently a target for con artists. Should we successfully move forward with our partnership with Nassau University Medical Center, we will work to incorporate this topic in the counseling provided to our residents. Neighborhood changes in various locations have contributed to residents' uneasiness, as well. This area will continue to be a high priority with us. A program of On-Site Resident Meetings utilizing speakers from the Nassau County Police Department, Town of Hempstead Departments of Public Safety and Senior Enrichment and local firefighters is being reintroduced in our efforts to increase communication with our residents and ease their concerns.

We have made tremendous strides in refurbishing common areas, in order to promote socialization and encourage residents to participate in the wide range of offerings in the Community Buildings. We expect to make residential building hallways and apartments a priority this year by modernizing and refurbishing them; apartments at turnover time have been carpeted; grounds have been landscaped and had new lighting installed to give the areas not only a heightened feeling of safety, but also to give them a true park-like atmosphere. We will, hopefully, be able to further our efforts outside by upgrading the seating areas.

Community buildings continue to be refurbished a few at a time. As the residents spend a considerable amount of time utilizing these facilities, we feel improving the atmosphere will help improve the spirit and attitude of our residents. A partnership with the Town of Hempstead has enabled us to expand the kitchen facilities at one of our sites. We will continue to explore other ways of utilizing Town of Hempstead departments in order to regain our former financial stability.

We are continuing to explore providing additional housing to accommodate our very lengthy waiting list. Our newly formed not-for-profit corporation, Meadowbrook Development Corporation, is also seeking partnerships with other agencies in order to begin developing new housing.

Required Attachment ____: Resident Member on the PHA Governing Board

1. **X** Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: **Frank Santora**
Marilyn Esposito

B. How was the resident board member selected: (select one)?
X Elected
☐ Appointed

C. The term of appointment is (include the date term expires): **2 years**
Current terms expire 8/20/2008

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment _____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Marilyn Esposito
Julia Ciuffo
Hermine Grube
Joan Gurge
Erika Kokesch
Judith Vulpi
Thomas DeLuca
Josephine Vertullo
Josephine Piccola
Madeline Veracka
Charles Kearney
Mary Powers
Felicia Mannetta
Rosemary Reilly
Sheila LaGreca
Steven Wollrich
Florence Crowe
Joi Layman
John Webb
Ethel O'Neal
Aisalee Belle

COMMENTS OF THE RESIDENT ADVISORY BOARD

Question: Is it possible to repave the paths and driveway at our site?

Answer: That is a good question. We have the in the plan and intend to do it. Because of the size of the property and the budget cuts experienced the last few years, it is taking longer but we hope to get it done shortly.

Question: Can we reduce the amount of heat in the hallways?

Answer: Actually, we do have it in the plan to install controls for hallways.

Question: Are there any plans to do any upgrades in the apartments?

Answer: Yes. The bids are almost complete and should go out for bid in the next several weeks.

Question: What about new windows? (question from several residents)

Answer: We have been doing the windows each year. Another site was done this year and we expect to do another one next year. Approximately half the sites are complete. All sites needing windows are included in the plan.

Question: Does HUD decrease our funding every year?

Answer: Yes. We used to receive several million dollars and now we average about a million and a half. Given the number of sites we have and the cost of running the program, we can't accomplish as many projects in a year as we used to or we would like. It's very frustrating for us and for you. Remember, all our funding comes from your rent and from HUD. We only raise rent if income goes up. In many cases, your rent goes down when you are recertified. It is based on a strict formula.

Question: Can we install an alarm system in the laundry rooms?

Answer:

Question: Is it possible to have new exterior lighting and a new sign at the entrance to the site.

Answer: The lighting we have included in the plan but our signs are made by the Town of Hempstead Sign Department and not part of the Comprehensive Grant Program. We pay the Town for our signs out of our Operating Budget. We will take a look at the sign and see if it needs replacing.

PET POLICY

The Town of Hempstead Housing Authority Pet Policy allows residents to keep one (1) pet in an apartment. The resident shall be completely responsible for the pet and no guests may bring pets onto the premises.

While outside the apartment, every dog and cat must be kept on a leach and accompanied by a person who is able to control it.

Female dogs and cats over six (6) must be spayed, and males over eight (8) months must be neutered, unless a letter has been received by the housing authority from a licensed veterinarian giving some medical reason why it would be detrimental to the health of the pet.

All pets are to be registered with the Town of Hempstead Housing Authority showing up-to-date inoculations, identification tags and verification that pet has been spayed and/or neutered. Any license required by the local municipality shall also be submitted.

Every pet owner will be responsible for picking up the waste (feces) left by the pet and disposing of it in a proper receptacle.

No pet may make excessive noise which disturbs or disrupts the other tenants.

Pet owners shall be responsible for any and all damage caused by their pet. Each owner shall be required to make a security deposit of $100.00 with the Town of Hempstead Housing Authority as security for the full and faithful performance by the tenant of all terms, covenants and conditions of this policy, which is an addendum to the tenant's lease. The unused portion of the pet deposit will be refunded to the tenant after the tenant moves from the premises or no longer owns or keeps a pet within the building.

Any pet that bites or attacks may not be kept on the Town of Hempstead Housing Authority premises. No dangerous pets are permitted. No pet larger than twenty-one (21) inches in height or more than thirty-five (35) pounds in weight will be permitted.

Every pet owner must provide the Town of Hempstead Housing Authority with the name, address, and phone number of a person who will take care of the pet in the event the pet owner dies or becomes incapacitated or unable to care for the pet.

A violation of any provision of this policy after ten (10) days written notice to cure such violation shall be considered a default under the terms and conditions of the lease. The Town of Hempstead Authority may take any and all steps provided for in the event of a default including the eviction of the tenant.