OMB Approval No: 2577-0226
Expires: 08/31/2009

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

PHA Plans

5 Year Plan for Fiscal Years 2007 - 2011
Annual Plan for Fiscal Year 2008

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

PHA Plan
Agency Identification

PHA Name: Housing Authority of Salt Lake City
PHA Number: UT004

PHA Fiscal Year Beginning: (01/2008)

PHA Programs Administered:

☒**Public Housing and Section 8** ☐**Section 8 Only** ☐**Public Housing Only**
Number of public housing units: *319
*Total after Dispositions Complete Number of S8 units: Number of public housing units:
Number of S8 units: 2162

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

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

Public Access to Information

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

☒ Main administrative office of the PHA
☐ PHA development management offices
☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

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

☒ Main administrative office of the PHA
☐ PHA development management offices
☐ PHA local offices
☒ Main administrative office of the local government
☐ Main administrative office of the County government
☐ Main administrative office of the State government
☐ Public library
☒ PHA website

☐ Other (list below)

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

☒ Main business office of the PHA

☐ PHA development management offices

☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2007 – 2011
[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.

☒ The PHA's mission is: (state mission here)
To provide safe, decent, affordable housing opportunities for lower income families, the elderly, people with disabilities, and the homeless. This is accomplished in an environment of equal opportunity that maintains the client's and employee's dignity maintains the public's trust and is an asset to the community.

B. Goals

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

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

☒ PHA Goal: Expand the supply of assisted housing
Objectives:

- ☒ Apply for additional rental vouchers:
  The HASLC will actively apply for as many vouchers that HUD may make available in the future. The HASLC will also continue to apply for the City and State's TBRA vouchers that assist special populations.
- ☒ Reduce public housing vacancies:
  We will continue to maintain occupancy rate of 98%. This will be accomplished by regular monitoring of properties, good coordination with eligibility for adequate number of screened applications, and coordination with maintenance for speedy unit turnover.

☒ Leverage private or other public funds to create additional housing opportunities:
The HASLC is using proceeds from the sale of our public housing to leverage with other funding sources such as tax credits, Bonds, State, and City funds, to purchase existing buildings and/or land for the creation of mixed income developments that is affordable and expands the number of available units in our community.

☒ Acquire or build units or developments
We have purchased land and will begin construction in 2008 of 80 to 100 units as our start of Public Housing Disposition replacement. The project will include 1, 2, and 3 bedroom units; a club house and swimming pool.

☒ Other (list below)
We plan to look at the possibility of using the Capital Fund Program to construct 125 units of public housing for seniors. We also plan to project base up to 125 Vouchers for permanent housing for chronically homeless individuals with on-site case management.

☒ PHA Goal: Improve the quality of assisted housing
Objectives:

☒ Improve public housing management: (PHAS score)
In 2006 we received a PHAS score of 97 making our designation status a high performer. It is our goal to maintain our high performer status.

☒ Improve voucher management: (SEMAP score)
In 2006 we received a SEMAP score of 100 making our designation status a high performer. It is our goal to maintain our high performer status.

☒ Increase customer satisfaction:
We utilize our Resident Advisory Board, the HOME Resident Council, resident surveys, resident meetings and resident notices to communicate with our program participants on their needs. In 2006 we received a score of 9 out of 10 possible points in customer satisfaction. Customer satisfaction remains a top priority for our agency.

☒ Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)

- Operate within budget amounts serving as many households possible within the federal program budgets.
- Maintain our operating reserves at no less than 35%.
- Continue to encourage existing Section 8 landlords to use direct deposit for HAP payments and mandate all new landlords use direct deposit.

☒ Renovate or modernize public housing units:
The HASLC will continue annual planning and strategy meetings to assess the needs of each structure and prepare a modernization schedule in order to meet the needs. Planning, assessment, and implementation are ongoing.

☒ Demolish or dispose of obsolete public housing:
The HASLC will continue the sale of its public housing units for families in accordance to our approved Disposition Plan.

☒ Provide replacement public housing:
The HASLC purchase property where construction should begin in 2008 that will have between 80 to 100 units of 1, 2, and 3 bedrooms. This project will be a mixed income property and is the start of our replacement of sold public housing units.

☒ Provide replacement vouchers:
The HASLC submitted an application for replacement vouchers once we received notice that our Disposition application was approved. The voucher replacement application was approved and we have already received funding for those vouchers.

☐ Other: (list below)

☒ PHA Goal: Increase assisted housing choices
Objectives:

☒ Provide voucher mobility counseling:
Then needs of the client are reviewed with them at the time of program orientation and again at their annual review. Information on voucher mobility and lists of affordable housing and participating landlords in other areas are provided.

☒ Conduct outreach efforts to potential voucher landlords
On an annual basis the HASLC conducts program information training to prospective and participating landlords and the community. We encourage landlords to attend the program orientation with their client.

☒ Increase voucher payment standards
We monitor our payment standard on a monthly basis evaluating whether or not there is difficulty locating an affordable housing unit within 60 days. It is our desire to assist as many families possible within our awarded vouchers. We are trying to keep the payment standard as low as possible. We consider raising the payment standard if our clients find it difficult to find a unit that is affordable within 60 days.

☒ Implement voucher homeownership program:
We are considering the implementation of a Section 8 Home Ownership Program within the upcoming 5 years.

☒ Implement public housing or other homeownership programs:
Due to the sale of all our public housing for families we will not create a Home Ownership Program in public housing. We are considering one for the Section 8 program.

☒ Implement public housing site-based waiting lists:
After evaluating the efficiency and effectiveness of centralizing the waiting list or having it on-site, we have determined it to be more cost effective to have the waiting list centralized.

☒ Convert public housing to vouchers:
We plan to submit a Voluntary Conversion Application to HUD for our 100 unit elderly public housing complex (Phillips Plaza) and perhaps others. We believe we can demonstrate in this Application that it is more cost effective for HUD to convert this building and others from public housing to vouchers.

☐ Other: (list below)

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

☒ PHA Goal: Provide an improved living environment
Objectives: We improve the community, quality of life and economic vitality through strict lease enforcement, responding quickly to needed repairs, graffiti removal, working closely with the Police Department, taking an active role in the community and creating mixed income properties when possible.

☒ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
With the selling of our family public housing we are left with senior housing only. We still try, when possible, to keep a mix of incomes.

☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: This is not applicable for our public housing for seniors. All buildings are located in the same general area that is not in poverty designated locations.

☒ Implement public housing security improvements:
The HASLC continues to do the following:

- Work with the Police Department with environmental design.
- Have a police officer live at each public housing complex.
- Remove gang graffiti within 24 hours.
- Use off-duty police officers to conduct security patrols above and beyond what the city allows.

☒ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
The HASLC has a HUD approved Elderly Only Designation for the following three buildings: City Plaza located at 1992 South 200 East; Phillips Plaza, 660 South 300 East; and Romney Plaza, 475 East 900 South.

☐ Other: (list below)

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

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

Objectives:

☒ Increase the number and percentage of employed persons in assisted families:
The HASLC continues to provide resources to assist families in addressing barriers such as lack of child care, transportation, employment skills or education to increase the number of employed persons. We have renewed many partnerships with agencies to assist families in obtaining employment at a living wage. We continue to develop new partnerships to enhance self-sufficiency services to our program participants. When funding for self-sufficiency related programs are available, we apply. Available funding and established partnerships expand the number of families we are able to serve.

☒ Provide or attract supportive services to improve assistance recipients' employability:
We coordinate supportive services with community agencies for our clients to access services that enhance their possibilities of becoming self-sufficient. The HASLC provides a resident library at the Housing Authority's main office equipped with computer that has internet access, fax machine, copy machine and resources to obtain employment and supportive services.

☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
The HASLC is partnered with Salt Lake County Aging Service's Senior Companion Program that offers clients assistance with light housekeeping, grocery shopping, cooking, and transportation to doctor appointments and pharmacies as well as companionship. Aging services also provide our clients with weekly transportation for grocery shopping. Through our ROSS grant we contract with Aging Services to provide case management that assists the elderly in the prevention of early institutionalization.

☒ Other: (list below)
The HASLC encourages program participant to participate in our Family Self-Sufficiency, Resident Opportunity and Support Services Programs. The HASLC is a member of the Utah Individual Account Network (IDA). IDA accounts are designed to assist participants in obtaining assets, specifically home ownership, education or entrepreneurship. Eligible families are referred to the Network. We also provide resource information to all housing program participants to assist them in reaching their fullest potential. We have many community partners who provide services such as employment skills and job search, budgeting, education and training, parenting classes, housekeeping, life skills, GED/High School diploma, home ownership, etc.

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

☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:

☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
The HASLC provides and will continue to provide the following:

- Reasonable accommodations to people with disabilities in order for them to take full advantage of offered programs and services.
- Open the Housing Choice Voucher Program to disabled individuals receiving Medicaid Waiver through the use of shared housing, or group home. This allows these individuals to move out of institutions and into the community.
- Provide information and resources to applicants and program participants who believe they may be victims of discrimination.
- Provide discrimination complaint forms and assist any family that believes they have suffered discrimination in completing the forms.

☒ 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:
The HASLC will mix its public housing development populations as much as possible with respect to ethnicity, race and income. We will also encourage Section 8 voucher recipients to move to areas of low poverty and low minority density.

☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
We are left after Disposition with only one bedroom units. We do however provide equipment necessary for hearing and sight impaired residents as well as grab bars in all bathrooms.

☒ Other: (list below)

- The HASLC will actively support other agencies and legislation that furthers fair housing.
- The HASLC will be responsive to active and open communication with local and Federal Fair Housing offices.
- We will continue to participate in fair housing training and presentations.
- The HASLC will maintain good working relationships with HUD's FHEO staff.
- Support victims of domestic violence, dating violence, sexual assault or stalking.

The above listed goals are in place and are on-going.

Other PHA Goals and Objectives: (list below)

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

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

☒ **Standard Plan**

☐ **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.
Our Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission and the betterment of the clientele we serve.

The plans, policies, etc. set forth in the Agency Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with Salt Lake City's Consolidated Plan. Below are the highlights of our Annual and Five Year Plan:

- The Housing Authority will begin construction of between 80 to 100 mixed income units as the start of our Public Housing Disposition replacement. The project will include 1, 2, and 3 bedroom units, a club house and swimming pool.
- We will perform due diligence for utilizing the Capital Fund Program to construct 125 units of new public housing for seniors.
- We are looking at partnering with local government, banks, and community agencies to create a pilot program to house and provide support services for refugees. We are currently looking at properties in the Mead American area for this program.
- The HASLC is working with The Road Home and their Palmer Court Apartment building currently under renovation that will house chronically homeless families and individuals. We are looking at project basing 75 one bedroom vouchers for our commitment in 2008 toward ending homelessness over 10 years.
- We will continue to research the effectiveness and demand for utilizing Section 8 vouchers for home ownership.
- It is still our intent to submit a voluntary conversion application to HUD to convert our 100 unit senior high rise (Phillips Plaza) to a Section 8 Voucher Program.

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.

Table of Contents

	Page #
Annual Plan	
i. Executive Summary	01
ii. Table of Contents	02
1. Housing Needs	06
2. Financial Resources	12
3. Policies on Eligibility, Selection and Admissions	13
4. Rent Determination Policies	23
5. Operations and Management Policies	27
6. Grievance Procedures	28
7. Capital Improvement Needs	29
8. Demolition and Disposition	31
9. Designation of Housing	32
10. Conversions of Public Housing	33
11. Homeownership	34
12. Community Service Programs	36
13. Crime and Safety	39
14. Pets (Inactive for January 1 PHAs)	41
15. Civil Rights Certifications (included with PHA Plan Certifications)	41
16. Audit	41
17. Asset Management	41
18. Oher Information	45
Resident Advisory Board and Resident Board Member list.	

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:

☒ **D** Admissions Policy for Deconcentration

☒ **A-ut004a08** FY 2007 Capital Fund Program Annual Statement

☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

☐ List of Resident Advisory Board Members

☐ List of Resident Board Member

☐ Community Service Description of Implementation

☐ Information on Pet Policy

☐ Section 8 Homeownership Capacity Statement, if applicable

☐ Description of Homeownership Programs, if applicable

Optional Attachments:

☐ PHA Management Organizational Chart

☒ **C ut004c08** FY 2007 Capital Fund Program 5 Year Action Plan

☐ Public Housing Drug Elimination Program (PHDEP) Plan

☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)

☒ Other (List below, providing each attachment name)

B Annual Performance Statement – HUD 52837

D Voluntary Conversions – PIH Notice 2001-26

E VAWA

F Certifications

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 addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation:	Annual Plan: Eligibility, Selection, and Admissions

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	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	Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies ☒ 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 ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	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
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	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
N/A	Approved or submitted public housing homeownership	Annual Plan:

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	programs/plans	Homeownership
X	Policies governing any Section 8 Homeownership program ☒ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1900	3	4	5	4	5	N/A
Income >30% but <=50% of AMI	4975	3	4	3	3	3	N/A
Income >50% but <80% of AMI	5025	2	2	3	3	3	N/A
Elderly	935	3	2	3	4	3	N/A
Families with Disabilities	2045	3	3	3	4	4	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2005/06

☒ 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 ☐ 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	7295		
Extremely low income <=30% AMI	5932	81%	
Very low income (>30% but <=50% AMI)	1192	16%	
Low income (>50% but <80% AMI)	171	2%	
Families with children	3647	50%	
Elderly families	225	3%	
Families with Disabilities	1548	21%	
Race/ethnicity W	4791	66%	
Race/ethnicity B	741	10%	
Race/ethnicity H	1102	15%	
Race/ethnicity O	661	9%	
Characteristics by Bedroom Size (Public Housing			

Housing Needs of Families on the Waiting List			
Only)			
1BR	490	7%	
2 BR	852	12%	
3 BR	155	2%	
4 BR	28	.03 %	
5 BR	6	.02%	
5+ BR	N/A	N/A	

Is the waiting list closed (select one)? ☒ 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.

The HASLC's strategy for addressing the housing needs of families in our jurisdiction and on our waiting list is to provide as much safe, decent, affordable and accessible housing as possible. We will utilize the resources of the sale of family public housing to leverage those funds and build at least 420 new affordable housing units. These units will serve homeless, elderly, and families. They will be mixed income properties and will enable our agency to include some market rate rents. The mix of incomes will ensure the projects financial viability for years to come.

We will respond to all HUD notices of funding availability that will increase affordable housing, housing subsidies, and/or support services. We conduct annual landlord briefings to encourage program participation which increases available units to the program. We will also consider public housing expansion for seniors through the Capital Fund Program.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line

☒ Reduce turnover time for vacated public housing units

- ☒ Reduce time to renovate public housing units
- ☒ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☒ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ 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
- ☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:
Select all that apply

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

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

Strategy 1: Target available assistance to families at or below 30 % of AMI
Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☒ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ 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

☒ Employ admissions preferences aimed at families who are working
☒ Adopt rent policies to support and encourage work
☐ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:
Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:
Select all that apply

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

- Rehabilitate existing units to handicap accessible when funds are available.
- Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.
- Allow for shared housing and group home settings with use of Section 8 Vouchers.

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
☒ Other: (list below)

- Actively support legislation and other agencies in furthering fair housing.
- Responsive with active communication with local and Federal fair housing offices.
- Participate in Fair Housing presentations and trainings.
- Work closely with HUD FHEO staff.
- Support victims of domestic violence, dating violence, sexual assault, or stalking.

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:

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2007 grants)**		
a) Public Housing Operating Fund	942,005	
b) Public Housing Capital Fund	766,635	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	12,901,332	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	342,784	
h) Community Development Block Grant	N/A	
i) HOME	137,000	Tenant Based Rental Assistance
Other Federal Grants (list below)	N/A	
2. Prior Year Federal Grants (unobligated funds only) (list below)	N/A	Operations
3. Public Housing Dwelling Rental Income	1,605,000	
Int. Earned, Late Fees	72,990	Operations PHA
Int. Earned, Fraud Rec.	87,900	Operations Section 8
4. Other income (list below)		

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
4. Non-federal sources (list below)	N/A	
Total resource	16,855,646	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

☐ When families are within a certain number of being offered a unit: (state number)

☒ When families are within a certain time of being offered a unit: (state time) Ninety Days

☐ Other: (describe)

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

☒ Criminal or Drug-related activity

☒ Rental history

☒ Housekeeping

☒ Other (describe)

- Previous and current landlord references.
- Credit history.

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

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

e. ☐ 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)

☒ Community-wide list
☐ Sub-jurisdictional lists
☒ Site-based waiting lists
We are not doing this at present but box was checked in the event we find it is more effective to run site based waiting lists.
☐ Other (describe)

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

☒ PHA main administrative office
☒ PHA development site management office
☒ Other (list below)
Currently applications may be obtained at a number of different locations, such as Aging Services, Independent Living Center, Community Action Program, Work Force Services, etc. All applications received from other agencies must be submitted to the HASLC's main office to be added to the waiting list.

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? 4

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? 4

3. ☒ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists? 2

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)
It is our intent that all of the above will be correct once we have implemented site-based waiting lists if we find that is the most effective action to take.

(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
☒ Three or More

b. ☐ 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:
This does not apply for the Section 8 program, only public housing.

(4) Admissions Preferences

a. Income targeting:

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:
In what circumstances will transfers take precedence over new admissions? (list below)

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

If the resident needs to be closer to family support, place of employment or child care provider to enable the resident to maintain their employment.

☐ Other: (list below)

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☒ Other preference(s) (list below)
We will provide a local preference to Law enforcement personnel and successful graduates of the HASLC's and other homeless agencies Transitional Housing Programs.

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.

1 Date and Time
1 Households that contribute to meeting income goals (broad range of incomes).

2 Law enforcement personnel and successful graduates of Homeless Transitional Housing Programs.

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 the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
☒ Households that contribute to meeting income goals (broad range of incomes)
☒ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☒ Other preference(s) (list below)
Law enforcement personnel and successful graduates from Homeless Transitional Housing Programs.

4. Relationship of preferences to income targeting requirements:

☒ The PHA applies preferences within income tiers
☐ 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)

☒ The PHA-resident lease
☒ 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)

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

(6) Deconcentration and Income Mixing

a. ☐ Yes ☒ 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 ☒ 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)
Those who have or are participating in a federally subsidized housing program that owes either the PHA or landlord money based on their program participation.

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)

Current and previous landlord's name, address and phone number.

(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)
Applications may be obtained at several locations such as the Department of Work Force Services, State of Utah Department of Human Services, Community Action Program, Independent Living Center, Aging Services, the HASLC's web site, etc. All applications must be returned to the HASLC's main office before they are placed on the waiting list.

(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:

- If client can demonstrate that they have looked but unable to find anything.
- If client was ill or hospitalized.
- Accommodating for a disability.

(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 supporting VAWA
☐ Substandard housing
☒ Homelessness
The preference will be given for the 60 project based vouchers targeted to homeless/disabled individuals wanting to participate in the program. The same will apply should the number of project based vouchers increase for the same specialized populations.
☐ 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)
A local preference will be given to those terminated due to insufficient funding in order to put them back on the program when funding becomes available.

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.

1 Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

1 Victims of domestic violence

Substandard housing

1 Homelessness, for the project based vouchers targeted to homeless/disabled wanting to participate in the in the program.

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)

Those terminated due to insufficient funding.

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)
Reports to the Resident Advisory Board, specialized organizations, advocacy groups, and the HASLC's web site.

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)

☒ 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

☒ $26-$50

2. ☒ Yes ☐ 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)

☐ 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)

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

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

☐ Market comparability study
☐ Fair market rents (FMR)
☐ 95th percentile rents
☐ 75 percent of operating costs
☐ 100 percent of operating costs for general occupancy (family) developments
☐ Operating costs plus debt service
☐ The "rental value" of the unit
☐ Other (list below)

f. Rent re-determinations:

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

☐ Never
☐ At family option
☒ 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 ☒ 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
☒ Survey of rents listed in local newspaper
☒ Survey of similar unassisted units in the neighborhood
☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies**.**

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

☐ At or above 90% but 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)
We have more control on rents being charged through rent reasonable testing.

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

☐ Annually

☒ Other (list below)

At a minimum we evaluate quarterly.

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)

☐ 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		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

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)

(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 ☐ 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)

☐ 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:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) **A ut004a08 and Attachment B includes the Annual Performance Statement HUD 52837.**

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

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

b. If yes to question a, select one:

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

-or-

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

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

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

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

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
   - ☐ Revitalization Plan under development
   - ☐ Revitalization Plan submitted, pending approval
   - ☐ Revitalization Plan approved

☐ Activities pursuant to an approved Revitalization Plan underway

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition ☐ 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 ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If "No", skip to component 10. If "yes", complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

☐ 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 ☒ 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 ☒ 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:
This is one area we are still trying to determine as well as if this program is effective.

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

☐ Yes ☐ No: Has the PHA 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
☐ Information sharing regarding mutual clients (for rent determinations and otherwise)
☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families

☐ Jointly administer programs
☐ Partner to administer a HUD Welfare-to-Work voucher program
☐ Joint administration of other demonstration program
☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting	Access (development office / PHA main office /	Eligibility (public housing or section 8

		list/random selection/specific criteria/other)	other provider name)	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 2005 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
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

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
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☐ Resident reports
- ☐ PHA employee reports
- ☐ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs

☐ Other (describe below)

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
☐ Other activities (list below)

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

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2005 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 2005 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)]

The Pet Policy has been previously submitted.

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. **Attachment F**

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ 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. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain?____
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and

other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

☐ Not applicable
☐ Private management
☐ Development-based accounting
☐ Comprehensive stock assessment
☐ Other: (list below)

3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

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

☐ Attached at Attachment (File name)
☐ Provided below:

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

☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☐ Other: (list below)

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

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

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

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

- HASLC Board of Commissioners
- Salt Lake City Mayor
- Salt Lake City Council Members

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)

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.
☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☒ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

- Provide affordable housing to the extent possible.
- Work with the City on its goal to eliminate homelessness within a 10 year period of time by providing permanent housing with case management to homeless and chronically homeless individuals.

☐ Other: (list below)

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

D. Other Information Required by HUD

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

RESIDENT ADVISORY BOARD
For
The Housing Authority of Salt Lake City
2008

Melissa Trask, Chair 7225 South Highland Drive Salt Lake City, Utah 84103	801-688-0010 Cell 801-943-0426 Home
Cliff Armstrong, Vice Chair 1992 South 200 East #621B Salt Lake City, Utah 84115	No Phone
Margaret Olivas, Treasurer 1099 South West Temple #B105 Salt Lake City, Utah 84101	801-832-1924 Home

No comments were made about the Agency Plan; the Resident Advisory Board approved the Plan as presented.

RESIDENT BOARD MEMBER

Douglas Sterling
1099 South West Temple #B106
Salt Lake City, Utah 84101
801-328-0751

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: (MM/YYYY)

☐ 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*

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157 (7/98)

HA Name	Comprehensive Grant Number	FFY of Grant Approval
HOUSING AUTHORITY OF SALT LAKE CITY	**501**	**2008**

[X] Original Annual Statement [ ] Reserve for Disaster/Emergencies [ ] Revised Annual Statement/R[illegible] 1 [ ] Performance and Evaluation Report for Program Year Ending _____

[ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost (2) Obligated	Total Actual Cost (2) Expended	
1	Total Non-CGP Funds						
2	1406	Operations (may not exceed 10% of 19)	70,567.00	0.00	0.00	0.00	
3	1408	Management Improvements	73,248.00	0.00	0.00	0.00	
4	1410	Administration	74,187.00	0.00	0.00	0.00	
5	1411	Audit	0.00	0.00	0.00	0.00	
6	1415	Liquidated Damages	0.00	0.00	0.00	0.00	
7	1430	Fees and Costs	12,140.00	0.00	0.00	0.00	
8	1440	Site Acquisition	0.00	0.00	0.00	0.00	
9	1450	Site Improvement	9,500.00	0.00	0.00	0.00	
10	1460	Dwelling Structures	338,862.00	0.00	0.00	0.00	0.00
11	1465.1	Dwelling Equipment-Nonexpendable	21,000.00	0.00	0.00	0.00	288,862.00
12	1470	Nondwelling Structures	3,000.00	0.00	0.00	0.00	282,862.00
13	1475	Nondwelling Equipment	91,516.00	0.00	0.00	0.00	150,362.00
14	1485	Demolition	0.00	0.00	0.00	0.00	
15	1495.1	Relocation Cost	0.00	0.00	0.00	0.00	0.00
16	1490	Replacement Reserve	0.00	0.00	0.00	0.00	1,000.00
17	1498	Mod Used for Development	0.00	0.00	0.00	0.00	
18	1502	Contingency (may not exceed 8% of 19)	47,850.00	0.00	0.00	0.00	0.00
19	**Amount of Annual Grant (Sum of lines 2-19)**		741,870.00	0.00	0.00	0.00	0.00
20	Amount of line 19 Related to LBP Activities		0.00	0.00	0.00	0.00	
21	Amount of line 19 Related to Section 504 Compliance		10,000.00	0.00	0.00	0.00	
22	Amount of line 19 Related to Security		50,000.00	0.00	0.00	0.00	
23	Amount of line 19 Related to Energy Conservation		85,000.00	0.00	0.00	0.00	

Signature of Executive Director and Date	Signature of Public Housing Director or Office of Native American Programs Administrator & Date:
X	X

1 To be completed for the Performance & Evaluation Report or a Revised Annual Statement
2 To be completed for the Performance & Evaluation Report

facsimile form HUD-52837 (10/96)
ref Handbook 7485.3

0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00
0.00	0.00	0.00

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
HA-Wide Mgmt. Improvmts	Computer upgrades	1408		0.00	0.00	0.00	0.00	
	Preventative Maintenance Improvement	"		68,248.00	0.00	0.00	0.00	
	Procurement Improvement	"		0.00	0.00	0.00	0.00	
	Training for Mod. and Maint.	"		5,000.00	0.00	0.00	0.00	
"	5) Item 5	"		0.00	0.00	0.00	0.00	
	6) Item 6	"		0.00	0.00	0.00	0.00	
"	7) Item 7	"		0.00	0.00	0.00	0.00	
"								
			Total 1408	73,248.00	0.00	0.00	0.00	
HA-Wide Admin	Funding for MCR Staff @ 10% of the annual grant amount	1410		74,187.00	0.00	0.00	0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount	1430		12,140.00	0.00	0.00	0.00	
HA-Wide	Nonroutine vacancy prep.	1460		78,117.00	0.00	0.00	0.00	
"	Nonroutine repairs, force account, paint c	1460		71,245.00	0.00	0.00	0.00	
"	Appliances	1465		0.00	0.00	0.00	0.00	
"	Vehicle replacement & Maint. Equipment	1475		39,516.00	0.00	0.00	0.00	
"	Demolition (specify location[s])	1485		0.00	0.00	0.00	0.00	
"	Relocation expenses	1495.1		0.00	0.00	0.00	0.00	

Signature of Executive Director and Date

X

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

X

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

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name	General Description of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
						Funds	Funds	

HA-Wide Activities		Number		Original	Revised (1)	Obligated (2)	Expended (2)
UT402 City Plaza	**Site:** Landscape and parking improvements	1450		1,000.00	0.00	0.00	0.00
			Total Site:	1,000.00	0.00	0.00	0.00
	Mechanical and Electrical: Roof top fans	1460		10,000.00	0.00	0.00	0.00
			Total M&E:	10,000.00	0.00	0.00	0.00
	Building Exterior:	1460		0.00	0.00	0.00	0.00
			Total B.E.:	0.00	0.00	0.00	0.00
	Dwelling Units: Kitchens 2nd yr	1460		75,000.00	0.00	0.00	0.00
	Labor			12,500.00			
			Total DUs:	87,500.00	0.00	0.00	0.00
	Dwelling Equipment:	1465.1		0.00	0.00	0.00	0.00
			Total D.E.:	0.00	0.00	0.00	0.00
	Interior Common Areas:	1470		0.00	0.00	0.00	0.00
				0.00			
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment: Emerg. pull cord system	1475		50,000.00	0.00	0.00	0.00
			Total NDE:	50,000.00	0.00	0.00	0.00
Total,	**City Plaza**		Project Total:	148,500.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT403 Central City	**Site:**	1450		0.00	0.00	0.00	0.00	
	Parking lot crack seal			1,000.00				

			Total Site:	1,000.00	0.00	0.00	0.00
	Mechanical and Electrical: Hvac	1460		1,000.00	0.00	0.00	0.00
			Total M&E:	1,000.00	0.00	0.00	0.00
	Building Exterior: Paint and siding	1460		1,000.00	0.00	0.00	0.00
			Total B.E.:	1,000.00	0.00	0.00	0.00
	Dwelling Units: Kitchen and bath cabinets	1460	1	1,000.00	0.00	0.00	0.00
			Total DUs:	1,000.00	0.00	0.00	0.00
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00
			Total D.E.:	0.00	0.00	0.00	0.00
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Central City**		Project Total:	4,000.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT405 American	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	

			Total B.E.:	0.00	0.00	0.00	0.00
	Dwelling Units:						
	None	1460		0.00	0.00	0.00	0.00
			Total DUs:	0.00	0.00	0.00	0.00
	Dwelling Equipment:						
	None	1465.1		0.00	0.00	0.00	0.00
			Total D.E.:	0.00	0.00	0.00	0.00
	Interior Common Areas:						
	None	1470		0.00	0.00	0.00	0.00
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities:						
	None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment:						
	None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**American**		Project Total:	0.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT406 Phillips Plaza	**Site:**							
	Parking lot crack seal	1450	1	1,000.00	0.00	0.00	0.00	
			Total Site:	1,000.00	0.00	0.00	0.00	
	Mechanical and Electrical:							
	Pipe insulation	1460		2,000.00	0.00	0.00	0.00	
	Roof top fans			5,000.00				
				0.00				
				0.00				
			Total M&E:	7,000.00	0.00	0.00	0.00	
	Building Exterior:							
		1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units:							
		1460		0.00	0.00	0.00	0.00	
				0.00				
				0.00				

			Total DUs:	0.00	0.00	0.00	0.00
	Dwelling Equipment:						
	Refrigerators	1465.1	7	3,000.00	0.00	0.00	0.00
			Total D.E.:	3,000.00	0.00	0.00	0.00
	Interior Common Areas:						
		1470		0.00 0.00 0.00	0.00	0.00	0.00
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities:						
		1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment:						
	Furniture	1470	1	2,000.00	0.00	0.00	0.00
			Total NDE:	2,000.00	0.00	0.00	0.00
Total,	**Phillips**		Project Total:	13,000.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT407 Scattered Sites	**Site:**							
	Landscape , fencing, asphat & concrete	1450	2	1,000.00	0.00	0.00	0.00	
			Total Site:	1,000.00	0.00	0.00	0.00	
	Mechanical and Electrical:							
	Furnaces & electrical	1460		1,000.00 0.00	0.00	0.00	0.00	
			Total M&E:	1,000.00	0.00	0.00	0.00	
	Building Exterior:							
	Siding Roofing Windows	1460	2 2 2	333.00 333.00 334.00	0.00	0.00	0.00	
			Total B.E.:	1,000.00	0.00	0.00	0.00	
	Dwelling Units:							
	Cabinets	1460	1	1,000.00	0.00	0.00	0.00	
			Total DUs:	1,000.00	0.00	0.00	0.00	
	Dwelling Equipment:							
	None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas:							

	None	1470		0.00	0.00	0.00	0.00
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities:						
	Storage	1470	1	1,000.00	0.00	0.00	0.00
			Total SWFs:	1,000.00	0.00	0.00	0.00
	Nondwelling Equipment:						
	None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Scattered**		Project Total:	5,000.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT408/412 Faultline Apartments	**Site:**							
	Parking lot crack seal	1450	1	1,000.00	0.00	0.00	0.00	
			Total Site:	1,000.00	0.00	0.00	0.00	
	Mechanical and Electrical:		1					
	Furnaces & electric	1460		1,000.00	0.00	0.00	0.00	
			Total M&E:	1,000.00	0.00	0.00	0.00	
	Building Exterior:		1					
	Siding, fencing, roofing	1460		1,000.00	0.00	0.00	0.00	
			Total B.E.:	1,000.00	0.00	0.00	0.00	
	Dwelling Units:							
	Kitchens & baths	1460	1	1,000.00	0.00	0.00	0.00	
			Total DUs:	1,000.00	0.00	0.00	0.00	
	Dwelling Equipment:							
	None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas:							
	None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:							
	None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	

	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Faultline**		Project Total:	4,000.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
Ut409 Scattered Sites	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	

Total,	**Scattered**		Project Total:	0.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT410 Scattered Sites	**Site:**							
	None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:							
	None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior:							
	None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units:							
	None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment:							
	None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas:							
	None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:							
	None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment:							
	None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	
Total,	**Scattered**		Project Total:	0.00	0.00	0.00	0.00	

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT411 Scattered Sites	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	
Total,	**Scattered**		Project Total:	0.00	0.00	0.00	0.00	

Signature of Executive Director and Date

X

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

X

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

Page ___ of ___

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP) **Part II: Supporting Pages** Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost Funds Obligated (2)	Total Actual Cost Funds Expended (2)	Status of Proposed Work (2)
UT413 Scattered Sites	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	
Total,	**Scattered**		Project Total:	0.00	0.00	0.00	0.00	

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP) **Part II: Supporting Pages** Office of Public and Indian Housing

Development Number/ Name HA-Wide	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost Funds Obligated (2)	Total Actual Cost Funds Expended (2)	Status of Proposed Work (2)

UT414 Peery House	**Site:** Parking lot crack seal	1450	1	1,000.00	0.00	0.00	0.00
			Total Site:	1,000.00	0.00	0.00	0.00
	Mechanical and Electrical: HVAC and plumbing	1460	1	1,000.00 0.00 0.00	0.00	0.00	0.00
			Total M&E:	1,000.00	0.00	0.00	0.00
	Building Exterior: Siding and paing	1460		1,000.00	0.00	0.00	0.00
			Total B.E.:	1,000.00	0.00	0.00	0.00
	Dwelling Units: Kitchens and baths	1460		1,000.00 0.00	0.00	0.00	0.00
			Total DUs:	1,000.00	0.00	0.00	0.00
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00
			Total D.E.:	0.00	0.00	0.00	0.00
	Interior Common Areas: None	1470	1	0.00	0.00	0.00	0.00
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Peery**		Project Total:	4,000.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT415 Romney Plaza	**Site:** Parking lot crack seal	1450	1	1,000.00	0.00	0.00	0.00	
			Total Site:	1,000.00	0.00	0.00	0.00	
	Mechanical and Electrical: HVAC Variable drives	1460	1 1	5,000.00 22,000.00	0.00	0.00	0.00	

		1460	70	0.00 0.00			
			Total M&E:	27,000.00	0.00	0.00	0.00
	Building Exterior: None	1460		0.00	0.00	0.00	0.00
			Total B.E.:	0.00	0.00	0.00	0.00
	Dwelling Units: Lighing upgrades in units	1460	70	40,000.00	0.00	0.00	0.00
			Total DUs:	40,000.00	0.00	0.00	0.00
	Dwelling Equipment: Refrigerators	1465.1	40	18,000.00	0.00	0.00	0.00
			Total D.E.:	18,000.00	0.00	0.00	0.00
	Interior Common Areas: Furniture, lobby	1470		2,000.00 0.00 0.00	0.00	0.00	0.00
			Total ICAs:	2,000.00	0.00	0.00	0.00
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Romney**		Project Total:	88,000.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

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

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

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT417 Mead/Amer	**Site:**	1450			0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:	1460			0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior:	1460		0.00	0.00	0.00	0.00	

			Total B.E.:	0.00	0.00	0.00	0.00
	Dwelling Units:						
	None	1460		0.00	0.00	0.00	0.00
			Total DUs:	0.00	0.00	0.00	0.00
	Dwelling Equipment:						
	None	1465.1		0.00	0.00	0.00	0.00
			Total D.E.:	0.00	0.00	0.00	0.00
	Interior Common Areas:						
	None	1470		0.00	0.00	0.00	0.00
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities:						
	None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment:						
	None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Mead/Amer**		Project Total:	0.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT418 Red,330,Pc	**Site:**	1450		0.00	0.00	0.00	0.00	
	Parking lot crack seal		3	1,000.00				
			Total Site:	1,000.00	0.00	0.00	0.00	
	Mechanical and Electrical:							
	HVAC & plumbing	1460	1	1,000.00	0.00	0.00	0.00	
			Total M&E:	1,000.00	0.00	0.00	0.00	
	Building Exterior:							
	Siding, fencing, roofing	1460	1	1,000.00 0.00	0.00	0.00	0.00	
			Total B.E.:	1,000.00	0.00	0.00	0.00	
	Dwelling Units:							
	Flooring	1460	1	1,000.00 0.00	0.00	0.00	0.00	
			Total DUs:	1,000.00	0.00	0.00	0.00	

	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00
			Total D.E.:	0.00	0.00	0.00	0.00
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Red,330,Pc**		Project Total:	4,000.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT420 Pacific Hts	**Site:** Parking lot crack seal	1450	2	1,000.00	0.00	0.00	0.00	
			Total Site:	1,000.00	0.00	0.00	0.00	
	Mechanical and Electrical: HVAC & Plumbing	1460		1,000.00	0.00	0.00	0.00	
			Total M&E:	1,000.00	0.00	0.00	0.00	
	Building Exterior: Paint, stucco	1460		1,000.00	0.00	0.00	0.00	
			Total B.E.:	1,000.00	0.00	0.00	0.00	
	Dwelling Units: Kitchens	1460	1	1,000.00 0.00	0.00	0.00	0.00	
			Total DUs:	1,000.00	0.00	0.00	0.00	
	Dwelling Equipment:	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas:							

	None	1470		0.00	0.00	0.00	0.00
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Pacific Hts**		Project Total:	4,000.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT424 Scattered Sites	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	

			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment:						
	None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Scattered**		Project Total:	0.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT427 Scattered Sites	**Site:**							
	None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:							
	None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units:							
	None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment:							
	None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas:							
	None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:							
	None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment:							
	None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	
Total,	**Scattered**		Project Total:	0.00	0.00	0.00	0.00	

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT428 Scattered Sites	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	
Total,	**Scattered**		Project Total:	0.00	0.00	0.00	0.00	

Signature of Executive Director and Date

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

X | X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
UT429 Scattered Sites	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	
Total,	**Scattered**		Project Total:	0.00	0.00	0.00	0.00	

Signature of Executive Director and Date

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

X | X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing

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

and Urban Development

Comprehensive Grant Program (CGP) **Part II: Supporting Pages** Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost Funds Obligated (2)	Total Actual Cost Funds Expended (2)	Status of Proposed Work (2)
UT431 Scattered Sites	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	
Total,	**Scattered**		Project Total:	0.00	0.00	0.00	0.00	

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP) **Part II: Supporting Pages** Office of Public and Indian Housing

Development Number/ Name HA-Wide	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost Original	Total Estimated Cost Revised (1)	Total Actual Cost Funds Obligated (2)	Total Actual Cost Funds Expended (2)	Status of Proposed Work (2)

Activities								
HA-Wide Offices 1776so.	**Site:** Parking lot repairs	1450	1	500.00	0.00	0.00	0.00	
			Total Site:	500.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment:	1475		0.00 0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	
Total,	**Offices**		Project Total:	500.00	0.00	0.00	0.00	

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
XX Y-22 Anywhere Homes	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:							

	None	1460		0.00	0.00	0.00	0.00
			Total M&E:	0.00	0.00	0.00	0.00
	Building Exterior: None	1460		0.00	0.00	0.00	0.00
			Total B.E.:	0.00	0.00	0.00	0.00
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00
			Total DUs:	0.00	0.00	0.00	0.00
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00
			Total D.E.:	0.00	0.00	0.00	0.00
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Anywhere**		Project Total:	0.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
XX Y-23 Anywhere Homes	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	

			Total B.E.:	0.00	0.00	0.00	0.00
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00
			Total DUs:	0.00	0.00	0.00	0.00
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00
			Total D.E.:	0.00	0.00	0.00	0.00
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Anywhere**		Project Total:	0.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
XX Y-24 Anywhere Homes	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	

	Dwelling Equipment:						
	None	1465.1		0.00	0.00	0.00	0.00
			Total D.E.:	0.00	0.00	0.00	0.00
	Interior Common Areas:						
	None	1470		0.00	0.00	0.00	0.00
			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities:						
	None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment:						
	None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Anywhere**		Project Total:	0.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
XX Y-25 Anywhere Homes	**Site:**							
	None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:							
	None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior:							
	None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units:							
	None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment:							
	None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas:							
	None	1470		0.00	0.00	0.00	0.00	

			Total ICAs:	0.00	0.00	0.00	0.00
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00
			Total SWFs:	0.00	0.00	0.00	0.00
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Anywhere**		Project Total:	0.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
XX Y-26 Anywhere Homes	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	

	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00
			Total NDE:	0.00	0.00	0.00	0.00
Total,	**Anywhere**		Project Total:	0.00	0.00	0.00	0.00

Signature of Executive Director and Date

X

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

X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
XX Y-27 Anywhere Homes	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	

Total,	**Anywhere**		Project Total:	0.00	0.00	0.00	0.00

Signature of Executive Director and Date

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

X

X

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

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
XX Y-28 Anywhere Homes	**Site:**							
	None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical:							
	None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior:							
	None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units:							
	None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment:							
	None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas:							
	None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities:							
	None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment:							
	None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	
Total,	**Anywhere**		Project Total:	0.00	0.00	0.00	0.00	

Signature of Executive Director and Date

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

X | X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
XX Y-29 Anywhere Homes	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	
Total,	**Anywhere**		Project Total:	0.00	0.00	0.00	0.00	

Signature of Executive Director and Date

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

X | X

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing

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

and Urban Development

Comprehensive Grant Program (CGP)

Part II: Supporting Pages

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
XX Y-30 Anywhere Homes	**Site:** None	1450		0.00	0.00	0.00	0.00	
			Total Site:	0.00	0.00	0.00	0.00	
	Mechanical and Electrical: None	1460		0.00	0.00	0.00	0.00	
			Total M&E:	0.00	0.00	0.00	0.00	
	Building Exterior: None	1460		0.00	0.00	0.00	0.00	
			Total B.E.:	0.00	0.00	0.00	0.00	
	Dwelling Units: None	1460		0.00	0.00	0.00	0.00	
			Total DUs:	0.00	0.00	0.00	0.00	
	Dwelling Equipment: None	1465.1		0.00	0.00	0.00	0.00	
			Total D.E.:	0.00	0.00	0.00	0.00	
	Interior Common Areas: None	1470		0.00	0.00	0.00	0.00	
			Total ICAs:	0.00	0.00	0.00	0.00	
	Site-Wide Facilities: None	1470		0.00	0.00	0.00	0.00	
			Total SWFs:	0.00	0.00	0.00	0.00	
	Nondwelling Equipment: None	1475		0.00	0.00	0.00	0.00	
			Total NDE:	0.00	0.00	0.00	0.00	
Total,	**Anywhere**		Project Total:	0.00	0.00	0.00	0.00	

Signature of Executive Director and Date

X

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

X

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

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

form HUD-52837 (10/96)
ref Handbook 7485.3

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

OMB Approval No. 2577-(

Comprehensive Grant Program (CGP)

Part III: Implementation Schedule

Office of Public and Indian Housing

Development Number/ Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Targe
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Computer upgrades							
Preventative Maintenance Improvement	12-Sep-10			12-Sep-12			
Procurement Improvement	12-Sep-10			12-Sep-12			
Training for Mod. and Maint.	12-Sep-10			12-Sep-12			
5) Item 5							
6) Item 6							
7) Item 7							
#REF!							
HA-Wide Nonroutine vacancy prep.	12-Sep-10			12-Sep-12			
" Nonroutine repairs, force accoun	12-Sep-10			12-Sep-12			
" Appliances							
" Vehicle replacement & Maint. Eq	12-Sep-10			12-Sep-12			
" Demolition (specify location[s])							
UT402 City Plaza	12-Sep-10			12-Sep-12			
UT403 Central City	12-Sep-10			12-Sep-12			
UT405 American	12-Sep-10			12-Sep-12			
UT406 Phillips	12-Sep-10			12-Sep-12			
UT407 Scattered	12-Sep-10			12-Sep-12			
UT408/412 Faultline	12-Sep-10			12-Sep-12			
Ut409 Scattered	12-Sep-10			12-Sep-12			
UT410 Scattered	12-Sep-10			12-Sep-12			
UT411 Scattered	12-Sep-10			12-Sep-12			
UT413 Scattered	12-Sep-10			12-Sep-12			
UT414 Peery	12-Sep-10			12-Sep-12			
UT415 Romney	12-Sep-10			12-Sep-12			
UT417 Mead/Amer	12-Sep-10			12-Sep-12			
UT418 Red,330,Pc	12-Sep-10			12-Sep-12			
UT420 Pacific Hts	12-Sep-10			12-Sep-12			
UT424 Scattered	12-Sep-10			12-Sep-12			
UT427 Scattered	12-Sep-10			12-Sep-12			
UT428 Scattered	12-Sep-09			12-Sep-12			

Signature of Executive Director and Date

X

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

X

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

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

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

OMB Approval No. 2577-(

Comprehensive Grant Program (CGP)

Part III: Implementation Schedule

Development Number/ Name HA-Wide Activities		All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Targe
		Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
UT429	Scattered	12-Sep-10			12-Sep-12			
UT431	Scattered	12-Sep-10			12-Sep-12			
HA-Wide	Offices	12-Sep-10			12-Sep-12			
XX Y-22	Anywhere							
XX Y-23	Anywhere							
XX Y-24	Anywhere							
XX Y-25	Anywhere							
XX Y-26	Anywhere							
XX Y-27	Anywhere							
XX Y-28	Anywhere							
XX Y-29	Anywhere							
XX Y-30	Anywhere							

Signature of Executive Director and Date

X

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

X

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

)157 (7/31/98)

ɜt Dates (2)

form HUD-52837 (10/96)

ref. Handbook 7485.3
)157 (7/31/98)

et Dates (3)

form HUD-52837 (10/96)
ref. Handbook 7485.3

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

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

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

HA Name: **Housing Authority of Salt Lake City**

Locality: (City/County & State) **Salt Lake City, Utah**

[X] Original [ ] Revision No:

A. Development Number/Name	Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09	Work Statement for Year 3 FFY: '10	Work Statement for Year 4 FFY: '11	Work Statement for Year 5 FFY:'12
Ut 402 City Plaza		83,000	123,500	107,500	101,000
UT 403 Central City		4,000	4,000	4,000	4,000
UT 405 Scattered Sites	See	0	0	0	0
UT 406 Phillips Plaza		68,000	88,800	116,000	108,000
UT 407 Scattered Sites	Annual	5,000	5,000	5,000	5,000
UT 408/412 Faultline Apartments		4,000	4,000	4,000	4,000
UT 409 Scattered Sites	Statement	0	0	0	0
UT 410 Scattered Sites		0	0	0	0
HA-Wide Contingency @ X%		43,853	49,553	34,353	36,853
B. Physical Improvements Subtotal		302,853	302,853	302,853	302,853
C. Management Improvements		73,245	73,245	73,245	73,245
D. HA-Wide Nondwelling Structures & Equipment		188,878	188,878	188,878	188,878
E. Administration		74,187	74,187	74,187	74,187
F. Other (Fees & Costs and Relocation)		32,140	32,140	32,140	32,140
G. Operations		70,567	70,567	70,567	70,567
H. Demolition		0	0	0	0
I. Replacement Reserve		0	0	0	0
J. Mod Used for Development		0	0	0	0
K. Total CGP Funds		741,870	741,870	741,870	741,870
L. Total Non-CGP Funds		0	0	0	0
M. Grand Total		741,870	741,870	741,870	741,870

Signature of Executive Director and Date:
X

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

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

Five-Year Action Plan
Part I: Summary (Continuation)

U.S. Department of Housing and Urban Development

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

Comprehensive Grant Program (CGP)

HA Name: **Housing Authority of Salt Lake City**

Locality: (City/County & State) **Salt Lake City, Utah**

[X] Original [ ] Revision No:

A. Development Number/Name	Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09	Work Statement for Year 3 FFY: '10	Work Statement for Year 4 FFY: '11	Work Statement for Year 5 FFY: '00
UT 411 Scattered Sites		0	0	0	0
UT 413 Scattered Sites		0	0	0	0
UT 414 Peery House		4,000	4,000	4,000	4,000
UT 415 Romney Plaza	See	62,000	12,000	6,000	28,000
UT 417 Mead and American Area		4,000	4,000	4,000	4,000
UT 418 Redwood, Pacific, 330 N	Annual	4,000	4,000	4,000	4,000
UT 420 Pacific Heights		4,000	4,000	4,000	4,000
UT 424 Scattered Sites	Statement	0	0	0	0
UT 427 Scattered Sites		0	0	0	0
UT 428 Scattered Sites		0	0	0	0
UT 429 Scattered Sites		0	0	0	0
UT 431 Scattered Site		0	0	0	0
OFFICE AND MAINTENANCE BLGD		17,000	0	10,000	0
XX Y-22, Anywhere Homes		0	0	0	0
XX Y-23, Anywhere Homes		0	0	0	0
XX Y-24, Anywhere Homes		0	0	0	0
XX Y-25, Anywhere Homes		0	0	0	0
XX Y-26, Anywhere Homes		0	0	0	0
XX Y-27, Anywhere Homes		0	0	0	0
XX Y-28, Anywhere Homes		0	0	0	0
XX Y-29, Anywhere Homes		0	0	0	0
XX Y-30, Anywhere Homes		0	0	0	0

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

TOTAL FOR FFY	95000	28000	32000	44000

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
See Annual Statement	**HA-Wide Physical Improvements**			**HA-Wide Physical Improvements**	
	HA-WIDE Site:			**HA-WIDE Site:**	
	None		0		
		Total Site:	0		Total Site:
	ON-DEMAND Mechanical and Electrical:			**ON-DEMAND Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	ON-DEMAND Building Exterior:			**ON-DEMAND Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	ON-DEMAND Dwelling Units:			**ON-DEMAND Dwelling Units:**	
	Non-routine vacancy preparation		78,117	Non-routine vacancy preparation	
		Total DUs:	78,117		Total DUs:
	HA-WIDE Dwelling Equipment:			**HA-WIDE Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	HA-WIDE Interior Common Areas:			**HA-WIDE Interior Common Areas:**	
	Paint		71,245	Paint	
		Total ICAs:	71,245		Total ICAs:
	HA-WIDE Site-Wide Facilities:			**HA-WIDE Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	HA-WIDE Nondwelling Equipment:			**HA-WIDE Nondwelling Equipment:**	
	Vehicle and Maintenance Equipment		39,516	Vehicle and Maintenance Equipment	

		Total NDE:	39,516		Total NDE:
	Subtotal of Estimated Cost		188,878	Subtotal of Estimated Cost	

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 0	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	HA-Wide Physical Improvements			**HA-Wide Physical Improvements**	
	HA-WIDE Site:			**HA-WIDE Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	ON-DEMAND Mechanical and Electrical:			**ON-DEMAND Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	ON-DEMAND Building Exterior:			**ON-DEMAND Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	ON-DEMAND Dwelling Units:			**ON-DEMAND Dwelling Units:**	
	Non-routine vacancy preparation		78,117	Non-routine vacancy preparation	
		Total DUs:	78,117		Total DUs:
	HA-WIDE Dwelling Equipment:			**HA-WIDE Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	HA-WIDE Interior Common Areas:			**HA-WIDE Interior Common Areas:**	
	Paint		71,245	Paint	
		Total ICAs:	71,245		Total ICAs:
	HA-WIDE Site-Wide Facilities:			**HA-WIDE Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:

	HA-WIDE Nondwelling Equipment:			**HA-WIDE Nondwelling Equipment:**	
	Vehicle and Maintenance Equipment		39,516	Vehicle and Maintenance Equipment	
		Total NDE:	39,516		Total NDE:
	Subtotal of Estimated Cost		188,878	Subtotal of Estimated Cost	

form HUD-52

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	Ut 402 City Plaza			**Ut 402 City Plaza**	
	Site:			**Site:**	
	Parking lot	1	1,000	Parking lot	1
		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	Lighting in baths	150	7,500		
		Total M&E:	7,500		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Kitchens	50	50,000	Kitchens	50
	Labor	50	12,500	Labor	50
	Smoke detectors	150	5,000		
		Total DUs:	67,500		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0		
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	Rated doors	36
		Total ICAs:	0		Total ICAs:

	Site-Wide Facilities:			**Site-Wide Facilities:**	
	Auto doors	2	2,000	Paint Halls	8
	Carpet & paint lobby	1	5,000		
		Total SWFs:	7,000		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		83,000	Subtotal of Estimated Cost	

form HUD-52

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**Ut 402 City Plaza**			**Ut 402 City Plaza**	
	Site:			**Site:**	
	Parking lot	1	1,000	Parking lot	1
	Lighting		3,000		
		Total Site:	4,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	Transfer switch	1	8,000	Fan coils	25
				Power distribution	1
				Plumbing	1
		Total M&E:	8,000		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	Paint railings	150
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Kitchens	50	50,000	Kitchens	50
	Labor	50	12,500		
		Total DUs:	62,500		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	

	Trash compactor	1	1,000		
		Total D.E.:	1,000		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
				None	
	Carpet	7	32,000		
		Total ICAs:	32,000		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		107,500	Subtotal of Estimated Cost	

form HUD-52

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 403 Central City			**UT 403 Central City**	
	Site:			**Site:**	
	Parking lot	3	1,000	Parking lot	3
		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	Mech. and elec.	3	1,000	Mech. and elec.	3
		Total M&E:	1,000		Total M&E:
	Building Exterior:			**Building Exterior:**	
	Siding	3	1,000	Siding	3
		Total B.E.:	1,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Kitchens baths flooring	3	1,000	Kitchens baths flooring	3
			0		

		Total DUs:	1,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:** None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas: None		0	**Interior Common Areas:** None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities: None		0	**Site-Wide Facilities:** None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment: None		0	**Nondwelling Equipment:** None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

form HUD-52

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 403 Central City** **Site:**			**UT 403 Central City** **Site:**	
	Parking lot	3	1,000	Parking lot	3
		Total Site:	1,000		Total Site:
	Mechanical and Electrical: Mech. & elec.	3	1,000	**Mechanical and Electrical:** Mech. & elec.	3
		Total M&E:	1,000		Total M&E:
	Building Exterior: Siding	3	1,000	**Building Exterior:** Siding	3
		Total B.E.:	1,000		Total B.E.:

	Dwelling Units:			**Dwelling Units:**	
	Kitchens, bath, flooring	3	1,000	Kitchens, baths, flooring	3
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0		
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0		
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

form HUD-52

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 405 Scattered Sites**			**UT 405 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	

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

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

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

form HUD-52
OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 405 Scattered Sites** **Site:**			**UT 405 Scattered Sites** **Site:**	
		Total Site:	0		Total Site:
	Mechanical and Electrical: None		0	**Mechanical and Electrical:** None	
		Total M&E:	0		Total M&E:

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

form HUD-52
OMB Approval No. 25

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 406 Phillips Plaza**			**UT 406 Phillips Plaza**	
	Site:			**Site:**	
	Parking lot	1	1,000		
	Landscape	1	3,000	Parking lot	1
		Total Site:	4,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	

Annual Statement					
	Smoke detectors	100	5,000	Circulating line and pump	1
	Lighting in bath	150	5,000	Fan coils	
		Total M&E:	10,000		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	Clean & seal	1
				Paint railings	91
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Bedroom window	100	45,000		
		Total DUs:	45,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	Trash compactor	1	1,000	None	
		Total D.E.:	1,000		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	Paint hallways(L)	1	6,000		
	Auto doors	2	2,000	Doors	36
		Total ICAs:	8,000		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		68,000	Subtotal of Estimated Cost	

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

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

form HUD-52
OMB Approval No. 25

Work Statement for Year 1	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
FFY 08	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity

	UT 406 Phillips Plaza			**UT 406 Phillips Plaza**	
	Site:			**Site:**	
	Parking lot	1	1,000	Parking lot	1
See		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	Emergency generator	1	30,000	Boilers	2
	Power distribution	1	12,000		
	Chiller	1	72,000		
	Piping	1	1,000		
		Total M&E:	115,000		Total M&E:
Statement					
	Building Exterior:			**Building Exterior:**	
				None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
				None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
				Paint and carpet	8
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	Ranges	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		116,000	Subtotal of Estimated Cost	

form HUD-52

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

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

OMB Approval No. 25

Work Statement	Work Statement for Year 2 FFY: '09	Work Statement for Year 3 FFY: '10

for Year 1 FFY 08	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 407 Scattered Sites			**UT 407 Scattered Sites**	
	Site:			**Site:**	
	Landscape	1	1,000	Landscape	1
See		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	Furnaces, plumbing & electrical	1	1,000	Furnaces, electrical and plumbing	1
		Total M&E:	1,000		Total M&E:
Statement	**Building Exterior:**			**Building Exterior:**	
	Siding, soffit, roofing, gutters & paint	1	1,000	Siding,soffit, facia,gutters and paint	1
		Total B.E.:	1,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Kitchens and Baths	1	1,000		
				Flooring	1
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	Storage sheds	1	1,000	Storage	1
		Total SWFs:	1,000		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		5,000	Subtotal of Estimated Cost	

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

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

form HUD-52
OMB Approval No. 25

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 407 Scattered Sites			**UT 407 Scattered Sites**	
	Site:			**Site:**	
	Landscape,concete, asphalt	1	1,000	Landscape	1
See		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	HVAC	1	1,000	Plumbing and electrical	1
		Total M&E:	1,000		Total M&E:
Statement	**Building Exterior:**			**Building Exterior:**	
	Roofing, siding, gutters and paint	1	1,000	Siding	1
		Total B.E.:	1,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Kitchens and baths	1	1,000	Kitchens and baths	1
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	Sheds	1	1,000	Sheds	1
		Total SWFs:	1,000		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	Appliances	0	0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		5,000	Subtotal of Estimated Cost	

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 408/412 Faultline Apartments			**UT 408/412 Faultline Apartments**	
	Site:			**Site:**	
	Asphalt parking lot	1	1,000	Parking lot	1
See		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	Heating, electical, plumbing	1	1,000	HVAC	1
		Total M&E:	1,000		Total M&E:
Statement	**Building Exterior:**			**Building Exterior:**	
	Paint	1	1,000	Decks	1
	Decks		0		
		Total B.E.:	1,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Kitchens and baths	1	1,000	Kitchens	1
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	

		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

form HUD-52

OMB Approval No. 25

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 408/412 Faultline Apartments			**UT 408/412 Faultline Apartments**	
	Site:			**Site:**	
	Parking lot	1	1,000	Parking lot	1
		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	Power distribution	4	1,000	Power distribution	4
		Total M&E:	1,000		Total M&E:
	Building Exterior:			**Building Exterior:**	
	Fences	1	1,000	Roof	1
		Total B.E.:	1,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Doors	1	1,000	Windows	1
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	

		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

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

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

form HUD-5
OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 409 Scattered Sites			**UT 409 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	

		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities: None		0	**Site-Wide Facilities:** None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment: None		0	**Nondwelling Equipment:** None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

form HUD-52

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 409 Scattered Sites** **Site:** None		0	**UT 409 Scattered Sites** **Site:** None	
		Total Site:	0		Total Site:
	Mechanical and Electrical: None		0	**Mechanical and Electrical:** None	
		Total M&E:	0		Total M&E:
	Building Exterior: None		0	**Building Exterior:** None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units: None		0	**Dwelling Units:** None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment: None		0	**Dwelling Equipment:** None	

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 410 Scattered Sites**			**UT 410 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 410 Scattered Sites** **Site:** None		0	**UT 410 Scattered Sites** **Site:** None	
		Total Site:	0		Total Site:
	Mechanical and Electrical: None		0	**Mechanical and Electrical:** None	
		Total M&E:	0		Total M&E:
	Building Exterior: None		0	**Building Exterior:** None	

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 411 Scattered Sites** **Site:** None		0	**UT 411 Scattered Sites** **Site:** None	
		Total Site:	0		Total Site:
	Mechanical and Electrical: None		0	**Mechanical and Electrical:** None	

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

form HUD-52

OMB Approval No. 25

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 411 Scattered Sites Site: None		0	**UT 411 Scattered Sites Site:** None	

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

form HUD-52
OMB Approval No. 25

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity

	UT 413 Scattered Sites			**UT 413 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
See		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	None		0	None	
		Total M&E:	0		Total M&E:
Statement	**Building Exterior:**			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

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

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

form HUD-52
OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 413 Scattered Sites			**UT 413 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
See		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	None		0	None	
		Total M&E:	0		Total M&E:
Statement	**Building Exterior:**			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

and Urban Development
Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 414 Peery House			**UT 414 Peery House**	
	Site:			**Site:**	
	Parking lot	1	1,000	Parking lot	1
See		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	Water heater	1	1,000	HVAC	
		Total M&E:	1,000		Total M&E:
Statement					
	Building Exterior:			**Building Exterior:**	
	Roof		1,000	Siding	
		Total B.E.:	1,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Kitchen & bath		1,000	Smoke detectors	17
			0		
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	2
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:

	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

form HUD-52

OMB Approval No. 25

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 414 Peery House**			**UT 414 Peery House**	
	Site:			**Site:**	
	Parking lot	1	1,000	Parking lot	1
		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	Plumbing		1,000	Electrical distribution	
		Total M&E:	1,000		Total M&E:
	Building Exterior:			**Building Exterior:**	
	Roof	1	1,000	Paint	1
		Total B.E.:	1,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
				Kitchens and Plumbing	1
	Fancoils	17	1,000	Doors and Windows	17
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	

		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

form HUD-5

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 415 Romney Plaza			**UT 415 Romney Plaza**	
	Site:			**Site:**	
	Parking lot	1	1,000	Parking lot	1
				Landscape replacement	1
		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	Electrical distribution	1	3,000	Plumbing	1
		Total M&E:	3,000		Total M&E:
	Building Exterior:			**Building Exterior:**	
	Deck resurface	70	50,000	None	
		Total B.E.:	50,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0		
				None	
				None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	Paint hallways	L&1	5,000	Paint hallways	2&3

	Carpet lobby	1	3,000		
		Total ICAs:	8,000		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		62,000	Subtotal of Estimated Cost	

form HUD-52

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 415 Romney Plaza			**UT 415 Romney Plaza**	
	Site:			**Site:**	
	Parking lot	1	1,000	Parking lot	1
		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	Emergency generator and transfer switch	1
				Fire alarm system	1
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	Skylight blinds	20
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
				Smoke detectors	70
				Fan coils	5
		Total DUs:	0		Total DUs:

	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	Paint hallways	4&5	5,000	None	
		Total ICAs:	5,000		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		6,000	Subtotal of Estimated Cost	

form HUD-52

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 417 Mead and American Area**			**UT 417 Mead and American Area**	
	Site:			**Site:**	
	Landscape		1,000	Fencing	
		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	HVAC		1,000	Plumbing	
		Total M&E:	1,000		Total M&E:
	Building Exterior:			**Building Exterior:**	
	Siding		1,000	Paint	

		Total B.E.:	1,000		Total B.E.:
	Dwelling Units: Kitchens & bath		1,000	**Dwelling Units:** Kitchens & bath	
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment: None		0	**Dwelling Equipment:** None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas: None		0	**Interior Common Areas:** None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities: None		0	**Site-Wide Facilities:** None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment: None		0	**Nondwelling Equipment:** None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 417 Mead and American Area** **Site:** Sitework	5	1,000	**UT 417 Mead and American Area** **Site:** Landscape	
		Total Site:	1,000		Total Site:
	Mechanical and Electrical: Electical		1,000	**Mechanical and Electrical:** HVAC	
		Total M&E:	1,000		Total M&E:
	Building Exterior: Dwelling structure		1,000	**Building Exterior:** Siding	

		Total B.E.:	1,000		Total B.E.:
	Dwelling Units: Kitchens		1,000	**Dwelling Units:** Baths	
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment: None		0	**Dwelling Equipment:** None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas: None		0	**Interior Common Areas:** None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities: None		0	**Site-Wide Facilities:** None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment: None		0	**Nondwelling Equipment:** None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 418 Redwood, Pacific, 330 N** **Site:** Parking lots		1,000	**UT 418 Redwood, Pacific, 330 N** **Site:** Parking lots	
		Total Site:	1,000		Total Site:
	Mechanical and Electrical: HVAC		1,000	**Mechanical and Electrical:** HVAC	

Statement					
		Total M&E:	1,000		Total M&E:
	Building Exterior: Siding		1,000	**Building Exterior:** Roof	
		Total B.E.:	1,000		Total B.E.:
	Dwelling Units: Kitchens		1,000	**Dwelling Units:** Flooring	
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment: None		0	**Dwelling Equipment:** None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas: None		0	**Interior Common Areas:** None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities: None		0	**Site-Wide Facilities:** None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment: None		0	**Nondwelling Equipment:** None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

form HUD-52

OMB Approval No. 25

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**UT 418 Redwood, Pacific, 330 N** **Site:** Parking lots		1,000	**UT 418 Redwood, Pacific, 330 N** **Site:** Parking lots	

See Annual Statement					
		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	Plumbing		1,000	HVAC	
		Total M&E:	1,000		Total M&E:
	Building Exterior:			**Building Exterior:**	
	Siding		1,000	Roofing	
				Paint	
		Total B.E.:	1,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Kitchens		1,000	Kitchens	
			0		
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

form HUD-52

OMB Approval No. 25

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity

	UT 420 Pacific Heights			**UT 420 Pacific Heights**	
	Site:			**Site:**	
	Parking lots	1	1,000	Landscape	
See		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	HVAC		1,000	Hvac	
		Total M&E:	1,000		Total M&E:
Statement					
	Building Exterior:			**Building Exterior:**	
	Paint doors		1,000	Roof	
		Total B.E.:	1,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Flooring		1,000	Kitchens	
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

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

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

form HUD-52
OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 420 Pacific Heights			**UT 420 Pacific Heights**	
	Site:			**Site:**	
	Parking lots	1	1,000	Parking lots	1
See		Total Site:	1,000		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	HVAC		1,000	HVAC	
		Total M&E:	1,000		Total M&E:
Statement	**Building Exterior:**			**Building Exterior:**	
	Siding		1,000	jRoof	
		Total B.E.:	1,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	Flooring		1,000	Flooring	
		Total DUs:	1,000		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		4,000	Subtotal of Estimated Cost	

Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

and Urban Development
Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 424 Scattered Sites			**UT 424 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
See		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	None		0	None	
		Total M&E:	0		Total M&E:
Statement	**Building Exterior:**			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:

	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

form HUD-52

OMB Approval No. 25

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 424 Scattered Sites			**UT 424 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:

	Nondwelling Equipment: None		0	**Nondwelling Equipment:** None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

form HUD-52

OMB Approval No. 25

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 427 Scattered Sites **Site:** None		0	**UT 427 Scattered Sites** **Site:** None	
		Total Site:	0		Total Site:
	Mechanical and Electrical: None		0	**Mechanical and Electrical:** None	
		Total M&E:	0		Total M&E:
	Building Exterior: None		0	**Building Exterior:** None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units: None		0	**Dwelling Units:** None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment: None		0	**Dwelling Equipment:** None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas: None		0	**Interior Common Areas:** None	
		Total ICAs:	0		Total ICAs:

	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

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

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

form HUD-52
OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 427 Scattered Sites			**UT 427 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:

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

form HUD-52

OMB Approval No. 25

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 428 Scattered Sites			**UT 428 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:

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

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

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

form HUD-52
OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 428 Scattered Sites			**UT 428 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 429 Scattered Sites			**UT 429 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 429 Scattered Sites			**UT 429 Scattered Sites**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:

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

form HUD-52

OMB Approval No. 25

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 431 Scattered Site			**UT 431 Scattered Site**	

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement	Work Statement for Year 4 FFY: '11	Work Statement for Year 5 FFY: '00

for Year 1 FFY 08	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	UT 431 Scattered Site			**UT 431 Scattered Site**	
	Site:			**Site:**	
	None		0	None	
See		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	None		0	None	
		Total M&E:	0		Total M&E:
Statement	**Building Exterior:**			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

form HUD-52

OMB Approval No. 25

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

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

Comprehensive Grant Program (CGP)

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
See Annual Statement	**OFFICE AND MAINTENANCE BLGD**			**OFFICE AND MAINTENANCE BLGD**	
	Site:			**Site:**	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
				None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	Paint & caulk		17,000		
		Total B.E.:	17,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	Paint and Carpet	1,000	0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		17,000	Subtotal of Estimated Cost	

form HUD-52

OMB Approval No. 25

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
See Annual Statement	**OFFICE AND MAINTENANCE BLGD**			**OFFICE AND MAINTENANCE BLGD**	
	Site:			**Site:**	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	Roof		10,000		
		Total B.E.:	10,000		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	

		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		10,000	Subtotal of Estimated Cost	

form HUD-52

OMB Approval No. 25

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-22, Anywhere Homes			**XX Y-22, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	

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

form HUD-52

OMB Approval No. 25

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-22, Anywhere Homes			**XX Y-22, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	

		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

form HUD-52

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-23, Anywhere Homes			**XX Y-23, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**XX Y-23, Anywhere Homes**			**XX Y-23, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-24, Anywhere Homes			**XX Y-24, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**XX Y-24, Anywhere Homes** **Site:** None		0	**XX Y-24, Anywhere Homes** **Site:** None	
		Total Site:	0		Total Site:
	Mechanical and Electrical: None		0	**Mechanical and Electrical:** None	

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

form HUD-52
OMB Approval No. 25

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-25, Anywhere Homes **Site:** None		0	**XX Y-25, Anywhere Homes** **Site:** None	

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

form HUD-52

OMB Approval No. 25

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity

	XX Y-25, Anywhere Homes			**XX Y-25, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
See		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	None		0	None	
		Total M&E:	0		Total M&E:
Statement	**Building Exterior:**			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

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

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

form HUD-52
OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-26, Anywhere Homes			**XX Y-26, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
See		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	None		0	None	
		Total M&E:	0		Total M&E:
Statement	**Building Exterior:**			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

and Urban Development
Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-26, Anywhere Homes			**XX Y-26, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
See		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
Annual	None		0	None	
		Total M&E:	0		Total M&E:
Statement	**Building Exterior:**			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:

	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

form HUD-52

OMB Approval No. 25

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-27, Anywhere Homes			**XX Y-27, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas:			**Interior Common Areas:**	
	None		0	None	
		Total ICAs:	0		Total ICAs:
	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:

	Nondwelling Equipment: None		0	**Nondwelling Equipment:** None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

form HUD-52

OMB Approval No. 25

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**XX Y-27, Anywhere Homes** **Site:** None		0	**XX Y-27, Anywhere Homes** **Site:** None	
		Total Site:	0		Total Site:
	Mechanical and Electrical: None		0	**Mechanical and Electrical:** None	
		Total M&E:	0		Total M&E:
	Building Exterior: None		0	**Building Exterior:** None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units: None		0	**Dwelling Units:** None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment: None		0	**Dwelling Equipment:** None	
		Total D.E.:	0		Total D.E.:
	Interior Common Areas: None		0	**Interior Common Areas:** None	
		Total ICAs:	0		Total ICAs:

	Site-Wide Facilities:			**Site-Wide Facilities:**	
	None		0	None	
		Total SWFs:	0		Total SWFs:
	Nondwelling Equipment:			**Nondwelling Equipment:**	
	None		0	None	
		Total NDE:	0		Total NDE:
	Subtotal of Estimated Cost		0	Subtotal of Estimated Cost	

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-28, Anywhere Homes			**XX Y-28, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:
	Dwelling Equipment:			**Dwelling Equipment:**	
	None		0	None	
		Total D.E.:	0		Total D.E.:

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

form HUD-52

OMB Approval No. 25

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-28, Anywhere Homes			**XX Y-28, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:
	Dwelling Units:			**Dwelling Units:**	
	None		0	None	
		Total DUs:	0		Total DUs:

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
[redacted]	**XX Y-29, Anywhere Homes**			**XX Y-29, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:
	Mechanical and Electrical:			**Mechanical and Electrical:**	
	None		0	None	
		Total M&E:	0		Total M&E:
	Building Exterior:			**Building Exterior:**	
	None		0	None	
		Total B.E.:	0		Total B.E.:

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-29, Anywhere Homes **Site:** None		0	**XX Y-29, Anywhere Homes** **Site:** None	
		Total Site:	0		Total Site:
	Mechanical and Electrical: None		0	**Mechanical and Electrical:** None	
		Total M&E:	0		Total M&E:

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

form HUD-52

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

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

OMB Approval No. 25

Work Statement for Year 1 FFY 08	Work Statement for Year 2 FFY: '09			Work Statement for Year 3 FFY: '10	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-30, Anywhere Homes			**XX Y-30, Anywhere Homes**	
	Site:			**Site:**	
	None		0	None	
		Total Site:	0		Total Site:

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

form HUD-52

OMB Approval No. 25

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY: '00	
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity
	XX Y-30, Anywhere Homes			**XX Y-30, Anywhere Homes**	

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

Estimated Cost
0
0
0
0
0
0
78,117
78,117
0
0
71,245
71,245
0
0
39,516

39,516

188,878

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
78,117
78,117
0
0
71,245
71,245
0
0

39,516

39,516

188,878

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
1,000
1,000
0
0
0
50,000
12,500
0
62,500
0
0
12,000
12,000

48,000

48,000

0

0
123,500

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
1,000
1,000
25,000
0
10,000
35,000
15,000
15,000
50,000
50,000

0
0
0
0
0
0
0
101,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
1,000
0
1,000
1,000
1,000
1,000
1,000
1,000

1,000
0
0
0
0
0
0
0
0
4,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
$1,000.00
1,000
1,000
1,000
1,000
1,000

$1,000

1,000

0

0

0

0

0

0

0

0

4,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0

0

0

0

0

0

0

0

0

0

0

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
0
0
0

0
0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
0
1,000
1,000

3,000
50,000

53,000
15,000
10,000

25,000
0

0
0

0
9,800

9,800
0

0
0

0
88,800

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost

1,000
1,000
60,000
60,000
0
0
0
0
0
0
47,000
47,000
0
0
0
0
108,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
1,000
1,000
1,000
1,000
1,000
1,000
1,000
1,000
0
0
0
0
1,000
1,000
0
0
5,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
1,000
1,000
1,000
1,000
1,000
1,000
1,000
1,000
0
0
0
0
1,000
1,000
0
0
5,000

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
1,000
1,000
1,000
1,000
1,000 0
1,000
1,000
1,000
0
0
0
0
0
0
0

0
4,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
1,000
1,000
1,000
1,000
1,000
1,000
1,000
1,000
0
0
0
0
0
0

0
0
0
4,000

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0

0
0
0
0
0
0
0
0

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0

0

0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0

0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
0
0
0

0
0
0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
1,000
1,000
1,000
1,000
1,000
1,000
1,000
1,000
0
0
0
0
0
0
0

4,000

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
1,000
1,000
1,000
1,000
1,000
0
1,000
500
500
1,000
0
0
0
0
0

0
0
0
4,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
1,000
5,000
6,000
1,000
1,000
0
0
0
0
0
0
0
0
5,000

5,000
0
0
0
0
12,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
1,000
1,000
10,000
0
10,000
8,000
8,000
4,000
5,000
9,000

0
0
0
0
0
0
0
0
28,000

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
1,000
1,000
1,000
1,000
1,000

1,000
1,000
1,000
0
0
0
0
0
0
0
4,000

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
1,000
1,000
1,000
1,000
1,000

1,000
1,000
1,000
0
0
0
0
0
0
0
0
4,000

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
1,000
1,000
1,000

1,000
1,000
1,000
1,000
1,000
0
0
0
0
0
0
0
0
4,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
1,000

1,000
1,000
1,000
500
500
1,000
1,000
1,000
0
0
0
0
0
0
0
0
4,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost

1,000
1,000
1,000
1,000
1,000
1,000
1,000
1,000
0
0
0
0
0
0
0
0
0
0
4,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
1,000
1,000
1,000
1,000
1,000
1,000
1,000
1,000
0
0
0
0
0
0
0
0
4,000

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0
0
0
0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0

0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0

0

0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0

0

0

0

0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0
0
0

0
0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0
0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0

0

0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0

0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
0
0
0

0
0
0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost
0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0
0
0
0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0
0
0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0
0
0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0
0

0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0
0
0

0

0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0
0
0

0

0

0

0

0

0

0

0

0

0

0

0

2834 (10/96)

77-0157 (7/31/98)

Estimated Cost
0
0

0
0
0
0
0
0
0
0
0
0
0
0
0
0
0

2834 (10/96)
77-0157 (7/31/98)

Estimated Cost

0

0

0

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

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

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

Work Statement for Year 1 FFY 08	Work Statement for Year 4 FFY: '11			Work Statement for Year 5 FFY:'12		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	**Upgrade computers to improve capacity and** effectivness of Public Housing staff functions.	0	0	**Upgrade computers to improve capacity and** effectivness of Public Housing staff functions.	0	0
	A Preventitive Maintenance Program to improve the condition of Public Housing.	1	68,245	**A Preventitive Maintenance Program to improve** the condition of Public Housing.	1	68,245
	A procurement technician to monitor and improv procurement practices.	0	0	**A procurement technician to monitor and improv** procurement practices.	0	0
	Training for modernization and maintenance to provide skills necessary to sustain the physical impr	5	5,000	**Training**	5	5,000
	5) Item 5		0	5) Item 5		0
	6) Item 6		0	6) Item 6		0
	7) Item 7		0	7) Item 7		0
	Subtotal of Estimated Cost		73,245	Subtotal of Estimated Cost		73,245