

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

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# PHA Plans

5 Year Plan for Fiscal Years **2005 - 2009**

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:** City of Madison

**PHA Number:** WI-003

**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:      Number of S8 units:      Number of public housing units:  
 Number of S8 units:

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

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

**Public Access to Information**

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

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

**Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2005 - 2009**  
[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)

**B. Goals**

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

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

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: 86 (2006 Standard Performer)
  - Improve voucher management: 85 (2006 Standard Performer)
  - Increase customer satisfaction:
  - Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:
  - Demolish or dispose of obsolete public housing:
  - Provide replacement public housing:

- Provide replacement vouchers:
- Other: (list below)

**X PHA Goal: Increase assisted housing choices**

Objectives:

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

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

**X PHA Goal: Provide an improved living environment**

Objectives:

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

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

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

Objectives:

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

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

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

**Other PHA Goals and Objectives: (list below)**

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

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**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.

N/A

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

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**Attachments**

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

**Required Attachments:**

- Admissions Policy for Deconcentration **(WI-003-A01)**
- FY 2004 – FY 2008 Capital Fund Program Annual Statement **(WI-003-A02)**
- 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 **(WI-003-A05)**
- List of Resident Board Member **(WI-003-A05)**
- Community Service Description of Implementation **(WI-003-A06)**
- Information on Pet Policy **(WI-003-A07)**
- Section 8 Homeownership Capacity Statement, if applicable **(WI-003-A08)**
- Description of Homeownership Programs, if applicable **(WI-003-A09)**

**Optional Attachments:**

- PHA Management Organizational Chart **(WI-003-A03)**
- FY 2005 Capital Fund Program 5 Year Action Plan **(WI-003-A04)**
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) **(included in Annual Plan)**
- Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
<input checked="" type="checkbox"/>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<input checked="" type="checkbox"/>	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Consolidated Plan for the jurisdiction/s in which the PHA is	Annual Plan:

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	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	Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> 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 <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs

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

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	<b>High</b>		<b>10,200</b>				
Income >30% but <=50% of AMI	<b>High</b>		<b>7,250</b>				
Income >50% but <80% of AMI	<b>Medium High</b>		<b>5,800</b>				
Elderly	<b>High</b>		<b>3,100</b>				
Families with Disabilities	<b>Medium High</b>		<b>1,155</b>				
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	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: **2004**
- 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)					
<input type="checkbox"/> Section 8 tenant-based assistance					
<input type="checkbox"/> Public Housing					
<input checked="" type="checkbox"/> Combined Section 8 and Public Housing					
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)					
If used, identify which development/subjurisdiction:					
	# of families		% of total families		Annual Turnover
	PH	S8	PH	S8	
Waiting list total	446	366	55%	45%	
Extremely low income <=30% AMI	415	306	93%	84%	
Very low income (>30% but <=50% AMI)	26	59	6%	16%	
Low income (>50% but <80% AMI)	5	1	1%	0%	
Families with children	229	142	51.35%	38.80%	
Elderly families	6	67	1.35%	18.31%	
Families with Disabilities	29	120	7.00%	33.00%	
Race/ethnicity - Black	279	157	62.56%	42.90%	
Race/ethnicity - White	142	198	31.84%	54.10%	
Race/ethnicity - Hispanic	29	11	6.50%	3.01%	
Race/ethnicity-Asian	18	11	4.04%	3.01%	
Race/ethnicity-Ind/Als	5	-0-	1.12%	0.00%	

<b>Housing Needs of Families on the Waiting List</b>			
Characteristics by Bedroom Size (Public Housing Only)	<b>Public Housing</b>		
1BR	<b>192</b>	<b>43.05%</b>	
2 BR	<b>162</b>	<b>36.32%</b>	
3 BR	<b>62</b>	<b>13.90%</b>	
4 BR	<b>28</b>	<b>6.28%</b>	
5 BR	<b>2</b>	<b>.45%</b>	
5+ BR	<b>-0-</b>	<b>00.00%</b>	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### **C. Strategy for Addressing Needs**

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

#### **(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) **Section 8 Project-Based Voucher Program:**

**The CDA may issue a new Request for Proposal (RFP) in 2008, under this program. The RFP would conform to the purposes outlined for the use of Project-Based Vouchers. The CDA would go through the required RFP process and follow adopted policies and procedures, as outlined in our Administrative Plan, and in compliance with HUD requirements.**

**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: **Market to elderly through agencies and publications.**

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

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

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

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

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: **Provide information in foreign languages.**

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

- 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.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2008 grants)</b>		
a) Public Housing Operating Fund	<b>1,456,000</b>	
b) Public Housing Capital Fund	<b>1,000,000</b>	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	<b>8,454,000</b>	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	<b>1,900,000</b>	
<b>4. Other income (list below)</b>		
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	<b>12,810,000</b>	

### **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)
- Other: **When vacancies occur, families are selected from the wait list.**

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)

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
- Other (describe)

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

- PHA main administrative office
- PHA development site management office
- Other: **By mail or fax.**

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

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

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

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

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

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

### **(3) Assignment**

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

- One
- Two
- 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:

### **(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)
- 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) **\*\* See Below**
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

**\*\* A special and limited, Involuntary Displacement Preference may be granted to eligible families on a short-term, one-time basis for Section 8 Voucher or Public Housing admission. This preference would only be for those eligible for assistance from CDA, under the Disaster Housing Assistance Program (DHAP). Income and criminal screening would be applicable to their admissions.**

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): **Those who are attending school or are participating in training programs in the jurisdiction.**

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

**X** Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1** Victims of domestic violence  
Substandard housing
- 1** 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
- X** 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): **Those who are attending school or are participating in training programs in the jurisdiction.**

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

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

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)
- 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)
- Name and Phone number of Previous Landlord, if available.**

### (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: **By mail or fax.**

### **(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:

**With verification, the following extenuating circumstances apply:**

- **Hospitalization**

- **Family Emergency**

- **Disability (through Reasonable Accommodation process)**

### **(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) **\*\* See Below**

Victims of domestic violence

Substandard housing

Homelessness

High rent burden (rent is > 50 percent of income)

**\*\* A special and limited, Involuntary Displacement Preference may be granted to eligible families on a short-term, one-time basis for Section 8 Voucher or Public Housing admission. This preference would only be for those eligible for assistance from CDA, under the Disaster Housing Assistance Program (DHAP). Income and criminal screening would be applicable to their admissions.**

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)
- Date and time of application
- Drawing (lottery) or other random choice technique
5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)
- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan
6. Relationship of preferences to income targeting requirements: (select one)
- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)
- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)
- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?
- Through published notices
- Other (list below)

## **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

### **A. Public Housing**

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

#### **(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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:

**The CDA will notify all participant families subject to a minimum rent of their right to request a minimum rent hardship exemption under the law.**

**The CDA will immediately grant the minimum rent exemption to all families who request it effective the first month following the request.**

**The Minimum Rent will be suspended until the CDA determines whether the hardship is:**

- Covered by statute**  
**Temporary or long-term**

**If the CDA determines that the minimum rent is not covered by statute, the CDA will impose a minimum rent including payment for minimum rent from the time of suspension.**

**In order for a family to qualify for a hardship exemption the family's circumstances must fall into one of the following criteria:**

**The family has lost eligibility or is awaiting an eligibility determination for Federal, State, or local assistance;**

**The family would be evicted as a result of the imposition of the minimum rent requirements;**

**The income of the family has decreased because of changed circumstances including:**

**Loss of employment**

**Death in the family**

**Other circumstances as determined by the CDA or HUD**

**If the CDA determines that the hardship is temporary (less than 90 days), a minimum rent will be imposed, including back payment from time of suspension, but the family will not be evicted for nonpayment of rent during the 90-day period commencing on the date of the family's request for exemption.**

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)

N/A

- 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)

N/A

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> 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: **New income**

- 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: **Section 8 Fair Market Rents adjusted for local conditions.**

## B. Section 8 Tenant-Based Assistance

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

### (1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually
- Other (list below)

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: **Market rent comparables.**

**(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)

**In order for a family to qualify for a hardship exemption the family's circumstances must fall under one of the following HUD hardship criteria:**

**The family has lost eligibility or is awaiting an eligibility determination for Federal, State, or local assistance;**

**The family would be evicted as a result of the imposition of the minimum rent requirements;**

**The income of the family has decreased because of changed circumstances including, loss of employment, death in the family, or other circumstances as determined by the CDA or HUD**

**The CDA will notify all families subject to a minimum rent of their right to request a minimum rent hardship exemption.**

**The CDA will grant the minimum rent exemption to all families who request it, effective the first month following the request. The "Suspension" of minimum rent will last until the CDA determines whether the hardship is covered by statute, or is temporary or long term.**

**During the minimum rent suspension period, the family will not be required to pay a minimum rent and the housing assistance payment will be increased accordingly. If the CDA determines that the minimum rent is not covered by statute, the family is responsible for paying the minimum rent including the amount of minimum rent that was suspended.**

**If the CDA determines that the hardship is temporary, the suspension will continue for a period of up to 90 days from the date of the family's request. At the end of the suspension period, a minimum rent will be imposed and the family must pay the amount of the minimum rent that was suspended.**

**The CDA will offer a repayment agreement to the family for any such rent not paid during the temporary hardship period.**

**If the CDA determines that there is a qualifying long-term financial hardship, the CDA must exempt the family from the minimum rent requirements for as long as the hardship continues. The exemption from minimum rent shall apply from the first day of the month following the family's request for exemption.**

## **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.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	<b>754</b>	<b>135</b>
Section 8 Vouchers	<b>1,336</b>	<b>100</b>
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)	<b>48</b>	<b>10</b>
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)

**See Public Housing Admission Policies**

(2) Section 8 Management: (list below)

**See Section 8 Administrative Plan**

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

1.  Yes  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:

**See Public Housing Admissions Policies**

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:

**See Section 8 Administrative Plan**

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) **WI-003-A02**

-or-

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

#### **(2) Optional 5-Year Action Plan**

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) **WI-003-A04**

-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:

**Truax Park Apartments WI-003-08**  
**Wright Street Townhomes WI-003-01**

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:

**Truax Park Apartments**  
**Wright Street Townhomes WI-003-01**

## **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.)

**Activity Description: The CDA is currently exploring the option of the redevelopment of the Truax Park Apartments (WI003-08), which includes, the Wright Street Townhouse units (WI003-001 A Site). A development concept will be determined by the end of the year 2007. It may include the demolition or rehabilitation of some or all units, and possibly include the introduction of some non public housing or commercial development on this site. Funding/financing for the redevelopment scenario selected will then be pursued with hopes of securing in 2008, to begin development in late 2008 or 2009.**

**Background: The CDA has not added any new public housing to its stock in 18 years. Much of our current housing stock is outdated and in need of refurbishing. The CDA developed a Long Range Planning Committee to explore the options for redevelopment. It examined the current stock its conditions and potential for redevelopment. After over a year of study the Committee came up with a recommendation to pursue the redevelopment of the Truax Park Site first, with others to follow.**

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	<b>Truax Park Apartments / Wright Street Townhouses</b>
1b. Development (project) number:	<b>WI 003-08 / WI 003-01</b>
2. Activity type:	Demolition <b>X</b> Disposition <b>X</b>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <b>X</b>
4. Date application approved, submitted, or planned for submission:	<b>2008</b>
5. Number of units affected:	
6. Coverage of action (select one)	<b>X</b> Part of the development <b>WI 003-01</b> <b>X</b> Total development <b>WI 003-08</b>
7. Timeline for activity:	a. Actual or projected start date of activity: <b>2008</b> b. Projected end date of activity: <b>2009</b>

**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.

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	<b>Romnes Apartments and Tenney Park Apartments</b>
1b. Development (project) number:	<b>WI-003-004 and WI-003-005</b>
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> ( <b>Romnes and Tenney Park</b> ) Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<b><u>(4<sup>th</sup> Qtr, 2006)</u></b>
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input checked="" type="checkbox"/> Revision of a previously-approved Designation Plan? <b>Extension</b>
6. Number of units affected:	<b>208</b>
7. Coverage of action	<input checked="" type="checkbox"/> Part of the development – <b>Tenney Park Apartments (41 Units)</b> <input checked="" type="checkbox"/> Total development – <b>Romnes Apartments (167 Units)</b>

## **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 N/A

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.

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

- 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.)

**Activity Description – The Disposition of Public Housing under the Low Rent Public Housing Homeownership Program is under consideration for adoption. The City of Madison is examining the use of this program, as a neighborhood revitalization tool. If the CDA decides to pursue this programming effort, it will develop a draft plan and solicit public comment. A Plan will then be adopted and forwarded to HUD for approval.**

**Background: The Southwest Neighborhood Plan recommends that the CDA explore the idea of selling its Low Rent Public Housing West Site, Scattered Sites (WI003-13) to low income residents. The hope is that the promotion of homeownership, in this area of high rental unit concentration, may help to stabilize the neighborhood. Studies have long shown the positive influence of homeownership.**

<b>Public Housing Homeownership Activity Description</b> <b>(Complete one for each development affected)</b>	
1a. Development name: <b>West Scattered Sites</b>	
1b. Development (project) number: <b>WI 003-10</b>	
2. Federal Program authority:	
<input type="checkbox"/> HOPE I	
<input type="checkbox"/> 5(h)	
<input type="checkbox"/> Turnkey III	
<input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)	
3. Application status: (select one)	
<input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program	
<input type="checkbox"/> Submitted, pending approval	
<input checked="" type="checkbox"/> Planned application	
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:	
<b>2008</b>	
5. Number of units affected: <b>10</b>	
6. Coverage of action: (select one)	
<input checked="" type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

## B. Section 8 Tenant Based Assistance

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

2. Program Description: See attached Capacity Statement and 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:

- **Be able to secure a mortgage loan from a lender.**
- **Be consistently employed (30 hours a week), for at least one year before homeownership assistance starts (elderly and disabled families are exempt from this requirement).**
- **Earn a minimum annual income of \$10,300 or \$7,773.36, if you are disabled.**
- **Be a current Section 8 Rental Participant for one year.**
- **Be in compliance with your current lease.**
- **Be a first time homeowner.**

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

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

### **A. PHA Coordination with the Welfare (TANF) Agency**

#### 1. Cooperative agreements:

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

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

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

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

### **B. Services and programs offered to residents and participants**

#### **(1) General**

##### a. Self-Sufficiency Policies

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

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



### **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: **Private security reports.**

3. Which developments are most affected? **3-1 D**

**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: **Agreement with local church volunteers to provide child activities.**

2. Which developments are most affected? **3-1 D**

**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? **3-1 D**

**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.

**N/A**

- 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)]

**See attachment WI-003-A07**

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  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? N/A  
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: Continued long range planning.
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:

**RESIDENT ADVISORY BOARD MEETING MINUTES**  
**Wednesday, September 19, 2007**  
**Madison Municipal Building - Room 300**

**RAB Members Present: Aaron Blacks, Alice Fike**

**CDA Subcommittee Members Present: Gregg Shimanski, Lisa Subeck**

**CDA Staff Present: Lisa Daniels, Augie Olvera**

**City of Madison Presenter: Archie Nicolette (Planning Division)**

**Visitors: Rick Stirr**

**Augie Olvera distributed a handout, which highlights the following activity for the 2008 PHA Annual Plan:**

- 1.) Increase the Number of affordable Housing Units.**
  - CDA may issue a new RFP, in 2008, for the use of Section 8 Project-Based Vouchers.
  - CDA would go through the required RFP process and follow policies and procedures, as outlined in the Administrative Plan and comply with HUD requirements.
- 2.) Public Housing Development and Replacement Activities.**
  - CDA is currently exploring redevelopment of Truax Park Apartments, which also includes the Wright Street Townhouse units.
  - A development concept will be determined by the end of 2007, which may include demolition or rehabilitation of some, or all, units.
  - The redevelopment concept may include non-Public Housing units and/or commercial development.
  - Funding and/or financing to be pursued and possible development to begin in late 2008 or 2009.

### 3.) Homeownership Programs

- Disposition of Public Housing under a Low-Rent Public Housing Homeownership Program is under consideration.
- The City of Madison is examining the use of this program as a revitalization tool, per recommendations from the Southwest Neighborhood Planning Committee.
- CDA's pursuit of this programming effort will require a draft plan and Public comment solicitation.
- A plan would then be submitted to HUD for approval.

Gregg Shimanski stated that CDA currently owns five (5) duplexes in the neighborhood sub-area being reviewed by the Southwest Neighborhood Plan, which include Theresa Terrace, Betty's Lane and Hammersley Road. If the CDA sell these units, they could take the proceeds and provide more Public Housing units. He supports the concept, if the money is re-invested in the community. He recommends deed restrictions, so that the units always remain owner-occupied.

Archie Nicolette, Planning Division, distributed a hand out, showing four sub-areas, within the Southwest neighborhoods, pinpointed to receive detailed revitalization strategies:

- |   |                              |
|---|------------------------------|
| 1.) Balsam-Russet Roads                         | 3.) Park Ridge Drive         |
| 2.) Bettys Lane-Theresa Terrace-Hammersley Road | 4.) Berkshire-Schroeder Road |

The handout also provided a snapshot of information, for the four sub-areas, including:

- |                   |                     |
|-------------------|---------------------|
| • Owner Occupancy | • Section 8 Housing |
| • Owner Residence | • Median Assessment |
| • Turnover        | • Police Calls      |

Archie also distributed a handout, showing area maps of the four sub-areas and listing recommendations on:

- |                  |                      |
|------------------|----------------------|
| • Housing Market | • Physical Condition |
| • Image          | • Management         |

Archie stated that Southwest Neighborhood Plan is focused on multi-family areas, which are the least stable. In an effort to make a solid, stable neighborhood, there needs to be a focus on crime and safety prevention. Homeownership would provide the momentum for this change. The hope is that CDA would entertain the idea of taking their units, in the sub-areas, and turn them into condominiums. The CDA could sell the condos for homeownership to low- or moderate-income families, which would provide reinvestment and stability.

Archie also stated that this is a neighborhood improvement district, which could help provide resources, such as rehabilitation loans. Other recommendations include aggressive inspection from Building Inspection and more networking with existing programs (schools and community resources).

**Lisa Subeck stated that CDA Housing Homeownership could spur other homeownership and a better mix of housing would help to stabilize the neighborhood.**

**Rick Stirr, Southwest Neighborhood Plan Steering Committee Member, stated that he owns rental units in the sub-area proposed for Public Housing Homeownership and he believes this to be a good plan. He stated that 6205 Jacob's Way has now become two condos, with a 2-car garage. The target is mixed-income and the selling price is at \$125,000. The property originally sold as a tri-level and there is rehabbing taking place. The garage was built with City loans. CDBG has \$80,000 set aside for this area, for down payment assistance. It would be beneficial for the area, if CDA sells their units for homeownership.**

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)

**Solicitation of volunteers appointed by Mayor.**

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) N/A

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

**C. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: **The Madison, Wisconsin Community and Neighborhood Development (Consolidated) One-Year Action Plan**

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.

Other: (list below)

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

**See consolidated Plan.**

**D. Other Information Required by HUD**

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

## **Attachments**

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

# PHA Plan Table Library

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

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

Capital Fund Grant Number      FFY of Grant Approval: (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	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	
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)
<b>Total estimated cost over next 5 years</b>				



**COMMUNITY DEVELOPMENT AUTHORITY  
HOUSING OPERATIONS UNIT**

**DECONCENTRATION POLICY**

It is Community Development Authority (CDA) Housing Operations Unit's policy for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

The CDA Housing Operations Unit will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement.

**Deconcentration Incentives**

The CDA Housing Operations Unit may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.

Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and nondiscriminatory manner.

**Offer of a Unit**

When the CDA Housing Operations Unit discovers that a site will have vacancies, we will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goals.

The CDA Housing Operations Unit will make a first offer/letter of interest for the site. The family will be given ten (10) business days from the date of the letter to accept or decline the offer.

If the first offer is accepted, the application is sent to the Program Eligibility Monitor for screening. Upon successful completion of the screening, the file will be sent to the site manager.

**Rejection of a Unit**

If in making the first offer to the family the CDA Housing Operations Unit skipped over other families on the waiting list in order to meet their deconcentration goal or offered the family any other deconcentration incentive and the family rejects the unit, the family will not lose their place on the waiting list and will not be otherwise penalized.

If the first offer is declined, the family is placed on a waiting list until another vacancy occurs. When another vacancy occurs, if the family has a local preference, a second and final offer will be made. The second offer/letter of interest will be mailed to the family with instructions to return the offer within ten (10) business days.

If the second offer is accepted, the application is forwarded to the Program Eligibility Monitor for screening. Upon successful screening the file will be sent to the site manager.

If the CDA Housing Operations Unit did not skip over other families on the waiting list to reach this family, did not offer any other deconcentration incentive, and the family rejects the unit without good cause (if this is the second offer) the family's application will be cancelled.

If the family rejects the second offer with good cause, they will not lose their place on the waiting list. Good cause includes reasons related to health, proximity to work, school, and childcare (for those working or going to school). The family will be offered the right to an informal meeting of the decision to alter their application status.

### **Acceptance of Unit**

Upon acceptance of a specific unit, all families (head of household) and other adult family members will be required to attend the Lease and Occupancy Orientation. Failure of an applicant to attend the orientation, without good cause, may result in the cancellation of the occupancy process.

The applicant will be provided a copy of the lease, the grievance procedure, utility allowances, utility charges, and the current schedule of routine maintenance charges. These documents will be explained in detail.

The signing of the lease and the review of financial information are to be privately handled. The head of household and all adult family members will be required to execute the lease prior to admission. One executed copy of the lease will be furnished to the head of household and the CDA Housing Operations Unit will retain the original executed lease in the tenant's file. A copy of the grievance procedure will be attached to the resident's copy of the lease.

The family will pay a security deposit at the time of lease signing. The security deposit will be equal to a set amount determined by the Housing Operations Unit.

In exceptional situations, the CDA Housing Operations Unit reserves the right to allow a new resident to pay their security deposit in up to three (3) payments. One third shall be paid in advance, one third with their second rent payment, and one third with their third rent payment. This shall be at the sole discretion of the CDA Housing Operations Unit.

In the case of a move within public housing, the security deposit for the first unit will be transferred to the second unit. Additionally, if the security deposit for the second unit is greater than that for the first, the difference will be collected from the family.

In the event there are costs attributable to the family for bringing the first unit into condition for re-renting, the family shall be billed for these charges.

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

PHA Name: <b>Community Development Authority of the City of Madison</b>	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2004</b>
--	---	----------------------------------

Original Annual Statement     
 Reserve for Disasters/Emergencies     
 Revised Annual Statement (revision no. )  
 Performance & Evaluation Report for Period Ending:     
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	244,530.00	244,530.00	244,530.00	244,530.00
3	1408 Management Improvements	237,300.00	160,681.87	160,681.87	160,681.87
4	1410 Administration	84,000.00	99,605.71	99,605.71	99,605.71
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,670.00	2,539.66	2,539.66	2,539.66
8	1440 Site Acquisition				
9	1450 Site Improvement	136,653.00	151,541.14	151,541.14	151,541.14
10	1460 Dwelling Structures	382,500.00	430,743.24	430,743.24	430,743.24
11	1465.1 Dwelling Equipment-Nonexpendable	30,000.00	89,376.95	89,376.95	89,376.95
12	1470 Nondwelling Structures	30,000.00	0.00		0.00
13	1475 Nondwelling Equipment	37,000.00	43,634.43	43,634.43	43,634.43
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	35,000.00	0.00		0.00
21	<b>Amount of Annual Grant (Sum of Lines 2-20)</b>	1,222,653.00	1,222,653.00	1,222,653.00	1,222,653.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs	130,000.00	158,665.43	158,665.43	158,665.43
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date X	Signature of Public Housing Director/Office of Native American Programs Administrator and Date X
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-1	1. Appliance Replacement ABD	1465		5,000.00	29,450.00	29,450.00	29,450.00	Complete
A,B,C,D	2. Bathroom Remodel	1460		30,000.00	95,430.08	95,430.08	95,430.08	Complete
Sites	3. Roof Replacement C Site	1460		0.00	0.00			Delete
	4. A & E	1430		0.00	742.50	742.50	742.50	Complete
	5. Flooring Replacement	1460		0.00	3,702.50	3,702.50	3,702.50	Complete
				<b>35,000.00</b>	<b>129,325.08</b>	<b>129,325.08</b>	<b>129,325.08</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-4	1. Medicine Cabinet Replacement	1460		25,000.00	0.00			Delete
Romnes	2. Bath Vanity Replacement	1460		84,000.00	0.00			Delete
Apts.	3. Unit Floor Replace. 8 of 20	1460		15,000.00	9,598.90	9,598.90	9,598.90	Complete
	4. Power Assist Doors A, D	1460		5,000.00	0.00			Delete
	5. A & E Services	1430		3,000.00	310.00	310.00	310.00	Complete
	6. Vehicle #10	1475		0.00	0.00			
				<b>132,000.00</b>	<b>9,908.90</b>	<b>9,908.90</b>	<b>9,908.90</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-5	1. Hallway Paint, carpet, lighting	1460		0.00	0.00			Delete
Tenney Park	2. Unit Floor Replacement	1460		3,000.00	5,552.00	5,552.00	5,552.00	Complete
Apts.	3. Roof Replacement	1460		0.00	0.00			Delete
				<b>3,000.00</b>	<b>5,552.00</b>	<b>5,552.00</b>	<b>5,552.00</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>		
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-6	1. Hallway Floor/Base Replacement	1460		0.00	0.00			Delete
Brittingham Apts.	2. A & E Services	1430		0.00	337.50	337.50	337.50	Complete
				<b>0.00</b>	<b>337.50</b>	<b>337.50</b>	<b>337.50</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-7 Scattered Sites	1. Unit Floor/Base Replace. 3 of 5	1460		18,000.00	20,024.48	20,024.48	20,024.48	Complete
	2. Exterior Stain Traceway	1460		0.00	0.00			Delete
	3. Interior Door/Frame Replacement	1460		0.00	0.00			Delete
	4. Exterior Lighting	1450		37,653.00	25,529.76	25,529.76	25,529.76	Complete
	5. Appliance Replacement	1465		0.00	34,660.00	34,660.00	34,660.00	Complete
				<b>55,653.00</b>	<b>80,214.24</b>	<b>80,214.24</b>	<b>80,214.24</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2004</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-8	1. Dumpster Enclosure Replacement	1470		30,000.00	0.00			Delete
Truax Park	2. Sewer Replacement	1460		12,000.00	0.00			Delete
Apts.	3. Unit Floor/Base Replace. 2 of 8	1460		30,000.00	3,485.00	3,485.00	3,485.00	Complete
	4. Parking Lot Asphalt Replacement	1450		84,000.00	0.00			Delete
	5. Roof Replacement	1460		130,000.00	0.00			Delete
				<b>286,000.00</b>	<b>3,485.00</b>			

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2004</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-9 Scattered Sites	1. Appliance Replacement	1465		13,000.00	14,604.48	14,604.48	14,604.48	Complete
				<b>13,000.00</b>	<b>14,604.48</b>	<b>14,604.48</b>	<b>14,604.48</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-13	1. Vehicle #14	1475		25,000.00	41,133.35	41,133.35	41,133.35	Complete
Scattered Sites	2. Appliance Replacement	1465		12,000.00	10,662.47	10,662.47	10,662.47	Complete
				<b>37,000.00</b>	<b>51,795.82</b>	<b>51,795.82</b>	<b>51,795.82</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	1. Sundry	1430		2,670.00	1,149.66	1,149.66	1,149.66	Complete
PHA Wide	2. Contingency	1502		35,000.00	0.00			
	3. Site Improvements	1450		15,000.00	126,011.38	126,011.38	126,011.38	Complete
	4. Computer Hardware	1475		12,000.00	2,501.08	2,501.08	2,501.08	Complete
	5. Accessibility Improvements	1460		3,000.00	2,861.11	2,861.11	2,861.11	Complete
	6. On Demand	1460		27,500.00	290,089.17	290,089.17	290,089.17	Complete
	7. Operations	1406		244,530.00	244,530.00	244,530.00	244,530.00	Complete
				<b>339,700.00</b>	<b>667,142.40</b>	<b>667,142.40</b>	<b>667,142.40</b>	

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

**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2004</b>			
Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Management	1. Computer Software	1408		20,000.00	228.76	228.76	228.76	Complete
Improvements	2. Computer Coordinator	1408		29,500.00	0.00			Delete
PHA Wide	3. Housing Counsellor	1408		5,000.00	0.00			Delete
	4. Program Eligibility Monitor	1408		27,300.00	0.00			Delete
	5. Marketing	1408		500.00	1,177.00	1,177.00	1,177.00	Complete
	6. Resident Laborers	1408		0.00	0.00			Delete
	7. Resident Clerk	1408		0.00	0.00			Delete
	8. Maintenance Training	1408		5,000.00	610.68	610.68	610.68	Complete
	9. Management Training	1408		10,000.00	0.00			Delete
	10. Security	1408		130,000.00	158,665.43	158,665.43	158,665.43	Complete
	11. Resident Services Coordinator	1408		5,000.00	0.00			Delete
	12. Residents Associations	1408		1,000.00	0.00			Delete
	13. AAspire Student	1408		4,000.00	0.00			Delete
				<b>237,300.00</b>	<b>160,681.87</b>	<b>160,681.87</b>	<b>160,681.87</b>	

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Signature of Executive Director and Date

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

**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2004</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration	1. Grants Administrator	1410		0.00	0.00			Delete
PHA Wide	2. Administrative Clerk	1410		55,000.00	58,969.36	58,969.36	58,969.36	Complete
	3. Maintenance Supervisor	1410		21,000.00	37,039.49	37,039.49	37,039.49	Complete
	4. Unit Director	1410		8,000.00	3,596.86	3,596.86	3,596.86	Complete
				<b>84,000.00</b>	<b>99,605.71</b>	<b>99,605.71</b>	<b>99,605.71</b>	

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

**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2004</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A & E Summary Sheet								
3-1	A & E Services	1430		0.00	742.50	742.50	742.50	
3-4	A & E Services	1430		3,000.00	310.00	310.00	310.00	
3-6	A & E Services	1430		0.00	337.50	337.50	337.50	
				<b>3,000.00</b>	<b>647.50</b>			

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-04</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2004</b>
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Development Number Name / HA Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
WI39-P003-001	2005			2007			
WI39-P003-004	2005			2007			
WI39-P003-005	2005			2007			
WI39-P003-006	2005			2007			
WI39-P003-007	2005			2007			
WI39-P003-008	2005			2007			
WI39-P003-009	2005			2007			
WI39-P003-0013	2005			2007			
WI39-P003-00all	2005			2007			
WI39-P003-00mngt.	2005			2007			
WI39-P003-00admin.	2005			2007			

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

PHA Name: <b>Community Development Authority of the City of Madison</b>	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2005</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. 2 )  
 Performance & Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	269,157.00	224,443.00	224,443.00	224,000.00
3	1408 Management Improvements	252,436.00	134,500.00	36,585.06	26,432.27
4	1410 Administration	86,940.00	105,205.00	105,205.00	45,318.95
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4,578.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	50,525.00	34,233.00	10,731.16	10,731.16
10	1460 Dwelling Structures	456,508.00	573,439.00	423,324.43	390,449.25
11	1465.1 Dwelling Equipment-Nonexpendable	177,000.00	32,979.00	32,979.00	16,273.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	12,420.00	17,420.00	1,043.14	1,043.14
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	36,225.00	0.00	0.00	0.00
21	<b>Amount of Annual Grant (Sum of Lines 2-20)</b>	1,345,789.00	1,122,219.00	834,310.79	714,247.77
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs	134,550.00	134,500.00	36,585.06	26,432.27
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date X	Signature of Public Housing Director/Office of Native American Programs Administrator and Date X
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-1	1. Vanity Top Replacement - C	1460		10,000.00	0.00			
A,B,C,D	2. Water Heater Replacement - ABD	1465		60,000.00	8,299.00	8,299.00	4,717.00	Underway
Sites	3. <i>Bath Remodel - ABD</i>	1460		0.00	26,839.53	26,839.53	26,839.53	
				<b>70,000.00</b>	<b>35,138.53</b>	<b>35,138.53</b>	<b>31,556.53</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-4 Romnes Apts.	1. Roof Replacement incl. Comm Rood 2. Kitchen/Dining Improvements 3. Flooring Replacement	1460 1460 1460		180,000.00 35,000.00 20,000.00	171,821.10 1,902.00 11,672.80			
				<b>235,000.00</b>	<b>185,395.90</b>	<b>13,574.80</b>	<b>13,574.80</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>			
Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-5	1. Water Softener Replacement	1465		7,000.00	0.00			
Tenney Park	2. Flooring Replacement	1460		3,000.00	9,926.80	9,926.80	9,926.80	Underway
Apts.	3. Roof Replacment	1460		0.00	143,660.00	143,660.00	143,660.00	Underway
				<b>10,000.00</b>	<b>153,586.80</b>	<b>153,586.80</b>	<b>153,586.80</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-6	1. Water Softener Replacement	1465		8,000.00	0.00			Underway
Brittingham	2. Flooring Replacement	1460		10,000.00	7,111.00	7,111.00	7,111.00	
Apts.	3. A & E	1430		2,000.00	0.00			
				<b>20,000.00</b>	<b>7,111.00</b>	<b>7,111.00</b>	<b>7,111.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2005</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-7 Scattered Sites	1. Appliance Replacment	1465		10,000.00	11,394.00	11,394.00	2,910.00	Underway
	2. Flooring Replacement	1460		18,000.00	0.00			
	3. Exterior Stain - all Catalpa, Sequoia	1460		16,000.00	0.00			
	4. Water Heater Replacement	1465		11,000.00	350.00	350.00	350.00	
				<b>55,000.00</b>	<b>11,744.00</b>	<b>11,744.00</b>	<b>3,260.00</b>	

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

**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2005</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-8	1. Appliance Replacement	1465		30,000.00	9,922.00	9,922.00	5,632.00	Underway
Truax Park	2. Floor Replacement	1460		30,000.00	7,709.30	7,709.30	7,709.30	Underway
Apts.	3. Play Equipment	1450		35,000.00	0.00			
	4. Sewer Replacement	1460		12,000.00	0.00			
				<b>107,000.00</b>	<b>17,631.30</b>	<b>17,631.30</b>	<b>13,341.30</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2005</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-9	1. Closet Door Replacement	1460		87,403.00	0.00			
Scattered	2. Water Heater Replacement	1465		15,000.00	350.00	350.00		
Sites	3. Appliance Replacement	1465		22,000.00	2,664.00	2,664.00	2,664.00	Underway
				<b>124,403.00</b>	<b>3,014.00</b>			

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>		
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-13	1. Bath Exhaust Fans X17	1460		7,000.00	0.00			
Scattered Sites	2. Refrigerator Replacement	1465		14,000.00	0.00			
				<b>21,000.00</b>	<b>0.00</b>			

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>			
Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	1. Sundry	1430		2,578.00	0.00			
PHA Wide	2. Contingency	1502		36,225.00	0.00			
	3. Site Improvements	1450		15,525.00	34,233.00	10,731.16	10,731.16	Underway
	4. Computer Hardware	1475		12,420.00	17,420.00	1,043.14	1,043.14	Underway
	5. Accessibility Improvements	1460		3,105.00	6,278.53	1,107.53	1,107.53	Underway
	6. On Demand	1460		25,000.00	186,517.94	213,395.47	180,520.29	Underway
	7. Operations	1406		269,157.00	224,443.00	224,443.00	224,000.00	
				<b>364,010.00</b>	<b>468,892.47</b>	<b>450,720.30</b>	<b>417,402.12</b>	

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

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2005</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Management Improvements	1. Computer Software	1408		20,700.00	0.00			
PHA Wide	2. Computer Coordinator	1408		30,532.00	0.00			
	3. Housing Counsellor	1408		5,000.00	0.00			
	4. Program Eligibility Monitor	1408		27,300.00	0.00			
	5. Marketing	1408		8,000.00	0.00			
	6. Resident Laborers	1408		0.00	0.00			
	7. Resident Clerk	1408		0.00	0.00			
	8. Maintenance Training	1408		5,175.00	0.00			
	9. Management Training	1408		10,350.00	0.00			
	10. Security	1408		134,550.00	134,500.00	36,585.06	26,432.27	Underway
	11. Resident Services Coordinator	1408		5,000.00	0.00			
	12. Residents Associations	1408		2,000.00	0.00			
	13. AAspire Student	1408		3,829.00	0.00			
				<b>252,436.00</b>	<b>134,500.00</b>	<b>36,585.06</b>	<b>26,432.27</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2005</b>			
Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration	1. Grants Administrator	1410		0.00	0.00			
PHA Wide	2. Administrative Clerk	1410		56,925.00	56,925.00	56,925.00	28,452.78	Underway
	3. Maintenance Supervisor	1410		21,735.00	40,000.00	40,000.00	16,814.68	Underway
	4. Unit Director	1410		8,280.00	8,280.00	8,280.00	51.49	Underway
				<b>86,940.00</b>	<b>105,205.00</b>	<b>105,205.00</b>	<b>45,318.95</b>	

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-05</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2005</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A & E Summary Sheet								
				<b>0.00</b>				

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

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

PHA Name: <b>Community Development Authority of the City of Madison</b>	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. )  
 Performance & Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	0.00	0.00		0.00
3	1408 Management Improvements	0.00	0.00		0.00
4	1410 Administration	0.00	0.00		0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0.00	0.00		0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	0.00	0.00		0.00
10	1460 Dwelling Structures	31,397.00	0.00		0.00
11	1465.1 Dwelling Equipment-Nonexpendable	0.00	0.00		0.00
12	1470 Nondwelling Structures				0.00
13	1475 Nondwelling Equipment	0.00	0.00		0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	0.00	0.00		0.00
21	<b>Amount of Annual Grant (Sum of Lines 2-20)</b>	<b>31,397.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs	0.00	0.00		
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date  
X

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

**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>			
---	--	---	--	--	----------------------------------	--	--	--

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-1 A,B,C,D Sites								
				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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**Annual Statement /Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-4 Romnes Apts.								
				<b>0.00</b>	<b>0.00</b>			

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-5 Tenney Park Apts.								
				<b>0.00</b>	<b>0.00</b>			

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

**Annual Statement /Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-6 Brittingham Apts.								
				<b>0.00</b>	<b>0.00</b>			

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

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
---	--	---	--	----------------------------------	--	--	--

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-7 Scattered Sites								
				<b>0.00</b>	<b>0.00</b>			

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-8 Truax Park Apts.								
				<b>0.00</b>	<b>0.00</b>			

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**Annual Statement /Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-9 Scattered Sites								
				<b>0.00</b>	<b>0.00</b>			

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

**Annual Statement /Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-13 Scattered Sites								
				<b>0.00</b>	<b>0.00</b>			

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**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
---	--	---	--	----------------------------------	--	--	--

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	1. Sundry	1430						
PHA Wide	2. Contingency	1502						
	3. Site Improvements	1450						
	4. Computer Hardware	1475						
	5. Accessibility Improvements	1460						
	6. On Demand	1460		31,397.00				
	7. Operations	1406						
				<b>31,397.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Management	1. Computer Software	1408						
Improvements	2. Computer Coordinator	1408						
PHA Wide	3. Housing Counsellor	1408						
	4. Program Eligibility Monitor	1408						
	5. Marketing	1408						
	6. Resident Laborers	1408						
	7. Resident Clerk	1408						
	8. Maintenance Training	1408						
	9. Management Training	1408						
	10. Security	1408						
	11. Resident Services Coordinator	1408						
	12. Residents Assoc. Training	1408						
	13. AAspire Student	1408						
				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration	1. Grants Administrator	1410						
PHA Wide	2. Administrative Clerk	1410						
	3. Maintenance Supervisor	1410						
	4. Unit Director	1410						
				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A & E Summary Sheet								
				<b>0.00</b>				

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number Name / HA Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
WI39-P003-001	2007			2008			
WI39-P003-004	2007			2008			
WI39-P003-005	2007			2008			
WI39-P003-006	2007			2008			
WI39-P003-007	2007			2008			
WI39-P003-008	2007			2008			
WI39-P003-009	2007			2008			
WI39-P003-0013	2007			2008			
WI39-P003-00all	2007			2008			
WI39-P003-00mngt.	2007			2008			
WI39-P003-00admin.	2007			2008			

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part I: Summary**

PHA Name: <b>Community Development Authority of the City of Madison</b>	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. 1 )  
 Performance & Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	224,443.00	224,443.00		0.00
3	1408 Management Improvements	269,000.00	182,000.00		0.00
4	1410 Administration	106,500.00	106,500.00		0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,666.00	2,666.00		0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	65,000.00	15,000.00		0.00
10	1460 Dwelling Structures	342,000.00	504,106.00		0.00
11	1465.1 Dwelling Equipment-Nonexpendable	75,610.00	1,000.00		0.00
12	1470 Nondwelling Structures				0.00
13	1475 Nondwelling Equipment	12,000.00	2,000.00		0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	25,000.00	25,000.00		0.00
21	<b>Amount of Annual Grant (Sum of Lines 2-20)</b>	1,122,219.00	1,062,715.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs	160,000.00	160,000.00		
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date X	Signature of Public Housing Director/Office of Native American Programs Administrator and Date X
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-1	1. Refridgerator Replacement	1465		0.00	0.00			
A,B,C,D	2. Asphalt Paving Replace - C Site	1450		40,000.00	0.00			
Sites	3. Water Softener Relacement	1465		7,610.00	0.00			
	4. Bathroom remodel	1460		120,000.00	50,000.00			
	5. Insulation Removal - slab units	1460		6,000.00	0.00			
				<b>173,610.00</b>	<b>50,000.00</b>	<b>0.00</b>	<b>0.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-4	1. Parking Lot Resurface	1465		60,000.00	0.00			
Romnes	2. Public Bathroom Accessibility	1460		8,000.00	8,000.00			
Apts.	3. RSVP Office Improvements	1460		20,000.00	0.00			
	4. Roof Replacement	1460		0.00	382,340.00			
				<b>88,000.00</b>	<b>390,340.00</b>			

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-5	1. Exit Door Replacement	1460		30,000.00	11,496.00			
Tenney Park	2. Hardware Replacement	1460		5,000.00	4,270.00			
Apts.	3. Water Heater Replacement - 302	1465		1,000.00	1,000.00			
	4. Flooring Replacement	1460		3,000.00	3,000.00			
				<b>39,000.00</b>	<b>19,766.00</b>			

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

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>		
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-6	1. Boiler Replacement	1460		55,000.00	0.00			
Brittingham	2. Community Room Carpet Replace	1460		3,000.00	0.00			
Apts.	3. Flooring Replacement	1460		10,000.00	0.00			
				<b>68,000.00</b>	<b>0.00</b>			

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

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-7 Scattered Sites	1. Play Equipment	1450		10,000.00	0.00			
				<b>10,000.00</b>	<b>0.00</b>			

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

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-8	1. Balcony Storage Door Replace	1460		12,000.00	0.00			
Truax Park	2. Sewer Replacement	1460		12,000.00	0.00			
Apts.	3. Water Heater Replacement - 10	1465		7,000.00	0.00			
				<b>31,000.00</b>	<b>0.00</b>			

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

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>		
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-9	1. Closet Door Replacement	1460		0.00	0.00			
Scattered	2. Stove Replacement	1465		0.00	0.00			
Sites	3. Bath Exhaust Fans	1460		0.00	0.00			
				<b>0.00</b>	<b>0.00</b>			

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**Annual Statement /Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-13 Scattered Sites								
				<b>0.00</b>	<b>0.00</b>			

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	1. Sundry	1430		2,666.00	2,666.00			
PHA Wide	2. Contingency	1502		25,000.00	25,000.00			
	3. Site Improvements	1450		15,000.00	15,000.00			
	4. Computer Hardware	1475		12,000.00	2,000.00			
	5. Accessibility Improvements	1460		3,000.00	3,000.00			
	6. On Demand	1460		55,000.00	42,000.00			
	7. Operations	1406		224,443.00	224,443.00			
				<b>337,109.00</b>	<b>314,109.00</b>	<b>0.00</b>	<b>0.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Management Improvements	1. Computer Software	1408		20,000.00	5,000.00			
PHA Wide	2. Computer Coordinator	1408		30,000.00	0.00			
	3. Housing Counsellor	1408		5,000.00	0.00			
	4. Program Eligibility Monitor	1408		25,000.00	0.00			
	5. Marketing	1408		4,000.00	2,000.00			
	6. Resident Laborers	1408		0.00	0.00			
	7. Resident Clerk	1408		0.00	0.00			
	8. Maintenance Training	1408		5,000.00	5,000.00			
	9. Management Training	1408		10,000.00	10,000.00			
	10. Security	1408		160,000.00	160,000.00			
	11. Resident Services Coordinator	1408		5,000.00	0.00			
	12. Residents Assoc. Training	1408		1,000.00	0.00			
	13. AAspire Student	1408		4,000.00	0.00			
				<b>269,000.00</b>	<b>182,000.00</b>	<b>0.00</b>	<b>0.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>		
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration	1. Grants Administrator	1410		0.00	0.00			
PHA Wide	2. Administrative Clerk	1410		58,000.00	58,000.00			
	3. Maintenance Supervisor	1410		40,000.00	40,000.00			
	4. Unit Director	1410		8,500.00	8,500.00			
				<b>106,500.00</b>	<b>106,500.00</b>	<b>0.00</b>	<b>0.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A & E Summary Sheet								
3-1	A & E Services	1430		5,000.00	5,000.00			
3-4	A & E Services	1430		1,000.00	1,000.00			
3-7	A & E Services	1430		2,000.00	2,000.00			
3-8	A & E Services	1430		8,000.00	8,000.00			
				<b>16,000.00</b>				

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part I: Summary**

PHA Name: <b>Community Development Authority of the City of Madison</b>	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. )  
 Performance & Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	157,327.00	0.00	0.00	0.00
4	1410 Administration	107,513.00	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,666.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	289,640.00	0.00	0.00	0.00
10	1460 Dwelling Structures	691,414.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	34,375.00	0.00	0.00	0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	42,854.00	0.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	20,000.00	0.00	0.00	0.00
21	<b>Amount of Annual Grant (Sum of Lines 2-20)</b>	<b>1,345,789.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs	139,259.00	0.00	0.00	0.00
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date X	Signature of Public Housing Director/Office of Native American Programs Administrator and Date X
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2007</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-1 A,B,C,D Sites	1. Bath Remodel ABC	1460		75,000.00				
	2. Flooring Replacment	1460		18,000.00				
	3. Site Lighting	1465		34,375.00				
	4. Landscaping	1450		11,250.00				
	5. Foundation insulate & Repair	1460		121,200.00				
				<b>259,825.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:		Federal FY of Grant: 2007			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-4	1. Flooring Replacement	1460		8,000.00				
Romnes	2. Roof Replacement	1460		245,000.00				
Apts.	3. Foundation Insulate & Repair	1460		32,000.00				
				<b>285,000.00</b>	<b>0.00</b>			

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2007</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-5	1. Flooring Replacement	1460		5,600.00				
Tenney Park	2. Roof Replacement	1460		100,000.00				
Apts.	3. Foundation Insulate & Repair	1460		40,000.00				
				<b>145,600.00</b>	<b>0.00</b>			

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2007</b>		
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-6	1. Flooring Replacement	1460		7,000.00				
Brittingham	2. Gounds & Fasade Improvements	1450		150,000.00				
Apts.	3. Site Grading - Drainage	1450		118,390.00				
				<b>275,390.00</b>	<b>0.00</b>			

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

**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2007</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-7 Scattered Sites	1. Flooring Replacement 2. Truck Replacement for 2088	1460 1475		3,000.00 30,000.00				
				<b>33,000.00</b>	<b>0.00</b>			

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2007</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-8 Truax Park Apts.	1. Flooring Replacement	1460		4,800.00				
				<b>4,800.00</b>	<b>0.00</b>			

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2007</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-9 Scattered Sites	1. Flooring Replacement	1460		6,200.00				
				<b>6,200.00</b>	<b>0.00</b>			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date			
Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2007</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-13 Scattered Sites	1. Flooring Replacement	1460		2,400.00				
				<b>2,400.00</b>	<b>0.00</b>			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.	
Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2007</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	1. Sundry	1430		2,666.00				
PHA Wide	2. Contingency	1502		20,000.00				
	3. Site Improvements	1450		10,000.00				
	4. Computer Hardware	1475		12,854.00				
	5. Accessibility Improvements	1460		3,214.00				
	6. On Demand	1460		20,000.00				
	7. Operations	1406		0.00				
				<b>68,734.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2007</b>			
Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Management Improvements	1. Computer Software	1408		0.00				
PHA Wide	2. Computer Coordinator	1408		0.00				
	3. Housing Counsellor	1408		0.00				
	4. Program Eligibility Monitor	1408		0.00				
	5. Marketing	1408		0.00				
	6. Resident Laborers	1408		0.00				
	7. Resident Clerk	1408		0.00				
	8. Maintenance Training	1408		5,356.00				
	9. Management Training	1408		10,712.00				
	10. Security	1408		139,259.00				
	11. Resident Services Coordinator	1408		0.00				
	12. Residents Assoc. Training	1408		2,000.00				
	13. AAspire Student	1408		0.00				
				<b>157,327.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2007</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration	1. Grants Administrator	1410		0.00				
PHA Wide	2. Administrative Clerk	1410		58,917.00				
	3. Maintenance Supervisor	1410		40,000.00				
	4. Unit Director	1410		8,596.00				
				<b>107,513.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2007</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A & E Summary Sheet								
3-1	A & E Services	1430						
3-4	A & E Services	1430						
3-7	A & E Services	1430						
3-8	A & E Services	1430						
				<b>0.00</b>				

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.	
Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-07</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2007</b>
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Development Number Name / HA Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
WI39-P003-001	2008			2009			
WI39-P003-004	2008			2009			
WI39-P003-005	2008			2009			
WI39-P003-006	2008			2009			
WI39-P003-007	2008			2009			
WI39-P003-008	2008			2009			
WI39-P003-009	2008			2009			
WI39-P003-0013	2008			2009			
WI39-P003-00all	2008			2009			
WI39-P003-00mngt.	2008			2009			
WI39-P003-00admin.	2008			2009			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.	
Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

PHA Name: <b>Community Development Authority of the City of Madison</b>	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. )  
 Performance & Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	0.00	0.00	0.00	0.00
3	1408 Management Improvements	162,766.00	0.00	0.00	0.00
4	1410 Administration	111,813.52	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,772.64	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	162,375.00	0.00	0.00	0.00
10	1460 Dwelling Structures	872,693.68	0.00	0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable		0.00	0.00	0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	13,368.16	0.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	20,000.00	0.00	0.00	0.00
21	<b>Amount of Annual Grant (Sum of Lines 2-20)</b>	<b>1,345,789.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs	144,134.00	0.00	0.00	0.00
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date X	Signature of Public Housing Director/Office of Native American Programs Administrator and Date X
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-1 A,B,C,D Sites	1. Bath Remodel ABC	1460		75,000.00				
	2. Flooring Replacment	1460		20,000.00				
	3. Site Lighting	1450		34,375.00				
	4. Utility Refurbish - Baird/Fisher	1450		100,000.00				
	5. Soffit Rebuild - AB	1460		51,951.12				
				<b>281,326.12</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-4	1. Flooring Replacement	1460		8,000.00				
Romnes	2. Shake Replacement	1460		245,000.00				
Apts.	3. Boiler Replacement	1460		130,000.00				
				<b>383,000.00</b>	<b>0.00</b>			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.	
Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>		
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-5	1. Flooring Replacement	1460		5,600.00				
Tenney Park Apts.	2. Site Lighting	1450		18,000.00				
				<b>23,600.00</b>	<b>0.00</b>			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date			
Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2008</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-6	1. Flooring Replacement	1460		7,000.00				
Brittingham Apts.	2. Roof Replacement	1460		230,000.00				
				<b>237,000.00</b>	<b>0.00</b>			

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2008</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-7 Scattered Sites	1. Flooring Replacement	1460		3,000.00				
	2. Foundation Insulate & Repair	1460		18,000.00				
				<b>21,000.00</b>	<b>0.00</b>			

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2008</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-8 Truax Park Apts.	1. Flooring Replacement	1460		4,800.00				
				<b>4,800.00</b>	<b>0.00</b>			

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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2008</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-9 Scattered Sites	1. Flooring Replacement	1460		6,200.00				
	2. Foundation Insulate & Repair	1460		29,600.00				
				<b>35,800.00</b>	<b>0.00</b>			

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2008</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-13	1. Flooring Replacement	1460		2,400.00				
Scattered Sites	2. Foundation Insulate & Repair	1460		12,800.00				
				<b>15,200.00</b>	<b>0.00</b>			

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>			
Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	1. Sundry	1430		2,772.64				
PHA Wide	2. Contingency	1502		20,000.00				
	3. Site Improvements	1450		10,000.00				
	4. Computer Hardware	1475		13,368.16				
	5. Accessibility Improvements	1460		3,342.56				
	6. On Demand	1460		20,000.00				
	7. Operations	1406		0.00				
				<b>69,483.36</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2008</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Management	1. Computer Software	1408		0.00				
Improvements	2. Computer Coordinator	1408		0.00				
PHA Wide	3. Housing Counsellor	1408		0.00				
	4. Program Eligibility Monitor	1408		0.00				
	5. Marketing	1408		0.00				
	6. Resident Laborers	1408		0.00				
	7. Resident Clerk	1408		0.00				
	8. Maintenance Training	1408		5,545.00				
	9. Management Training	1408		11,087.00				
	10. Security	1408		144,134.00				
	11. Resident Services Coordinator	1408		0.00				
	12. Residents Assoc. Training	1408		2,000.00				
	13. AAspire Student	1408		0.00				
				<b>162,766.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2008</b>		
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration	1. Grants Administrator	1410		0.00				
PHA Wide	2. Administrative Clerk	1410		61,273.68				
	3. Maintenance Supervisor	1410		41,600.00				
	4. Unit Director	1410		8,939.84				
				<b>111,813.52</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-08</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2008</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A & E Summary Sheet								
				<b>0.00</b>				

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part I: Summary**

PHA Name: <b>Community Development Authority of the City of Madison</b>	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. )  
 Performance & Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	45,000.00	45,000.00	45,000.00	45,000.00
3	1408 Management Improvements	47,800.00	103,775.42	103,775.42	103,775.42
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	2,380.00	1,279.45	1,279.45	1,279.45
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000.00	54,076.16	54,076.16	54,076.16
10	1460 Dwelling Structures	0.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	40,000.00	0.00		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	13,500.00	16,548.97	16,548.97	16,548.97
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	22,000.00	0.00	0.00	0.00
21	<b>Amount of Annual Grant (Sum of Lines 2-20)</b>	220,680.00	220,680.00	220,680.00	220,680.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs	47,800.00	103,775.42	103,775.42	103,775.42
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date X	Signature of Public Housing Director/Office of Native American Programs Administrator and Date X
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-1	1. Stove & Fridge Replacement A,B,D	1465		40,000.00	0.00			Complete
A,B,C,D Sites	2. Gutters and Downspouts	1450		0.00	18,440.00	18,440.00	18,440.00	
				<b>40,000.00</b>	<b>18,440.00</b>	<b>18,440.00</b>	<b>18,440.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2003</b>			
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-4 Romnes Apts.								
				<b>0.00</b>	<b>0.00</b>			

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-5 Tenney Park Apts.								
				<b>0.00</b>	<b>0.00</b>			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date			Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-6 Brittingham Apts.								
				<b>0.00</b>	<b>0.00</b>			

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-7 Scattered Sites	3. Vehicle #5	1475		13,500.00	16,548.97	16,548.97	16,548.97	Complete
				<b>13,500.00</b>	<b>16,548.97</b>	<b>16,548.97</b>	<b>16,548.97</b>	

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-8 Truax Park Apts.								
				<b>0.00</b>	<b>0.00</b>			

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

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-9 Scattered Sites								
				<b>0.00</b>	<b>0.00</b>			

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

**Annual Statement /Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2003</b>			
---	--	---	--	----------------------------------	--	--	--

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-13 Scattered Sites								
				<b>0.00</b>	<b>0.00</b>			

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

**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>			
---	--	---	--	--	----------------------------------	--	--	--

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	1. Sundry	1430		2,380.00	1,279.45	1,279.45	1,279.45	Complete
PHA Wide	2. Contingency	1502		22,000.00	0.00			
	3. Site Improvements	1450		50,000.00	35,636.16	35,636.16	35,636.16	Complete
	4. Computer Hardware	1475		0.00	0.00			
	5. Accessibility Improvements	1460		0.00	0.00			
	6. On Demand	1460		0.00	0.00			
	7. Operations	1406		45,000.00	45,000.00	45,000.00	45,000.00	Complete
				<b>119,380.00</b>	<b>81,915.61</b>	<b>81,915.61</b>	<b>81,915.61</b>	

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Management Improvements	1. Computer Software	1408						Complete
	2. Computer Coordinator	1408						
PHA Wide	3. Housing Counsellor	1408						
	4. Program Eligibility Monitor	1408						
	5. Marketing	1408						
	6. Resident Laborers	1408						
	7. Resident Clerk	1408						
	8. Maintenance Training	1408						
	9. Management Training	1408						
	10. Security	1408		47,800.00	103,775.42	103,775.42	103,775.42	
	11. Resident Services Coordinator	1408						
	12. Residents Assoc. Training	1408						
	13. AAspire Student	1408						
				<b>47,800.00</b>	<b>103,775.42</b>	<b>103,775.42</b>	<b>103,775.42</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration	1. Grants Administrator	1410						
PHA Wide	2. Administrative Clerk	1410						
	3. Maintenance Supervisor	1410						
	4. Unit Director	1410						
				<b>0.00</b>	<b>0.00</b>			

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A & E Summary Sheet								
				<b>0.00</b>				

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.	
Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-501-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Development Number Name / HA Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
WI39-P003-001	2004			2006			
WI39-P003-004	2004			2006			
WI39-P003-005	2004			2006			
WI39-P003-006	2004			2006			
WI39-P003-007	2004			2006			
WI39-P003-008	2004			2006			
WI39-P003-009	2004			2006			
WI39-P003-0013	2004			2006			
WI39-P003-00all	2004			2006			
WI39-P003-00mngt.	2004			2006			
WI39-P003-00admin.	2004			2006			

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part I: Summary**

PHA Name: <b>Community Development Authority of the City of Madison</b>	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Original Annual Statement    
  Reserve for Disasters/Emergencies    
  Revised Annual Statement (revision no. )  
 Performance & Evaluation Report for Period Ending:    
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	0.00	0.00		0.00
3	1408 Management Improvements	0.00	0.00		0.00
4	1410 Administration	0.00	0.00		0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0.00	0.00		0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	0.00	0.00		0.00
10	1460 Dwelling Structures	31,397.00	31,397.00	10,500.00	10,500.00
11	1465.1 Dwelling Equipment-Nonexpendable	0.00	0.00		0.00
12	1470 Nondwelling Structures				0.00
13	1475 Nondwelling Equipment	0.00	0.00		0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	0.00	0.00		0.00
21	<b>Amount of Annual Grant (Sum of Lines 2-20)</b>	<b>31,397.00</b>	<b>31,397.00</b>	<b>10,500.00</b>	<b>10,500.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs	0.00	0.00		
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director and Date  
X

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

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-1 A,B,C,D Sites								
				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.	
Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
---	--	---	--	----------------------------------	--	--	--

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-4 Romnes Apts.								
				<b>0.00</b>	<b>0.00</b>			

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

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
---	--	---	--	----------------------------------	--	--	--

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-5 Tenney Park Apts.								
				<b>0.00</b>	<b>0.00</b>			

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-6 Brittingham Apts.								
				<b>0.00</b>	<b>0.00</b>			

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date			Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-7 Scattered Sites								
				<b>0.00</b>	<b>0.00</b>			

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
---	--	---	--	----------------------------------	--	--	--

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-8 Truax Park Apts.								
				<b>0.00</b>	<b>0.00</b>			

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Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
---	--	---	--	----------------------------------	--	--	--

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-9 Scattered Sites								
				<b>0.00</b>	<b>0.00</b>			

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
WI 3-13 Scattered Sites								
				<b>0.00</b>	<b>0.00</b>			

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
---	---	----------------------------------

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
ALL	1. Sundry	1430						Underway
PHA Wide	2. Contingency	1502						
	3. Site Improvements	1450						
	4. Computer Hardware	1475						
	5. Accessibility Improvements	1460						
	6. On Demand	1460		31,397.00	31,397.00	10,500.00	10,500.00	
	7. Operations	1406						
				<b>31,397.00</b>	<b>31,397.00</b>	<b>10,500.00</b>	<b>10,500.00</b>	

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

**Annual Statement /Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>			
Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Management Improvements PHA Wide	1. Computer Software 2. Computer Coordinator 3. Housing Counsellor 4. Program Eligibility Monitor 5. Marketing 6. Resident Laborers 7. Resident Clerk 8. Maintenance Training 9. Management Training 10. Security 11. Resident Services Coordinator 12. Residents Assoc. Training 13. AAspire Student	1408 1408 1408 1408 1408 1408 1408 1408 1408 1408 1408 1408 1408						
				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
--	--

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

PHA Name: Community Development Authority of the City of Madison		Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2006</b>			
---	--	---	--	----------------------------------	--	--	--

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
Administration	1. Grants Administrator	1410						
PHA Wide	2. Administrative Clerk	1410						
	3. Maintenance Supervisor	1410						
	4. Unit Director	1410						
				<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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**Annual Statement /Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Estimated Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
A & E Summary Sheet								
				<b>0.00</b>				

(1) To Be completed for Performance and Evaluation Report or a Revised Annual Statement. (2) To be completed for the Performance and Evaluation Report.	
Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: <b>WI39-P003-502-06</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2006</b>
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Development Number Name / HA Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
WI39-P003-001	2007			2008			
WI39-P003-004	2007			2008			
WI39-P003-005	2007			2008			
WI39-P003-006	2007			2008			
WI39-P003-007	2007			2008			
WI39-P003-008	2007			2008			
WI39-P003-009	2007			2008			
WI39-P003-0013	2007			2008			
WI39-P003-00all	2007			2008			
WI39-P003-00mngt.	2007			2008			
WI39-P003-00admin.	2007			2008			

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

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
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## 2007/2008 Resident Advisory Board (RAB) Members

<u>Name</u>	<u>Program</u>	<u>Representation</u>
* Alice Fike	Public Housing	Elderly / CDA Board Member
Michael Howe	Public Housing	Disabled
* Aaron Blacks	Public Housing	Family / CDA Board Member
Debra Henning	Public Housing	Family
Judy Campbell	Section 8	Homeownership

\* CDA Board Member

## II. COMMUNITY SERVICE AND SELF SUFFICIENCY REQUIREMENT PROGRAM ADMINISTRATION

The CDA's policy is designed to identify which adult family members are subject to or exempt from the service requirements; to explain how the CDA will administer its program; to identify CDA and/or third party certification opportunities available to eligible adult family members; and to assure resident compliance with identified work activities with fair and equitable actions.

### A. PHA Responsibilities

#### (1) Eligibility Determination

The CDA will review every existing resident file to determine each adult member's status regarding community service per the following guidelines.

- a. An **exempt** person is an adult family member who:
  1. Is **62** years of age or older;
  2. Is blind or disabled as defined under the current Social Security Act. Existing documentation will be acceptable as evidence of a disability and disabled persons will be permitted to **self-certify** as to whether they **cannot** perform community service or self-sufficiency service provisions; or is a primary care giver to such above-defined individual;
  3. Is engaged in work activities;
  4. Meets the requirements for being exempt under a State program funded under Part A of the Title IV of the Social Security Act (42 U.S.C. 601) of any other State administered welfare program of the State in which the PHA is located, including a welfare-to-work program.
  5. Is a family member receiving assistance, benefits, or services under a State program funded under Part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the Housing Authority is located.
- b. As family status is determined a letter will be sent to each adult member of that family to notify them of their status (exempt or non-exempt) and explaining the steps they should immediately proceed with through their housing representative.
- c. The CDA will include a copy of the general information section of its Community Service Policy.
- d. At the scheduled meeting with each non-exempt adult family member the parameters of the community service requirement be reviewed.

#### (2) Work Activity Opportunities

The administration of the certification process would be:

- a. Third Party Certification.

When qualifying activities are administered by an organization other than CDA, the family member must provide signed certification (see II A (c)) to the CDA by such third party organization that said family member has performed appropriate service activities for the required hours.

b. Verification of Compliance.

The CDA is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term (annual re-certification time). Evidence of service performance and/or exemption must be maintained in the participant files.

c. Notice of Noncompliance.

If the CDA determines that a family member who is subject to fulfilling a service requirement but who has violated the family's obligation ( a noncompliant resident) the CDA must notify the specific family member of this determination.

The Notice of Noncompliance must:

1. Briefly describe the noncompliance (inadequate number of hours).
2. State that the CDA will not renew the lease at the end of the twelve (12) month lease term unless:

The resident or any other noncompliant adult family member enters into a written agreement with the Authority to cure the noncompliance and in fact perform to the letter of agreement.

-OR-

The family provides written assurance satisfactorily, to the CDA that the resident or other noncompliant adult family member no longer resides in the unit.

This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the CDA's non-renewal of the lease because of a noncompliance determination.

d. Resident agreement to comply with the service requirement.

The written agreement entered into with the CDA to cure the service requirement noncompliance by the resident and any other adult family member must:

1. Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.
2. State that all other members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

## Section 10

### PET POLICY [24 CFR Part 5, Subpart C]

#### **A. APPLICABILITY**

**This policy applies to Elderly/Disabled Projects and General Occupancy-Single Family Scattered Site units only.**

##### Animals That Assist Persons With a Disability

Pet rules will not be applied to animals that assist persons with disabilities. To be excluded from the pet policy, the resident/pet owner must certify:

- That there is a person with disabilities in the household;
- That the animal has been trained & certified to assist with the specified disability.

#### **B. MANAGEMENT APPROVAL OF PETS**

All pets must be approved in advance by the CDA management.

The pet owner must submit and enter into a Pet Agreement with the CDA.

##### **Registration of Pets**

Pets must be registered with the CDA before they are brought onto the premises. Registration includes certificate signed by a licensed veterinarian or State/local authority that the pet has received all inoculations required by State or local law, and that the pet has no communicable disease(s) and is pest-free.

Dogs and cats must be spayed or neutered.

Execution of a Pet Agreement with the CDA stating that the tenant acknowledges complete responsibility for the care and cleaning of the pet will be required.

##### **Refusal to Register Pets**

If the CDA refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements.

The CDA will refuse to register a pet if:

- \*The pet is not a *common household pet* as defined in this policy;
- \*Keeping the pet would violate any House Pet Rules;
- \*The pet owner fails to provide complete pet registration information;
- \*The CDA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and

behavior may be considered as a factor in determining the pet owner's ability to comply with provisions of the lease.

The notice of refusal may be combined with a notice of a pet violation.

A resident who resides in a unit where pets are allowed and who cares for another resident's pet must notify the CDA and agree to abide by all of the pet rules in writing.

### **C. STANDARDS FOR PETS**

Pet rules will not be applied to animals that are trained & certified to assist persons with disabilities.

#### **Types of Pets Allowed**

No types of pets other than the following may be kept by a resident.

1. Cats

- \* Maximum number: 1
- \* Must be declawed
- \* Must be spayed or neutered
- \* Must have all required inoculations
- \* Must be trained to use a litter box or other waste receptacle
- \* Must be licensed as specified now or in the future by State law or local ordinance

2. Dogs - Single-family units only

- \* Maximum number: 1
- \* Must be spayed or neutered
- \* Must have all required inoculations
- \* Must be licensed as specified now or in the future by State law or local ordinance

3. Birds

- \* Maximum number: two

4. Fish

- \* Must be maintained on an approved stand

5. Rodents (Rabbit, guinea pig, hamster, or gerbil ONLY)
  - \* Maximum number: 2
  - \* Must be enclosed in an acceptable cage at all times
  - \* Must have any or all inoculations as specified now or in the future by State law or local ordinance
  
6. Turtles
  - \* Maximum number: 2
  - \* Must be enclosed in an acceptable cage or container at all times
  
7. Reptiles
  - \* Maximum number: 1

**D. ADDITIONAL FEES AND DEPOSITS FOR PETS**

Tenants with animals must pay a pet deposit.

The resident/pet owner shall be required to pay a refundable deposit for the purpose of defraying all reasonable costs directly attributable to the presence of a dog or cat.

An initial payment of \$100 on or prior to the date the pet is properly registered and brought into the apartment.

The CDA will refund the Pet Deposit to the tenant, less any damage caused by the pet to the dwelling unit, upon removal of the pet or the owner from the unit.

All reasonable expenses incurred by the CDA as a result of damages directly attributable to the presence of the pet in the project will be the responsibility of the resident, including:

- The cost of repairs and replacements to the resident's dwelling unit;
- Fumigation of the dwelling unit;
- Common areas of the project.

**E. ALTERATIONS TO UNIT**

Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal. Installation of pet doors is prohibited.

## **F. PET WASTE REMOVAL CHARGE**

A separate pet waste removal charge per occurrence will be assessed against the resident for violations of the pet policy. The charge will be assessed at a minimum of 1 hour maintenance rate.

All reasonable expenses incurred by the CDA as the result of damages directly attributable to the presence of the pet will be the responsibility of the resident, including:

- \* The cost of repairs and replacements to the dwelling unit;
- \* Fumigation of the dwelling unit.

If the tenant is in occupancy when such costs occur, the tenant shall be billed for such costs as a current charge.

If such expenses occur as the result of a move-out inspection, they will be deducted from the pet deposit. The resident will be billed for any amount that exceeds the pet deposit.

The pet deposit will be refunded when the resident moves out or no longer has a pet on the premises, whichever occurs first. If a pet is no longer on the premises, a unit inspection will be conducted prior to the return of the pet deposit.

The expense of flea deinfestation shall be the responsibility of the resident.

## **G. PET AREA RESTRICTIONS**

Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) pets must be kept on a leash or carried and under the control of the resident or other responsible individual at all times.

Pets are not permitted in common areas including lobbies, community rooms and laundry areas except for those common areas which are entrances to and exits from the building.

## **H. NOISE**

Pet owners must agree to control the noise of pets so that such noise does not constitute a nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises. This includes, but is not limited to loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.

## **I. CLEANLINESS REQUIREMENTS**

Litter Box Requirements. All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in an outside trash bin.

- \* Litter shall not be disposed of by being flushed through a toilet.
- \* Litter boxes shall be stored inside the resident's dwelling unit.

Removal of Waste from Other Locations The Resident/Pet Owner shall be responsible for the removal of waste by placing it in a sealed plastic bag and disposing of it in an outside trash bin.

#### **J. PET CARE**

All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.

#### **K. RESPONSIBLE PARTIES**

The resident/pet owner will be required to designate two responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

#### **L. INSPECTIONS**

The CDA may, after reasonable notice to the tenant during reasonable hours, enter and inspect the premises, in addition to other inspections allowed.

#### **M. PET RULE VIOLATION NOTICE**

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state that the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

#### **N. NOTICE FOR PET REMOVAL**

If the resident/pet owner and the CDA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the CDA, the CDA may serve notice to remove the pet.

## **O. TERMINATION OF TENANCY**

The CDA may initiate procedures for termination of tenancy based on a pet rule violation if:

- \* The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and
- \* The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

## **P. PET REMOVAL**

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner.

If the responsible party is unwilling or unable to care for the pet, or if the CDA after reasonable efforts cannot contact the responsible party, the CDA may contact the appropriate State or local agency and request the removal of the pet.

## **Q. EMERGENCIES**

The CDA will take all necessary steps to insure that pets that become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are referred to the appropriate State or local entity authorized to remove such animals.

If it is necessary for the CDA to place the pet in a shelter facility, the cost will be the responsibility of the tenant/pet owner.

ANNUAL PLAN 2008  
SECTION 8 HOMEOWNERSHIP CAPACITY STATEMENT

The CITY OF MADISON COMMUNITY DEVELOPMENT AUTHORITY'S (CDA) Section 8 Homeownership Option is made available to promote and support homeownership for first-time homebuyers. The CDA's Section 8 Homeownership program allows Section 8 payments to be used to supplement an eligible family's income in order to move the family from rental housing into homeownership.

CDA has had 110 people/households inquire about the program, over the last 3 years. These clients are typically gathering information for future plans, are trying to clear up credit issues to be able to secure financing, or have taken the First-Time Home Buyer Class and are trying to secure funding. The CDA and the surrounding Dane County Housing Authority have worked together to make their Homeownership Programs identical, so that participants could easily go from one jurisdiction to the other and not be restricted in their housing search. Several participants started their search under the CDA's program but then "ported" to DCHA when they found housing in the County. At this time, no participants have "ported" from the County into the City.

The time involved to counsel each client depends on many variables, including credit scores, lease end dates and the willingness of a landlord to terminate a lease early, the number of agencies involved, and coordinating services between outside agencies and the CDA's program efforts. One family received counseling assistance off and on for 1.5 years before they were able to close on their home, due to a poor credit score. This client was able to improve her credit score and work on and maintain a budget so she and her family could have a home. Other clients have been able to close in as little as 5 months.

As of September of 2007, 10 families have purchased homes under the CDA's Homeownership Program. Several more are anticipated to close by the end of the year. The CDA plans to continue this program effort in 2008.

## SECTION 8

### Homeownership Overview

The DANE COUNTY HOUSING AUTHORITY (DCHA) & COMMUNITY DEVELOPMENT AUTHORITY FOR THE CITY OF MADISON (CDA) Section 8 Homeownership Option is made available to promote and support homeownership for first-time homebuyers. Qualified households can use their Section 8 vouchers to help with monthly homeownership expenses. Down payment and closing cost assistance may also be available.

### HOW TO QUALIFY

To qualify for the Homeownership Program you must:

- A. Be a current Section 8 voucher participant and hold the voucher for at least one year.
- B. Have been employed at least 30 hours a week for at least one year before homeownership assistance starts. Employment requirement does not apply to elderly and disabled households. Disabled means that the head of household or co-head has a documented permanent disability.
- C. Earn a minimum annual income of \$10,300 (does not apply to elderly and disabled households).
- D. Be a first-time homeowner or have not owned a home in the last three years.
- E. Not owe money to DCHA/CDA.
- F. Have a 620 or higher credit score.

### STEPS TO HOMEOWNERSHIP

1. Notify your Housing Specialist of your interest in Section 8 Homeownership at or before your annual recertification interview.
2. Call Homeownership Counselor to enroll in the DCHA First Time Homebuyer Course.
3. Housing Specialist calculates preliminary maximum Section 8 Homeownership Assistance Payment (HAP).
4. Meet with DCHA/CDA Homeownership Counselor to determine homeownership readiness. Participant agrees in writing to timeline and other participation requirements including signing off on a Homeownership Pledge of Responsibility.
5. If determined homeownership ready, client goes to landlord to make sure that the landlord is willing to sign an agreement for mutual rescission to end the current lease. If landlord agrees to mutual rescission, Housing Specialist recertifies participant and issues a maximum HAP letter.
6. Participant takes maximum HAP letter and seeks mortgage loan approval through a local lender.
7. If approved for a mortgage loan, participant seeks the services of a real estate agent to begin shopping for a home. Eligible home types include single-family, ½ of a duplex, condominium or townhouse.
8. Notify DCHA/CDA with realtor contact information. DCHA/CDA will talk to realtor about program requirements.

9. You and your realtor look for a home to buy in your pre-approved price range.
10. After you find a home, work with your realtor to draft an Offer to Purchase. At this point, three things must occur:
  - 1) Participant submits to DCHA/CDA Agreement for Mutual Rescission of the current lease
  - 2) DCHA/CDA issues a Homeownership Voucher
  - 3) DCHA/CDA signs off on the Offer to Purchase.

**Note: DCHA/CDA will not participate in your purchase without reviewing the Offer to Purchase before it is submitted to the seller for acceptance.**

11. Submit the DCHA/CDA approved Offer to Purchase to seller for acceptance
12. Upon acceptance of your Offer to Purchase, hire a licensed, private inspector to inspect the property to make sure it is structurally sound.
13. Provide DCHA/CDA Homeownership Counselor with a copy of your accepted Offer to Purchase. Your property will need to pass the Section 8 Housing Quality Standard inspection (HQS) in order for DCHA/CDA to assist with your monthly homeownership expenses and down payment and closing cost assistance.
14. After your property passes the HQS inspection and final financing requirements are met, your realtor can schedule your closing.

# SECTION 8 HOMEOWNERSHIP PROGRAM

Please be aware that even if you meet the eligibility requirements of the Section 8 Homeownership Program, it does not guarantee that you can participate in the DCHA or CDA programs.

For more information call:

CDA.....267-1146

DCHA.....224-3636 x18



# Dane County Housing Authority & City of Madison Community Development Authority

# SECTION 8 HOMEOWNERSHIP OPTION



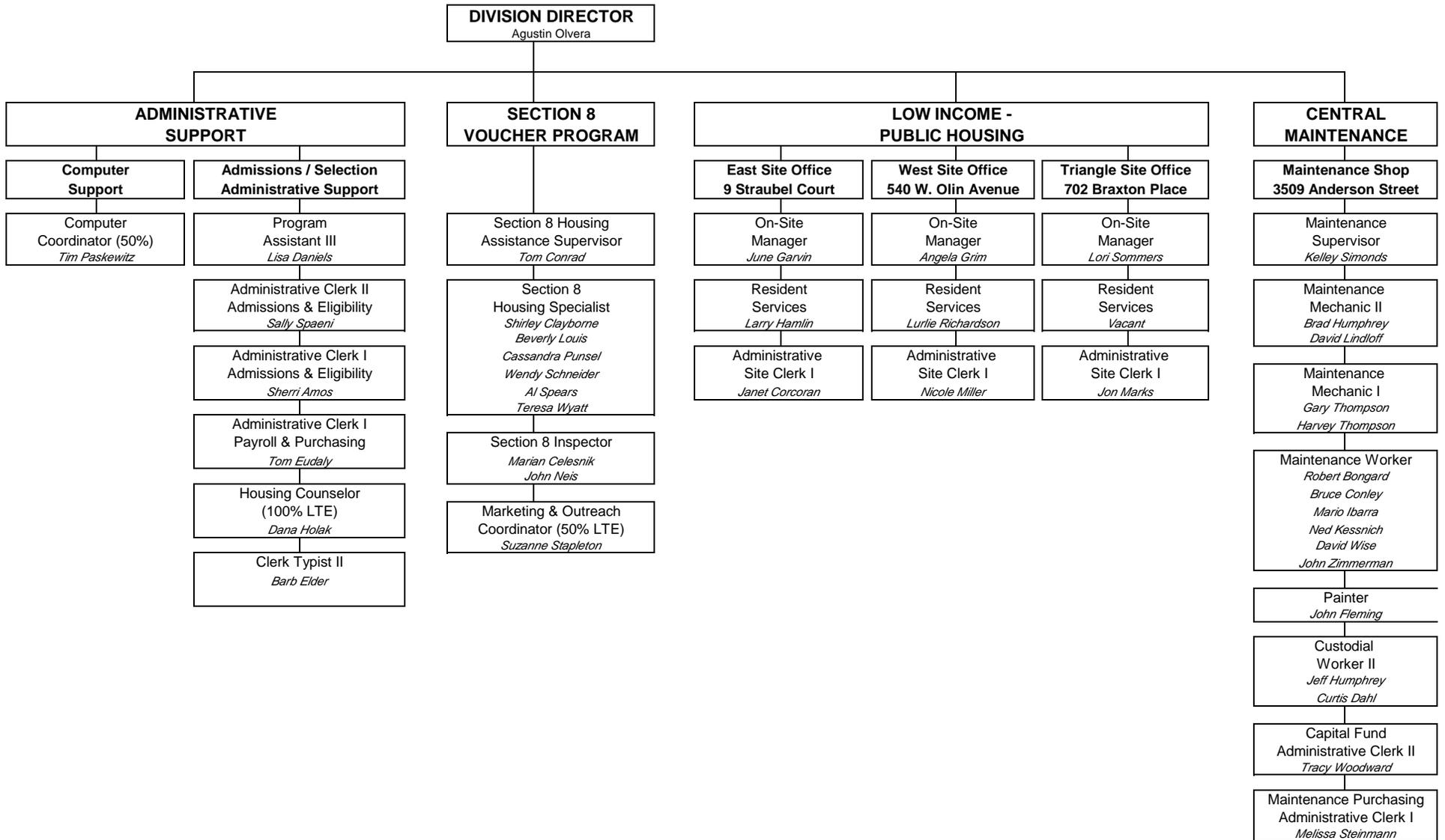
Would you like to become a  
homeowner?

See inside for details...

| FFY Grant : 2005 |
|------------------|------------------|------------------|------------------|------------------|
| PHA FY : 2007    | PHA FY : 2008    | PHA FY : 2009    | PHA FY : 2010    | PHA FY : 2011    |
|                  |                  |                  |                  |                  |

3-1 Wright, Baird Fisher, Webb-Rethke	259,825.00	281,326.12	506,875.00	487,375.00	11,250.00
3-4 Romnes	285,000.00	383,000.00	308,000.00	158,000.00	8,000.00
3-5 Tenney Park	145,600.00	23,600.00	15,577.24	5,600.00	165,600.00
3-6 Brittingham Apartments	275,390.00	237,000.00	7,000.00	7,000.00	154,712.77
3-7 Scattered	33,000.00	21,000.00	103,000.00	3,000.00	3,000.00
3-8 Truax Apartments	4,800.00	4,800.00	4,800.00	192,300.00	192,300.00
3-9 Scattered	6,200.00	35,800.00	43,200.00	83,889.29	291,200.00
3-13 Scattered	2,400.00	15,200.00	2,400.00	42,400.00	282,400.00
Management	157,327.00	162,766.00	168,388.00	174,214.00	174,214.00
Administration	107,513.00	111,813.52	116,286.06	120,937.50	125,775.00

FFY Grant : 2006		FFY Grant : 2006		FFY Grant : 2006		FFY Grant : 2006		FFY Grant : 2006	
PHA FY : 2008		PHA FY : 2009		PHA FY : 2010		PHA FY : 2011		PHA FY : 2012	
Major Work Categories	Estimated Cost	Major Work Categories	Estimated Cost	Major Work Categories	Estimated Cost	Major Work Categories	Estimated Cost	Major Work Categories	Estimated Cost
	1,345,789.00		1,345,789.00		1,345,789.00		1,480,367.90	<b>GRAND TOTAL</b>	1,397,785.00
BATH REMODEL ABD	75,000.00	BATH REMODEL ABD	59,250.00	BATH REMODEL ABD	59,250.00			BATH REMODEL ABD	75,000.00
IN UNIT FLOOR REPLACEMENT	20,000.00	IN UNIT FLOOR REPLACEMENT	22,000.00	IN UNIT FLOOR REPLACEMENT	24,000.00			IN UNIT FLOOR REPLACEMENT	18,000.00
SITE LIGHTING	34,375.00	SITE LIGHTING	34,375.00	SITE LIGHTING	34,375.00			SITE LIGHTING	34,375.00
		LANDSCAPE AND SHRUBS	11,250.00	LANDSCAPE AND SHRUBS	11,250.00	LANDSCAPE AND SHRUBS	11,250.00	LANDSCAPE AND SHRUBS	11,250.00
UTILITY REFURBISH BAIRD-FISHER	100,000.00	UTILITY REFURBISH WRIGHT	100,000.00	UTILITY REFURBISH WEBB-RETHEKE	100,000.00			FOUNDATION INSULATE AND REPAIR	121,200.00
SOFFIT REBUILD A + B SITES	51,951.12			SOFFIT REBUILD D SITE	22,500.00				
		REPAVING - B	160,000.00						
		REPAVING - D	120,000.00						
				SLAB UNIT LAUNDRY ABD	236,000.00				
	281,326.12		506,875.00		487,375.00		11,250.00	<b>SUB-TOTAL</b>	259,825.00
IN UNIT FLOORING REPLACEMENT	8,000.00	IN UNIT FLOORING REPLACEMENT	8,000.00	IN UNIT FLOORING REPLACEMENT	8,000.00	IN UNIT FLOORING REPLACEMENT	8,000.00	IN UNIT FLOORING REPLACEMENT	8,000.00
SHAKE REPLACEMENT	245,000.00							ROOF REPLACEMENT	245,000.00
BOILER REPLACEMENT	130,000.00							FOUNDATION INSULATE AND REPAIR	32,000.00
		REPAVING ALL	300,000.00						
	383,000.00		308,000.00	BATH REMODEL	150,000.00		8,000.00	<b>SUB-TOTAL</b>	285,000.00
IN UNIT FLOORING REPLACEMENT	5,600.00	IN UNIT FLOORING REPLACEMENT	5,600.00	IN UNIT FLOORING REPLACEMENT	5,600.00	IN UNIT FLOORING REPLACEMENT	5,600.00	IN UNIT FLOORING REPLACEMENT	5,600.00
								ROOF REPLACEMENT	100,000.00
SITE LIGHTING	18,000.00							FOUNDATION INSULATE AND REPAIR	40,000.00
		BOILER REPLACEMENT	9,977.24						
	23,600.00		15,577.24		5,600.00	KITCHEN REMODEL	160,000.00	<b>SUB-TOTAL</b>	145,600.00
IN UNIT FLOORING REPLACEMENT	7,000.00	IN UNIT FLOORING REPLACEMENT	7,000.00	IN UNIT FLOORING REPLACEMENT	7,000.00	IN UNIT FLOORING REPLACEMENT	7,000.00	IN UNIT FLOORING REPLACEMENT	7,000.00
								ROOF REPLACEMENT	150,000.00
ROOF REPLACEMENT	230,000.00							SITE GRADING - DRAINAGE	118,390.00
	237,000.00		7,000.00		7,000.00	BOILER REPLACEMENT	147,712.77	<b>SUB-TOTAL</b>	275,390.00
IN UNIT FLOORING REPLACEMENT	3,000.00	IN UNIT FLOORING REPLACEMENT	3,000.00	IN UNIT FLOORING REPLACEMENT	3,000.00	IN UNIT FLOORING REPLACEMENT	3,000.00	IN UNIT FLOORING REPLACEMENT	3,000.00
FOUNDATION INSULATE AND REPAIR	16,000.00							TRUCK REPLACE FOR 2088	30,000.00
		ROOF REPLACEMENT	30,000.00						
	21,000.00	PAINT, RESIDE, TUCKPOINT HARVEY +	70,000.00		3,000.00		3,000.00	<b>SUB-TOTAL</b>	33,000.00
IN UNIT FLOORING REPLACEMENT	4,800.00	IN UNIT FLOORING REPLACEMENT	4,800.00	IN UNIT FLOORING REPLACEMENT	4,800.00	IN UNIT FLOORING REPLACEMENT	4,800.00	IN UNIT FLOORING REPLACEMENT	4,800.00
				ROOF REPLACEMENT	187,500.00	ROOF REPLACEMENT	187,500.00		
	4,800.00		4,800.00		192,300.00		192,300.00	<b>SUB-TOTAL</b>	4,800.00
IN UNIT FLOORING REPLACEMENT	6,200.00	IN UNIT FLOORING REPLACEMENT	6,200.00	IN UNIT FLOORING REPLACEMENT	6,200.00	IN UNIT FLOORING REPLACEMENT	6,200.00	IN UNIT FLOORING REPLACEMENT	6,200.00
FOUNDATION INSULATE AND REPAIR	29,600.00								
		STORM AND DOOR REPLACE	37,000.00						
				BATH REMODEL	35,000.00				
				WINDOWS	42,889.29				
	35,800.00		43,200.00		83,889.29	SIDING CHESTER FRAZIER WILL	285,000.00	<b>SUB-TOTAL</b>	6,200.00
IN UNIT FLOORING REPLACEMENT	2,400.00	IN UNIT FLOORING REPLACEMENT	2,400.00	IN UNIT FLOORING REPLACEMENT	2,400.00	IN UNIT FLOORING REPLACEMENT	2,400.00	IN UNIT FLOORING REPLACEMENT	2,400.00
FOUNDATION INSULATE AND REPAIR	12,800.00								
				KITCHEN REMODEL CAPITAL	40,000.00				
						ROOF REPLACE HARV RUSS CAP	130,000.00		
						BATH REMODEL	150,000.00		
	15,200.00		2,400.00		42,400.00		282,400.00	<b>SUB-TOTAL</b>	2,400.00
SUNDRY	2,772.64	SUNDRY	2,883.55	SUNDRY	2,998.89	SUNDRY	3,118.84	SUNDRY	2,666.00
CONTINGENCY	20,000.00	CONTINGENCY	20,000.00	CONTINGENCY	20,000.00	CONTINGENCY	20,000.00	CONTINGENCY	20,000.00
SITE IMPROVEMENTS	10,000.00	SITE IMPROVEMENTS	10,000.00	SITE IMPROVEMENTS	10,000.00	SITE IMPROVEMENTS	10,000.00	SITE IMPROVEMENTS	10,000.00
COMPUTER HARDWARE	13,368.16	COMPUTER HARDWARE	13,902.89	COMPUTER HARDWARE	14,459.00	COMPUTER HARDWARE	15,037.36	COMPUTER HARDWARE	16,540.00
ACCESSIBILITY IMPROVEMENTS	3,342.56	ACCESSIBILITY IMPROVEMENTS	3,476.26	ACCESSIBILITY IMPROVEMENTS	3,615.31	ACCESSIBILITY IMPROVEMENTS	3,759.93	ACCESSIBILITY IMPROVEMENTS	3,800.00
ON DEMAND	20,000.00	ON DEMAND	20,000.00	ON DEMAND	20,000.00	ON DEMAND	20,000.00	ON DEMAND	20,000.00
	69,483.36		70,262.89		71,073.20		71,916.13	<b>SUB-TOTAL</b>	73,006.00
MAINTENANCE TRAINING	5,545.00	MAINTENANCE TRAINING	5,735.00	MAINTENANCE TRAINING	5,938.00	MAINTENANCE TRAINING	5,938.00	MAINTENANCE TRAINING	5,938.00
MANAGEMENT TRAINING	11,087.00	MANAGEMENT TRAINING	11,475.00	MANAGEMENT TRAINING	11,876.00	MANAGEMENT TRAINING	11,876.00	MANAGEMENT TRAINING	11,876.00
SECURITY	144,134.00	SECURITY	149,178.00	SECURITY	154,400.00	SECURITY	154,400.00	SECURITY	154,400.00
RESIDENTS ASSOC. TRAINING	2,000.00	RESIDENTS ASSOC. TRAINING	2,000.00	RESIDENTS ASSOC. TRAINING	2,000.00	RESIDENTS ASSOC. TRAINING	2,000.00	RESIDENTS ASSOC. TRAINING	2,000.00
	162,766.00		168,388.00		174,214.00		174,214.00	<b>SUB-TOTAL</b>	174,214.00
ADMINISTRATIVE CLERK	61,273.68	ADMINISTRATIVE CLERK	63,724.63	ADMINISTRATIVE CLERK	66,273.61	ADMINISTRATIVE CLERK	68,924.56	ADMINISTRATIVE CLERK FULL	75,816.00
MAINTENANCE SUPERVISOR	41,600.00	MAINTENANCE SUPERVISOR	43,284.00	MAINTENANCE SUPERVISOR	44,794.56	MAINTENANCE SUPERVISOR	46,794.34	MAINTENANCE SUPERVISOR	51,473.00
UNIT DIRECTOR	8,939.84	UNIT DIRECTOR	9,297.43	UNIT DIRECTOR	9,669.33	UNIT DIRECTOR	10,056.10	UNIT DIRECTOR	11,051.00
	111,813.52		116,286.06		120,937.50		125,775.00	<b>SUB-TOTAL</b>	138,350.00
	1,345,789.00		1,345,789.00		1,345,789.00		1,480,367.90	<b>GRAND TOTAL</b>	1,397,785.00



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# Housing Operations - Floor Plan

