

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Housing Authority of the City of Needles		Grant Type and Number Capital Fund Program Grant No: CA-16-P022-501-05 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2005 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	42181.02		42181.02	36292.06
3	1408 Management Improvements	1675		1675	1675
4	1410 Administration (may not exceed 10% of line 21)	8175		8175	8175
5	1411 Audit	1000		1000	1000
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	28719.98		28719.98	28719.98
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: Housing Authority City of Needles		Grant Type and Number Capital Fund Program Grant No: CA-16-P022-501-05 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2005 FFY of Grant Approval:	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2008		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	81751		81751	75862.04
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 6/11/2009		Signature of Public Housing Director	
				Date	

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Part I: Summary					
PHA Name: Housing Authority of the City of Needles		Grant Type and Number Capital Fund Program Grant No: CA-16-P022-501-06 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2006 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	12873	58223.19	58223.19	3114.61
3	1408 Management Improvements	9500	2500	2500	2389
4	1410 Administration (may not exceed 10% of line 21)	7892	7892	7892	6981.58
5	1411 Audit	1000	1000	1000	1000
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	47654	2303.81	2303.81	2303.81
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	7000	7000	7000	7000
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Part I: Summary						
PHA Name: Housing Authority City of Needles		Grant Type and Number Capital Fund Program Grant No: CA-16-P022-501-06 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2006 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2008 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2 - 19)	78919	78919	78919	22789	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date 6/11/2009		Signature of Public Housing Director		
				Date		

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Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Needlew			Grant Type and Number Capital Fund Program Grant No: CA-16P022-501-06 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
CA-022	Operations	1406	1	12873	58223.19	58223.19	3114.61	
CA-022	Management Training in Sagis, New AMP, EIV, and financials	1408	1	9500	2500	2500	2389	
CA-022	Administrative Salaries, training	1410	1	7892	7892	7892	6981.58	
CA-022	Audit	1411	1	1000	1000	1000	1000	Complete
CA-022	A/C units	1460	1	47654	2303.81	2303.81	2303.81	Complete
CA-022	Replace carpet and tile in front office and community room; new office furniture, new tables and chairs for community room	1475	1		7000	7000	7000	Complete

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Part I: Summary					
PHA Name: Housing Authority of the City of Needles		Grant Type and Number Capital Fund Program Grant No: CA-16-P022-501-07 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	17050		17050	
3	1408 Management Improvements	7000		6864.83	6864.83
4	1410 Administration (may not exceed 10% of line 21)	8078		8078	1800
5	1411 Audit	1000		1000	1000
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	47654		1954.24	1954.24
11	1465.1 Dwelling Equipment--Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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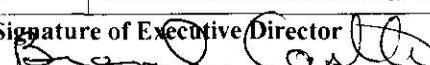
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Part I: Summary						
PHA Name: Housing Authority City of Needles		Grant Type and Number Capital Fund Program Grant No: CA-I6-P022-501-07 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2007 FFY of Grant Approval:	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2008		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	80782				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date 6/11/2009	Signature of Public Housing Director		Date	

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Part I: Summary					
PHA Name: Housing Authority of the City of Needles		Grant Type and Number Capital Fund Program Grant No: CA-16-P022-501-08 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	21282		21282	
3	1408 Management Improvements	2500			
4	1410 Administration (may not exceed 10% of line 21)	9000		9000	1800
5	1411 Audit	1000		1000	
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5000			
10	1460 Dwelling Structures	40306			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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PHA Name: Housing Authority City of Needles		Grant Type and Number Capital Fund Program Grant No: CA-16-P022-501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2008 FFY of Grant Approval:	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2008		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	79088			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 6/11/2009		Signature of Public Housing Director	
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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary						
PHA Name/Number Housing Authority of the City of Needles CA022000001		Locality (City/County & State) Needles, San Bernardino County, California			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name PHA-Wide	Work Statement for Year 1 FFY 2005	Work Statement for Year 2 FFY 2006	Work Statement for Year 3 FFY 2007	Work Statement for Year 4 FFY 2008	Work Statement for Year 5 FFY 2009
B.	Physical Improvements Subtotal	Annual Statement	47,654	47,654	47,000	20,000
C.	Management Improvements		2,500	7,000	2,500	4,000
D.	PHA-Wide Non-dwelling Structures and Equipment		7,000			
E.	Administration		7,892	8,078	9,000	10,000
F.	Other		1,000	1,000	1,000	1,000
G.	Operations		12,873	17,050	21,282	65,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		78,919	80,782	80,782	100,000

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary (Continuation)						
PHA Name/Number Housing Authority of the City of Needles CA022000001		Locality (City/county & State) Needles, San Bernardino County, California			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2005	Work Statement for Year 2 FFY 2006	Work Statement for Year 3 FFY 2007	Work Statement for Year 4 FFY 2008	Work Statement for Year 5 FFY 2009
		Annual Statement				
	PHA-Wide					

