

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 2008 - 2012

Annual Plan for Fiscal Year 2009

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

## PHA Plan Agency Identification

**PHA Name:** Housing Authority of the City of Ansonia  
**PHA Number:** CT015

**PHA Fiscal Year Beginning:** 01/2009

**PHA Programs Administered:**

**Public Housing and Section 8**   
  **Section 8 Only**   
  **Public Housing Only**  
 Number of public housing units: 273   
 Number of S8 units:   
 Number of public housing units:  
 Number of S8 units: 645

**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)

Howard F. Tinney Community Center and Frederick F. Ortoli Community Center

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)  
ACOP - Howard F. Tinney Community Center and  
Frederick F. Ortoli Community Center

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

**A. Mission**

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)  
The Housing Authority of the City of Ansonia (the Authority) seeks to increase equal opportunity and access to decent, safe, affordable housing free from discrimination, to support community development, economic opportunity and self-sufficiency, to expand home ownership and educational opportunities, and to participate in community rebuilding through lower densities, modern housing and integration of socio-economic groups.

**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: As determined in any redevelopment process, the Authority may apply for relocation vouchers, as well as additional vouchers if needed, to address community need or reductions in current HUD funding.
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities: As part of an anticipated redevelopment process, the Authority may seek public and/or private partnerships and funds (such as tax credits, limited partnerships, etc.) to maximize the opportunities available to the Authority for making quality life changes to its properties.

- Acquire or build units or developments: The Authority may seek off-site scattered housing of existing or to-be-built units to maintain the level of resident families served, as a function of the redevelopment of its properties.
- Other (list below)  
Redevelop properties in a cooperative effort with local officials and residents.
  
- PHA Goal: Improve the quality of assisted housing  
Objectives:
  - Improve public housing management: (PHAS score)
  - Improve voucher management: (SEMAP score) Maintain at High Performer” level.
  - Increase customer satisfaction: Improve safety, security and staff responsiveness as demonstrated by resident satisfaction survey scores.
  - Concentrate on efforts to improve specific management functions: Continue cost saving efforts by staff, seek grant opportunities to fund initiatives which benefit residents and participants; improve and upgrade systems and equipment as needed.
  - Renovate or modernize public housing units: decrease density and modernize to a market standard.
  - Demolish or dispose of obsolete public housing: Modify or remove housing which does not promote security and safety, which proves more costly to modernize than to remove or replace, and provide appropriate replacement units.
  - Provide replacement public housing: In coordination with the redevelopment of properties, to determine the appropriate number of units which may be acquired to replace units which are demolished, taken off line for alternate purposes, or otherwise reduced in number by consolidation of units.
  - Provide replacement vouchers: As determined in any redevelopment process, the Authority may apply for relocation vouchers, as well as additional vouchers if needed, to address community need or reductions in current HUD funding.
  - Other: (list below)
  
- PHA Goal: Increase assisted housing choices  
Objectives:
  - Provide voucher mobility counseling: Provide information on advantages of areas of lower concentrations of poverty, access to school systems, employment, etc., and portability policies.
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards: Maintain payment standards at levels which permit continued utilization in non-impacted areas.

- Implement voucher homeownership program: The homeownership program has been created and utilized by a small number of voucher holders; the Authority seeks to expand participation through cooperative partnership with CHFA and its participating lenders.
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers: As may be required in redevelopment plan outcome.
- Other: (list below)

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

- 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:
    - Implement public housing security improvements: Continue reviewing and incorporating security and policing measures as determined necessary and/or beneficial.
    - 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**

- PHA Goal: Promote self-sufficiency and asset development of assisted households
  - Objectives:
    - Increase the number and percentage of employed persons in assisted families: Remove interim income reporting requirements which act as an employment disincentive.
    - Provide or attract supportive services to improve assistance recipients' employability: Seek grant funds/cooperative partnerships for services/programs.
    - Provide or attract supportive services to increase independence for the elderly or families with disabilities. Seek grant funds/cooperative partnerships.
    - Other: (list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: Educate consumers, clients, landlords, realtors, etc. on fair housing.
  - 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: Improve safety, beautification, and market style improvements to grounds and units.
  - 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)**

The repositioning of Riverside Apartments as a stable asset remains a high priority for the Authority. This may entail full demolition of the remaining 119 units and implementation of a replacement housing plan unless some financing plan can be identified that allows for the full investment required to bring the units back to a viable standard of condition.

**Annual PHA Plan**  
**PHA Fiscal Year 20**  
[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.

The Ansonia Housing Authority has prepared this Agency Plan, and prior Agency Plans, in accordance with Section 511 of the Quality Work and Responsibility Act of 1998 and the ensuing HUD requirements.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

**Table of Contents**

Page #

**Annual Plan**

- i. Executive Summary
- ii. Table of Contents
  - 1. Housing Needs
  - 2. Financial Resources
  - 3. Policies on Eligibility, Selection and Admissions
  - 4. Rent Determination Policies
  - 5. Operations and Management Policies
  - 6. Grievance Procedures
  - 7. Capital Improvement Needs
  - 8. Demolition and Disposition
  - 9. Designation of Housing
  - 10. Conversions of Public Housing
  - 11. Homeownership
  - 12. Community Service Programs
  - 13. Crime and Safety
  - 14. Pets (Inactive for January 1 PHAs)
  - 15. Civil Rights Certifications (included with PHA Plan Certifications)

- 16. Audit
- 17. Asset Management
- 18. Other Information

**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
- FY 2005 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- List of Resident Advisory Board Members
- List of Resident Board Member
- Community Service Description of Implementation
- Information on Pet Policy
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

Optional Attachments:

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

- A Voluntary Conversion Required Initial Assessment Questions (CT015a01)
- B Pet Policy (CT015b01)
- C Membership of the Resident Advisory Board (CT015c01)
- D Resident Advisory Board Recommendations (CT015d01)
- E Resident Membership of the PHA Governing Board (CT015e01)
- F CT26P015501Closeout (CT015f01)
- G CT26P015501-2006R1 P&E Report (CT015g01)
- H CT26P015501-2007 P&E Report (CT015h01)
- I CT26P015501-2008 P&E Report (CT015i01)
- J CT26P015501-2009 Application (CT015j01)
- K CT26R015501-2000 P&E Report (CT015k01)
- L CT26R015501-2001 P&E Report (CT015l01)
- M CT26R015501-2002 P&E Report (CT015m01)
- N CT26R015501-2003 P&E Report (CT015n01)
- O CT26R015501-2004 P&E Report (CT015o01)
- P Replacement Housing Plan (RHP) (CT0115p01)
- Q CFP 5-Year Action Plan (CT015q01)

- R Resident Assessment (RASS) Follow-up Plan (CT015r01)  
 S Community Service Policy (CT015s01)

**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>                             |
| XX   | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations  | 5 Year and Annual Plans                                      |
| XX   | State/Local Government Certification of Consistency with the Consolidated Plan  | 5 Year and Annual Plans                                      |
| XX   | Fair Housing Documentation:<br>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                                      |
| XX   | Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction  | Annual Plan:<br>Housing Needs                                |
| XX   | Most recent board-approved operating budget for the public housing program  | Annual Plan:<br>Financial Resources;                         |
| XX   | 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 |
|  | Section 8 Administrative Plan   | Annual Plan: Eligibility, Selection, and Admissions Policies |
| XX   | Public Housing Deconcentration and Income Mixing Documentation:<br>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<br>2. Documentation of the required deconcentration and income mixing analysis   | Annual Plan: Eligibility, Selection, and Admissions Policies |
| XX   | Public housing rent determination policies, including the methodology for setting public housing flat rents<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Rent Determination                              |

| <b>List of Supporting Documents Available for Review</b> |   |   |
|--|---|---|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b>                  |
| XX   | Schedule of flat rents offered at each public housing development<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy                              | Annual Plan: Rent Determination                   |
| XX   | Section 8 rent determination (payment standard) policies<br><input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan   | Annual Plan: Rent Determination                   |
| XX   | 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           |
| XX   | Public housing grievance procedures<br><input checked="" type="checkbox"/> check here if included in the public housing A & O Policy  | Annual Plan: Grievance Procedures                 |
| XX   | Section 8 informal review and hearing procedures<br><input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan   | Annual Plan: Grievance Procedures                 |
| XX   | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year  | Annual Plan: Capital Needs                        |
| XX   | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant   | Annual Plan: Capital Needs                        |
| XX   | 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                        |
| XX   | Approved or submitted applications for demolition and/or disposition of public housing  | Annual Plan: Demolition and Disposition           |
|  | Approved or submitted applications for designation of public housing (Designated Housing Plans)   | Annual Plan: Designation of Public Housing        |
|  | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act | Annual Plan: Conversion of Public Housing         |
|  | Approved or submitted public housing homeownership programs/plans   | Annual Plan: Homeownership                        |
| XX   | Policies governing any Section 8 Homeownership program<br><input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan                                       | Annual Plan: Homeownership                        |
|  | Any cooperative agreement between the PHA and the TANF agency   | Annual Plan: Community Service & Self-Sufficiency |
| XX   | FSS Action Plan/s for public housing and/or Section 8   | Annual Plan: Community Service & Self-Sufficiency |
| XX   | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports  | Annual Plan: Community Service & Self-Sufficiency |
| XX   | The most recent Public Housing Drug Elimination Program   | Annual Plan: Safety and                           |

| <b>List of Supporting Documents Available for Review</b> |   |                                  |
|--|---|----------------------------------|
| <b>Applicable &amp; On Display</b>                       | <b>Supporting Document</b>  | <b>Applicable Plan Component</b> |
|  | (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)   | Crime Prevention                 |
| XX   | 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)<br>(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<br>by Family Type |         |                |        |         |                |      |           |
|---|---------|----------------|--------|---------|----------------|------|-----------|
| Family Type   | Overall | Afford-ability | Supply | Quality | Access-ibility | Size | Loca-tion |
| Income <= 30% of AMI  | N/A     | 5              | 5      | 4       | 5              | 5    | 5         |
| Income >30% but <=50% of AMI                                    | N/A     | 4              | 4      | 5       | 5              | 5    | 5         |
| Income >50% but <80% of AMI                                     | N/A     | 4              | 4      | 3       | 4              | 4    | 4         |
| Elderly   | 10,010  | 4              | 4      | 3       | 4              | 4    | 4         |
| Families with Disabilities                                      | 8,035   | 5              | 4      | 5       | 4              | 5    | 4         |
| Race/Ethnicity  | 67,866  | 5              |        |         |                |      |           |
| Race/Ethnicity  | 2,245   | 5              |        |         |                |      |           |
| Race/Ethnicity  | 3,649   |                |        |         |                |      |           |
| Race/Ethnicity  | 930     |                |        |         |                |      |           |

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:
- 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: State DECD 2003 Town Demographics

## 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<br>PUBLIC HOUSING                                  |               |                     |                 |
|--|---------------|---------------------|-----------------|
| Waiting list type: (select one)  |               |                     |                 |
| <input type="checkbox"/> Section 8 tenant-based assistance                                       |               |                     |                 |
| <input checked="" type="checkbox"/> Public Housing   |               |                     |                 |
| <input type="checkbox"/> Combined Section 8 and Public Housing                                   |               |                     |                 |
| <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) |               |                     |                 |
| If used, identify which development/subjurisdiction:   |               |                     |                 |
|  | # of families | % of total families | Annual Turnover |
| Waiting list total   | 215           | 100                 | 51              |
| Extremely low income <=30% AMI   | 209           | 97                  |                 |
| Very low income (>30% but <=50% AMI)   | 5             | 2                   |                 |
| Low income (>50% but <80% AMI)   | 1             | .5                  |                 |
| Families with children   | 14            | 6                   |                 |
| Elderly families   | 49            | 23                  |                 |
| Families with Disabilities   | 124           | 58                  |                 |
| Race/ethnicity (1)   | 42            | 20                  |                 |
| Race/ethnicity (2)   | 171           | 80                  |                 |
| Race/ethnicity (3)   | 1             | .5                  |                 |
| Race/ethnicity (4)   | 1             | .5                  |                 |
| Characteristics by Bedroom Size (Public Housing Only)  |               |                     |                 |
| 1BR  | 180           | 84                  |                 |

| Housing Needs of Families on the Waiting List  |    |    |  |
|--|----|----|--|
| PUBLIC HOUSING   |    |    |  |
| 2 BR   | 28 | 13 |  |
| 3 BR   | 5  | 2  |  |
| 4 BR   | 2  | 1  |  |
| 5 BR   | 0  | 0  |  |
| 5+ BR  | 0  | 0  |  |
| Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes   |    |    |  |
| If yes:  |    |    |  |
| How long has it been closed (# of months)? 25 months (since 8/30/06)   |    |    |  |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes   |    |    |  |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |    |    |  |

| Housing Needs of Families on the Waiting List  |               |                     |                 |
|--|---------------|---------------------|-----------------|
| SECTION 8  |               |                     |                 |
| Waiting list type: (select one)  |               |                     |                 |
| <input checked="" type="checkbox"/> Section 8 tenant-based assistance                            |               |                     |                 |
| <input type="checkbox"/> Public Housing  |               |                     |                 |
| <input type="checkbox"/> Combined Section 8 and Public Housing                                   |               |                     |                 |
| <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) |               |                     |                 |
| If used, identify which development/subjurisdiction:   |               |                     |                 |
|  | # of families | % of total families | Annual Turnover |
| Waiting list total   | 1331          | 100                 | 0               |
| Extremely low income <=30% AMI   | 1043          | 78                  |                 |
| Very low income (>30% but <=50% AMI)   | 288           | 22                  |                 |
| Low income (>50% but <80% AMI)   | 0             | 0                   |                 |
| Families with children   | 757           | 57                  |                 |
| Elderly families   | 13            | < .01               |                 |
| Families with Disabilities   | 561           | 42                  |                 |
| Race/ethnicity (1)   | 552           | 41                  |                 |
| Race/ethnicity (2)   | 769           | 58                  |                 |
| Race/ethnicity (3)   | 10            | .08                 |                 |
| Race/ethnicity (4)   | 0             | 0                   |                 |

| Housing Needs of Families on the Waiting List  |     |     |  |
|--|-----|-----|--|
| SECTION 8  |     |     |  |
| Characteristics by Bedroom Size (Public Housing Only)  |     |     |  |
| 1BR  | 463 | 35  |  |
| 2 BR   | 416 | 31  |  |
| 3 BR   | 251 | 19  |  |
| 4 BR   | 180 | 14  |  |
| 5 BR   | 21  | .01 |  |
| 5+ BR  | 0   | 0   |  |
| Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes   |     |     |  |
| If yes:  |     |     |  |
| How long has it been closed (# of months)? 21 months (since 8/30/06)   |     |     |  |
| Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |     |     |  |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" 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)

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

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

Select all that apply

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

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

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

Select all that apply

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

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

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

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

- 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)  
Redevelopment of properties.

**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:<br/>Planned Sources and Uses</b>                              |                   |                     |
|---|-------------------|---------------------|
| <b>Sources</b>  | <b>Planned \$</b> | <b>Planned Uses</b> |
| <b>1. Federal Grants (FY 2005 grants)</b>   |                   |                     |
| a) Public Housing Operating Fund  | 1,123,148         |                     |
| b) Public Housing Capital Fund  | 467,484           |                     |
| c) HOPE VI Revitalization   |                   |                     |
| d) HOPE VI Demolition   |                   |                     |
| e) Annual Contributions for Section 8 Tenant-Based Assistance                         | 5,952,243         | HAP & Admin fees    |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | N/A               |                     |
| g) Resident Opportunity and Self-Sufficiency Grants                                   |                   |                     |

| <b>Financial Resources:<br/>Planned Sources and Uses</b>                  |                   |                                    |
|---|-------------------|------------------------------------|
| <b>Sources</b>  | <b>Planned \$</b> | <b>Planned Uses</b>                |
| h) Community Development Block Grant                                      |                   |                                    |
| i) HOME   |                   |                                    |
| Other Federal Grants (list below)   |                   |                                    |
| FSS (Section 8/HCV)   | 103,824           | HCV FSS/<br>Homeownership Programs |
| <b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b> |                   |                                    |
|   |                   |                                    |
|   |                   |                                    |
|   |                   |                                    |
| <b>3. Public Housing Dwelling Rental Income</b>                           | 475,181           | Public Housing Operations          |
|   |                   |                                    |
|   |                   |                                    |
| <b>4. Other income (list below)</b>                                       |                   |                                    |
| Laundry room income   | 34,511            | Tenant Services                    |
|   |                   |                                    |
| <b>4. Non-federal sources (list below)</b>                                |                   |                                    |
| Enterprise Fund (HCV Contract Administration)                             | 76,336            | HCV Administration                 |
|   |                   |                                    |
|   |                   |                                    |
| <b>Total resources</b>  | <b>8,232,727</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: (within top 4 families of appropriate unit size)
  - When families are within a certain time of being offered a unit: (within 120 days or less estimated, based upon average unit turnover of required unit size)
  - Other: (describe) Verification starts at time of application, record check, etc.
- 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 (including listing on the Sex Offender Registry)
  - Rental history
  - Housekeeping
  - Other (describe) A credit history check and past program history review is also performed.
- 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 (list below)
- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**
1. How many site-based waiting lists will the PHA operate in the coming year?

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

**(3) Assignment**

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- One
  - Two
  - 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:  
One resident-requested administrative transfer per seven applicant admissions per property
- Other:  
To accomplish demolition/revitalization goals of the Authority, transfers may occur before admissions at levels determined by the Executive Director to meet timetable deadlines/funding requirements, etc. and may bypass some or all above-named transfer preferences.

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

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

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)  
Elderly, disabled or involuntarily displaced through no fault of their own (including victims of domestic violence) prior to other single persons.

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.

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

### **(5) Occupancy**

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

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)  
US Code, CFR

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:  
Riverside Apartments

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:  
Riverside Apartments

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:  
Riverside Apartments

## 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)  
Prior Program History and any outstanding debts or program violations with a PHA.

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)

The Authority will disclose information in its possession to a prospective landlord upon written release by the tenant household.

## **(2) Waiting List Organization**

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

None

Federal public housing

Federal moderate rehabilitation

Federal project-based certificate program

Other federal or local program (list below)

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

PHA main administrative office

Other (list below)

## **(3) Search Time**

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

If yes, state circumstances below:

For Good Cause, such as health-related reasons for not being able to seek a unit, or where family has been actively seeking a unit but has not yet located a suitable home. The Authority currently issues vouchers for 120 days, incorporating extensions into term rather than requiring families to ask for them.

## **(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)  
Residents of 63 Woodlawn Ave. (James J. O'Donnell Apartments) and 40-7-Main Street (Main Street Development Corporation's Senior Apartments) in Ansonia, CT, and those unable to be accommodated on the Public Housing/Elderly list due to disability need for a handicap accessibility unit and the unavailability of such unit.

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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)  
CFR

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

- Through published notices
- Other (list below)  
Through the Agency Plan process, use of Special Admission vouchers is discussed as an amendment to the Section 8 Administrative Plan.

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

[24 CFR Part 903.7 9 (d)]

##### **A. Public Housing**

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

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

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 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 (list below)  
For any family claiming 0 income, a re-exam is required every thirty days. In addition, income changes relating to any increase in family size must be reported and result in recalculation of rent. All other increases must be reported at annual re-determination.

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

**(2) Flat Rents**

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

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

**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. Currently below 90% of FMR as approved by HUD, based upon cost per family and higher published FMRs related to re-districting in October 2005.
- 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)  
Lack of adequate funding of HAP costs by HUD.

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)  
Annually or more frequently as required based upon FMR or funding changes by HUD.

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

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)  
Deconcentration of assisted families in high poverty neighborhoods.  
Movement into higher income neighborhoods and communities.  
Ability of PHA to assist maximum number of families under ACC as funding levels will permit.

## **(2) Minimum Rent**

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

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

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.  
(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:  
 The Board of Commissioners is the governing body and sets policies for the Authority. The Executive Director is the chief administrative officer and reports to the Board of Commissioners. The Deputy Executive Director reports to the Executive Director. The Director of Community Services and the Section 8 and Public Housing Staff report to the Executive Director. The Maintenance, Security and Modernization staff report to the Deputy Director.

**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 2009</b> | <b>Expected Turnover</b> |
|---|--|--------------------------|
| Public Housing  | 273  | 50                       |
| Section 8 Vouchers  | 645  | 20                       |
| Section 8 Certificates  | N/A  | N/A                      |
| Section 8 Mod Rehab   | N/A  | N/A                      |
| Special Purpose Section 8 Certificates/Vouchers (list individually) | N/A  | N/A                      |
| Public Housing Drug Elimination Program (PHDEP)                     | N/A  | N/A                      |
|   |  |                          |
| Other Federal Programs(list individually)                           | 34   | 7                        |
|   |  |                          |
|   |  |                          |

**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)

|                              |   |
|------------------------------|---|
| AHA Plans: 2008-2012         | Disaster recovery Plan                    |
| Risk Control Standards       | Inventory Policy                          |
| Procurement Policy           | Water Consumption & Sewer                 |
| Grievance Procedure          | Security Regulations                      |
| Job Descriptions             | General Policies                          |
| Lease                        | Admissions & Continued Occupancy Plan     |
| Tenant Admission Policy      | State of Conn. Consolidated Plan          |
| Rent Collection Policy       | Bargaining Unit Contract/Personnel Policy |
| Pet Policy                   | Limited Access & Barment Policy/Grievance |
| Deceased Residents Policy    | Personnel Policy                          |
| Disaster Preparedness Policy | Community Room/Center Use Policy          |

(2) Section 8 Management: (list below)

### 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:

Grievance Process for Barment List (Separate from Tenants' Grievance Procedure)

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

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

### **B. Section 8 Tenant-Based Assistance**

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

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

### **A. Capital Fund Activities**

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

#### **(1) Capital Fund Program Annual Statement**

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment F through O.

-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 P.

-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:

Riverside Apartments\*

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:

Riverside Apartments

- 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:

\* The Authority is engaged in a Master Planning process for the redevelopment of Riverside Apartments. This process includes a regular consultation process with the residents of Riverside (initially as a body of the whole and now that the Riverside Tenants Association has been reformed in accordance with the requirements of 24CFR 964, with the RTA and the City of Ansonia.)

**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

As an outcome of the Master Planning process the Board of Commissioners of the Ansonia Housing Authority may determine that the full redevelopment of Riverside Apartments is the only alternative to retaining affordable units on the Riverside location. If so, one or more demolition applications may be submitted during the program year to HUD, covering units up to the 119 remaining units.

- 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.)

| <b>Demolition/Disposition Activity Description</b>  |
|---|
| 1a. Development name: Riverside Apartments<br>1b. Development (project) number: CT015-01  |
| 2. Activity type: Demolition <input checked="" type="checkbox"/><br>Disposition <input type="checkbox"/>                        |
| 3. Application status (select one)<br>Approved <input type="checkbox"/><br>Submitted, pending approval <input type="checkbox"/> |

|   |
|---|
| Planned application <input checked="" type="checkbox"/> (one or more applications eventually equal to 119 units)  |
| 4. Date application approved, submitted, or planned for submission: Unknown   |
| 5. Number of units affected: Up to 119  |
| 6. Coverage of action (select one)<br><input type="checkbox"/> Part of the development<br><input checked="" type="checkbox"/> Total development (If additional demolition occurs, it will eventually involve the entire site) |
| 7. Timeline for activity: NOT KNOWN AT THIS TIME<br>a. Actual or projected start date of activity:<br>b. Projected end date of activity:  |

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

|  |
|--|
| <b>Designation of Public Housing Activity Description</b>  |
| 1a. Development name: To be determined if necessary for redevelopment or replacement.<br>1b. Development (project) number: |
| 2. Designation type:<br>Occupancy by only the elderly <input type="checkbox"/>   |

|  |
|--|
| Occupancy by families with disabilities <input type="checkbox"/>   |
| Occupancy by only elderly families and families with disabilities <input type="checkbox"/>   |
| 3. Application status (select one)<br>Approved; included in the PHA's Designation Plan <input type="checkbox"/><br>Submitted, pending approval <input type="checkbox"/><br>Planned application <input checked="" type="checkbox"/> |
| 4. Date this designation approved, submitted, or planned for submission: 06/01/2007**  |
| 5. If approved, will this designation constitute a (select one)<br><input checked="" type="checkbox"/> New Designation Plan<br><input type="checkbox"/> Revision of a previously-approved Designation Plan?                        |
| 6. Number of units affected:<br>7. Coverage of action (select one)<br><input type="checkbox"/> Part of the development<br><input checked="" type="checkbox"/> Total development  |

\*\* As part of redevelopment, designated housing may be one tool utilized by the Authority, if deemed necessary following plan completion. This section has been completed in the event that such action is pursued.

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

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

| <b>Conversion of Public Housing Activity Description</b> |
|--|
| 1a. Development name:                                    |
| 1b. Development (project) number:                        |

|   |
|---|
| <p>2. What is the status of the required assessment?</p> <p><input type="checkbox"/> Assessment underway</p> <p><input type="checkbox"/> Assessment results submitted to HUD</p> <p><input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)</p> <p><input type="checkbox"/> Other (explain below)</p>   |
| <p>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.)</p>   |
| <p>4. Status of Conversion Plan (select the statement that best describes the current status)</p> <p><input type="checkbox"/> Conversion Plan in development</p> <p><input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY)</p> <p><input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY)</p> <p><input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway</p>  |
| <p>5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)</p> <p><input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____)</p> <p><input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)</p> <p><input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)</p> <p><input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent</p> <p><input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units</p> <p><input type="checkbox"/> Other: (describe below)</p> |

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

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

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

| <b>Public Housing Homeownership Activity Description<br/>(Complete one for each development affected)</b>   |  |
|---|--|
| 1a. Development name:   |  |
| 1b. Development (project) number:   |  |
| 2. Federal Program authority:   |  |
| <input type="checkbox"/> HOPE I<br><input type="checkbox"/> 5(h)<br><input type="checkbox"/> Turnkey III<br><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<br><input type="checkbox"/> Submitted, pending approval<br><input type="checkbox"/> Planned application |  |
| 4. Date Homeownership Plan/Program approved, submitted, or planned for submission:<br>(DD/MM/YYYY)  |  |
| 5. Number of units affected:  |  |
| 6. Coverage of action: (select one)   |  |
| <input type="checkbox"/> Part of the development<br><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: Section 8 HCV Program

#### 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:

FSS participation required unless not qualified for FSS due to age, disability of a family member or inability to obtain necessary services to achieve self-sufficiency.

State minimum wage income requirements.

## **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 (Relocation due to demolition)  
 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)  
Waive most Section 8 and Public Housing interim appointments resulting from income increases, to allow economic improvements before annual rent increase.

b. Economic and Social self-sufficiency programs

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

| Services and Programs  |                |  |  |   |
|--|----------------|--|--|---|
| Program Name & Description<br>(including location, if appropriate) | Estimated Size | Allocation Method<br>(waiting list/random selection/specific criteria/other) | Access<br>(development office / PHA main office / other provider name) | Eligibility<br>(public housing or section 8 participants or both) |
| After School Program   | 40             | Open registration  | PHA main office  | Both  |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |
|  |                |  |  |   |

**(2) Family Self Sufficiency program/s**

a. Participation Description

| Family Self Sufficiency (FSS) Participation |  |   |
|---|--|---|
| Program                                     | Required Number of Participants<br>(start of FY 2008 Estimate) | Actual Number of Participants<br>(As of:1/1/2008) |
| Public Housing                              |  |   |
| Section 8                                   | 29   | 34  |

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

### C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

|  |
|--|
| <b>D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937</b> |
|--|

### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

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

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

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

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

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

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below)  
Riverside Apartments (Olson Drive)

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

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

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

2. Which developments are most affected? (list below)  
Riverside Apartments (Olson Drive)

**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)  
Riverside Apartments (Olson Drive)

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

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

See Attachment B

**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?  
N/A  
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: (list below)  
Creation of Non-Profit Entities to help offset financial constraints on AHA.
  
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 D  
 Provided below:
  
3. In what manner did the PHA address those comments? (select all that apply)  
 Considered comments, but determined that no changes to the PHA Plan were necessary.  
 The PHA changed portions of the PHA Plan in response to comments  
List changes below:  
See Attachment D which provides responses.

Other: (list below)

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

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

#### 3. Description of Resident Election Process

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

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

##### b. Eligible candidates: (select one)

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

##### c. Eligible voters: (select all that apply)

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

### **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: City of Ansonia
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  
- Other: (list below)

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

**D. Other Information Required by HUD**

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

## **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<br>Number/Name<br>HA-Wide Activities | General Description of Major Work<br>Categories | Development<br>Account<br>Number | Total<br>Estimated<br>Cost |
|--|---|----------------------------------|----------------------------|
|  |   |                                  |                            |

**Annual Statement**

**Capital Fund Program (CFP) Part III: Implementation Schedule**

| Development<br>Number/Name<br>HA-Wide Activities | All Funds Obligated<br>(Quarter Ending Date) | All Funds Expended<br>(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>                          |   |                     |                            |                                     |



**ATTACHMENT A**

**Voluntary Conversion Initial Assessments**

- a. How many of the PHA’s developments are subject to the Required Initial Assessments?  
One – Riverside Apartments
  
- b. How many of the PHA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?  
Two – John J. Stevens Apartments and Monsignor Hines Apartments
  
- c. How many Assessments were conducted for the PHA’s covered developments?  
One
  
- d. Identify PHA developments that may be appropriate for conversion based on Required Initial Assessments:

| <b>Development Name</b> | <b>Number of Units</b> |
|-------------------------|------------------------|
| None                    |                        |
|                         |                        |
|                         |                        |
|                         |                        |
|                         |                        |
|                         |                        |
|                         |                        |

- d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:  
Not Applicable

## **Attachment B – Pet Policy**

No animals or pets of any kind shall be kept or allowed within an apartment or on the property of the Authority, except as provided and herein described in this policy relative to elderly/handicapped residents of John J. Stevens Apartments and Monsignor Hynes Apartments only, to the extent provided by 24 CFR Section 942.3(c). Absolutely no animals are permitted to be kept within an apartment or on the property of the Authority at Riverside Apartments (Olson Drive).

- A. Pets permitted include only the following: dog, household cat, birds, hamsters, fish and turtles. All pets must be properly caged or housed. Non-aquatic pets, except cats and dogs, shall be limited to two. One dog or cat is permitted, but not one of each.
- B. Before a dog or cat enters the home, the resident must receive written permission from the AHA. The AHA shall be provided with a description of the pet, the pet's name, weight and any other distinguishing marks. The resident must also sign a Pet Registration, a Pet Aftercare Agreement, and acknowledge receipt of the Pet Policy.
- C. Dogs must be spayed/neutered not later than eight months of age and cats not later than six months of age. Verifications of this must be provided to the AHA.
- D. Dogs and cats must be leashed at all times when outside.
- E. Dogs and cats must be inoculated as required by veterinarians for the following: 1. Dogs – rabies, distemper, hepatitis, parainfluenza, leptosporosis and parvo virus; 2. Cats - rabies, feline distemper, rhinotracheitis, calici virus and panleukopenia virus. The resident must provide the AHA with yearly vaccination updates at each annual review.
- F. Dogs must be licensed by the City of Ansonia, and the resident must provide the AHA with a copy of the license.
- G. Dogs and cats must have their nails clipped regularly. Dogs may not weigh over 15 pounds.
- H. The resident must clean up after their pet (including feces, vomit, furballs, etc.), both inside and outside the unit. Cat litter and animal waste must be properly disposed of by the resident.
- I. During annual income recertification, the resident must re-register their pet with the AHA and provide updated vaccination information.
- J. Resident is liable for any damages or injuries caused by their pet. The AHA assumes no responsibility for any damages or injuries to a person or property which is caused by the resident's pet.
- K. No pet may make excessive noise which interferes with their neighbor's peaceful enjoyment of their accommodations. Should complaints or problems arise as a result of a pet's occupancy of the unit, one warning will be issued to the resident. Further problems will result in the AHA requiring the resident to move the pet from the unit and premises permanently. Failure to comply may result in termination of tenancy.

- L. No pet that bites or attacks will be permitted. Pit bulls, Rottweilers and Dobermans are strictly prohibited.
- M. Pet visitation is allowed; however, the visitation becomes the liability of the resident. All rules are applicable to visiting pets with regard to size, number, vaccination, control and cleanup.
- N. No “pet houses” will be allowed outdoors on AHA property. Food and water dishes must be inside the unit and maintained in a clean and sanitary condition.
- O. These rules shall be rigidly enforced by the AHA. Failure to comply with these provisions can result in the removal of the pet or eviction of the resident.

## PET REGISTRATION

I, \_\_\_\_\_, residing at \_\_\_\_\_, hereby register the following pet with the Ansonia Housing Authority. I understand that I must register my pet annually at lease renewal or recertification, and provide a copy of my pet's annual vaccination records each year also.

Pet's Name: \_\_\_\_\_  
Type:                    dog    cat  
Weight:                \_\_\_\_\_ lbs.  
Breed:                 \_\_\_\_\_  
Brief Description:    \_\_\_\_\_  
(color, sex,  
distinguishing  
marks, etc.)         \_\_\_\_\_

## PET AFTERCARE AGREEMENT

In the event that I am absent/unavailable to care for my pet, the person named below is assigned by me to serve as my pet's care provider. I understand that if I am absent from my apartment, this person will be required by the Ansonia Housing Authority to either care for my pet at my apartment or remove my pet and care for it elsewhere. This decision will be made solely by Housing Authority staff at its discretion, depending upon the pet's care needs, expectation of my return, etc. I understand that if it is brought to the attention of Housing Authority staff that my pet is not being cared for at my apartment as its needs require, the Housing Authority may contact Animal Control or another agency to have my pet removed. I agree that the Ansonia Housing Authority has no responsibility for the care of my pet or liability resulting from its removal, or for any action or inaction by the person I name to be responsible for my pet.

Name:                    \_\_\_\_\_  
Address:                \_\_\_\_\_  
                                  \_\_\_\_\_  
Phone:                    \_\_\_\_\_  
                                  \_\_\_\_\_

By my signature, I am acknowledging that I have read, understand and agree to the above statements. I have been given a copy of the Ansonia Housing Authority's Pet Policy. I have had the opportunity to read it or have it read to me, and to ask any questions which I may have regarding the Pet Policy. I agree to abide by the Pet Policy of the Ansonia Housing Authority.

---

Signature

Date

## ATTACHMENT C - Membership of the Resident Advisory Board

|                       |   |                   |
|-----------------------|---|-------------------|
| Edith Anderson        | 4 Spring Street                             | Ansonia, CT 06401 |
| Marisol Lugo-Sullivan | 5 Williams Street                           | Ansonia, CT 06401 |
| Vincent Giammario     | 75 Central Street , #34                     | Ansonia, CT 06401 |
| Denise Sarosky        | 37 Balance Rock Road #14                    | Seymour, CT 06483 |
| Bonnie Ljunquist      | 160 North Oak Avenue, 2 <sup>nd</sup> Floor | Shelton, CT 06484 |
| Naomi Wallace         | 34 Olson Drive                              | Ansonia, CT 06401 |
| Andrea Tinney         | 24 Liberty Street                           | Ansonia, CT 06401 |
| Irene Mitchell        | 70 Woodlawn Ave., Apt. 3                    | Ansonia, CT 06401 |
| Carmen Ramirez        | P. O. Box 325                               | Ansonia, CT 06401 |
| Eva Pcolka            | 70 Woodlawn Ave. Apt. 30                    | Ansonia, CT 06401 |
| Desiree Brooks        | 93 South Cliff Street                       | Ansonia, CT 06401 |
| Malu Mulumba          | 15 Middle Street                            | Ansonia, CT 06401 |
| John Eagan            | 190 N. Main Street, 2 <sup>nd</sup> Floor   | Ansonia, CT 06401 |
| Flore Jett            | 94 Olson Drive                              | Ansonia, CT 06401 |
| John Swann            | 70 Woodlawn Ave., Apt. 56                   | Ansonia, CT 06401 |
| Bernice Cruz          | 505 Beaver St #6                            | Ansonia, CT 06401 |
| Syreta Cloud          | 13 Olson Drive                              | Ansonia, CT 06401 |
| Donna Euskowitz       | 18 Fairmont Pl.                             | Shelton, CT 06484 |
| Linda Cummings        | 21 Johnson Avenue                           | Seymour, CT 06483 |
| Lori Hemenway         | 24 Connecticut Ave. #3                      | Shelton, CT 06484 |
| Robert Hunt           | 10 Reservoir #F5                            | Seymour, CT 06483 |
| David Luby            | 6 Skokorat #11                              | Seymour, CT 06483 |
| Evelyn Baldwin        | 8 Page Street                               | Ansonia, CT 06401 |
| Marceille Ashton      | 8 Francis St. #1                            | Ansonia, CT 06401 |

## ATTACHMENT D

Housing Authority of the City of Ansonia  
36 Main Street  
Ansonia, CT. 06401

### RESIDENT ADVISORY BOARD MEETING

Date: July 7, 2008      Time: 2:00 p.m.

RE:    Resident Advisory Board Meeting/2008 Agency Annual Plan

Present:

James Finnucan, Executive Director  
Larry Thomas, Deputy Director  
Gwen Archer, Director Public Housing Programs  
Vicky Clifford, Director Tenant Services  
Vincent Giammario, Resident of John J. Stevens Apartments

Executive Director, James Finnucan clarified the Public Hearing Procedure and explained the mission and goals for the Ansonia Housing Authority for the next five years. Jim stated that it was important for the Ansonia Housing Authority to receive resident input to assist the Housing Authority in achieving its action plans. Mrs. Naomi Wallace of 34 Olson Drive called and stated she could not attend the meeting, however, between herself, the tenants association and legal aid written comments and suggestions would be submitted at a later date.

Jim then invited Mr. Giammario to share his concerns as a resident.

Mr. Giammario stated that he lives at John J. Stevens Apartments, Apartment number 34. He and his wife Helen have lived there for 10 years. Mr. Giammario stated that he tries to get resident involvement in the upkeep of the development but finds that there is a lack of interest and he is unable to work alone.

Mr. Giammario finds the curb appeal looks good, the building is okay, the flood lights are working, he would like to see the balconys and steps washed down and the picnic tables cleaned up. Vincent also suggested signs for Resident Parking only. Vincent stated that the residents have a give and take table in the laundry room.

This table enables residents to recycle items they no longer need, and that another tenant may be able to use.

Mr. Giammario pointed out some items that he felt need improvement. The complex is situated on a corner which has become a high traffic area. The car dealership across the street uses the street to park their cars therefore making it difficult for visitors and aides to use the parking in front of the building.

Occasionally there is loud noise coming from the assembly hall up and across the street. Street lights are frequently out. Water spickets on the building are in need of repair or replacement. Mr. Giammario stated that aside from items mentioned the building is in good condition.

As there were no further comments, the meeting ended at 3:00 p.m.

Deputy Director Larry Thomas informed those in attendance that the public hearing will be the 25<sup>th</sup> of July. We look for input. We are going to include all meetings that we have had throughout the year.

PUBLIC HEARING  
AGENCY PLAN  
2008

Date: Friday, July 25, 2008

Time: 2:00 p.m.

Place: Tinney Community Center  
Olson Drive  
Ansonia, CT. 06401  
203-736-8850

Participants: James J. Finnucan, Executive Director  
Larry Thomas, Deputy Director  
Gwen Archer, Director Public Housing Programs  
Vicky Clifford, Director Community Services  
Julio Ayala, Resident, Riverside Apartments  
Esther Dennis, Resident, Riverside Apartments  
Naomi R. Wallace, President, Riverside Tenant=s Association  
Resident, Riverside Apartments

Executive Director, James Finnucan called the Public Hearing for Agency Plan 200 to order at 2:00 p.m.

Mr. Finnucan invited the residents in attendance to voice questions or concerns regarding the Ansonia Housing Authority=s Agency Plan for year 2009.

Naomi Wallace: Not everyone at Riverside Apartments gets a newspaper and the newspaper is not delivered to the Community Center any longer. APeople need apartments, I am against as you know redeveloping Riverside Apartments.@ The organization is absent in handling people and units. Your master plan is not properly planned. Why should people have to move? People have lived here for a long time.

Esther Dennis: People are urinating on the door to my apartment, loud music, children writing on the building.

Julio Ayala: The stairs in my building are collapsing. If one side of the stairs is being fixed the other side needs to be repaired as well. The smell coming from the trash dumpster is very bad. The trash dumpsters need to be cleaned and disinfected. Children are writing on the walls. There are dogs on the premises.

Gwen Archer: Many letters have been sent. We mention no dogs allowed.

Julio Ayala: there is a lack of police presence. People come and stay with people who live here. It is these people that are creating the problem. The police are here when something happens but we do not see them any other time.

Jim Finnucan said you are telling me that the Police seem to be everywhere when something big happens, there is no presence at any other time?

Julio Ayala: Yes.

Naomi Wallace: The steps need attention now. The housing authority does not communicate with us regarding inspections or anything else being done here.

Jim Finnucan: You are telling me you want more advance notice?

Naomi Wallace: The inspectors are coming and going out of units too much. They leave a unit and then forget something and come back in without knocking. We need better communication between residents and AHA.

People call the AHA with complaints they are not addressed. The steps are very dangerous. Pertaining to this meeting these items were mentioned above. Buildings should not be brought down, but maintained. Complaints are not being acted upon. Garbage is not being picked up at the Tinney Community Center.

Esther Dennis: Windows not working.

Julio Ayala: Windows do not function they slide off track or slam shut and do not stay open. Maintenance comes in looks at the window walks out and never returns. When units were inspected apartments were entered without notice.

Larry Thomas: We do not give door to door notice. Notice goes to all units.

Naomi Wallace: Things were moved around, inspectors have walked in when people were not aware leading to embarrassing situations.

Jim Finnucan acknowledged the items mentioned by the participants.

Meeting ended at 2:45 p.m.

**ATTACHMENT E – Resident Membership of the PHA Governing Board**

Resident Commissioner: Mrs. Flore Jett  
94 Olson Drive  
Ansonia, CT 06401

Mrs. Jett was appointed by Mayor James DellaVolpe for a term beginning on January 19, 2006 through October 31, 2009.

ATTACHMENT F

Omb Approval No: 2577-0226  
exp (08/31/2009)

| Annual Statement/Performance and Evaluation Report (Closeout)  |   |   |              |           |
|--|---|---|--------------|-----------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary  |   |   |              |           |
| PHA Name:<br><br><b>ANSONIA HOUSING AUTHORITY</b>  |   | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550105 Rev 1<br>Replacement Housing Factor Grant No: |              |           |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1 )<br><input type="checkbox"/> Performance and Evaluation report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report |   |   |              |           |
| Line No.   | Summary by Development Account                            | Total Estimated Cost  |              | Total Ac  |
|  |   | Original  | Revised      | Obligated |
| 1  | Total non-CFP Funds                                       |   |              |           |
| 2  | 1406 Operations   | \$30,000.00   | \$30,000.00  |           |
| 3  | 1408 Management Improvements                              | \$83,981.00   | \$83,981.00  |           |
| 4  | 1410 Administration                                       | \$41,990.00   | \$41,990.00  |           |
| 5  | 1411 Audit  | \$0.00  | \$0.00       |           |
| 6  | 1415 Liquidated Damages                                   | \$0.00  | \$0.00       |           |
| 7  | 1430 Fees and Costs                                       | \$17,770.00   | \$67,770.00  |           |
| 8  | 1440 Site Acquisition                                     | \$0.00  | \$0.00       |           |
| 9  | 1450 Site Improvement                                     | \$22,500.00   | \$22,500.00  |           |
| 10   | 1460 Dwelling Structures                                  | \$117,000.00  | \$91,763.00  |           |
| 11   | 1465.1 Dwelling Equipment - Nonexpendable                 | \$20,700.00   | \$20,700.00  |           |
| 12   | 1470 Nondwelling Structures                               | \$22,500.00   | \$22,500.00  |           |
| 13   | 1475 Nondwelling Equipment                                | \$38,700.00   | \$38,700.00  |           |
| 14   | 1485 Demolition   | \$0.00  | \$0.00       |           |
| 15   | 1490 Replacement Reserve                                  | \$0.00  | \$0.00       |           |
| 16   | 1492 Moving to Work Demonstration                         | \$0.00  | \$0.00       |           |
| 17   | 1495.1 Relocation Costs                                   | \$0.00  | \$0.00       |           |
| 18   | 1499 Development Activities                               | \$0.00  | \$0.00       |           |
| 19   | 1501 Collateralization or Debt Service                    | \$0.00  | \$0.00       |           |
| 20   | 1502 Contingency  | \$24,763.00   | \$0.00       |           |
| 21   | Amount of Annual Grant: (sum of lines 2-20)               | \$419,904.00  | \$419,904.00 |           |
| 22   | Amount of line 21 Related to LBP Activities               | \$0.00  | \$0.00       |           |
| 23   | Amount of line 21 Related to Section 504 compliance       | \$0.00  | \$0.00       |           |
| 24   | Amount of line 21 Related to Security - Soft Costs        | \$0.00  | \$0.00       |           |
| 25   | Amount of line 21 Related to Security - Hard Costs        | \$0.00  | \$0.00       |           |
| 26   | Amount of line 21 Related to Energy Conservation Measures | \$0.00  | \$0.00       |           |

ATTACHMENT F

Omb Approval No: 2577-0226  
exp (08/31/2009)

|                                     |
|-------------------------------------|
| <b>nary</b>                         |
| Federal FY of Grant:<br><b>2005</b> |
|                                     |
| <b>Actual Cost</b>                  |
| <b>Expended</b>                     |
|                                     |
| \$30,000.00                         |
| \$83,981.00                         |
| \$41,990.00                         |
| \$0.00                              |
| \$0.00                              |
| \$67,770.00                         |
| \$0.00                              |
| \$22,500.00                         |
| \$91,763.00                         |
| \$20,700.00                         |
| \$22,500.00                         |
| \$38,700.00                         |
| \$0.00                              |
| \$0.00                              |
| \$0.00                              |
| \$0.00                              |
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| \$0.00                              |
| \$419,904.00                        |
| \$0.00                              |
| \$0.00                              |
| \$0.00                              |
| \$0.00                              |
| \$0.00                              |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550105 Rev 1<br>Replacement Housing Factor Grant No: |          |                      |                  | Federal FY of Grant:<br><b>2005</b> |                  |                |
|---|--|---|----------|----------------------|------------------|-------------------------------------|------------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories   | Dev. Acct No.   | Quantity | Total Estimated Cost |                  | Total Actual Cost                   |                  | Status of Work |
|   |  |   |          | Original             | Revised          | Funds Obligated                     | Funds Expended   |                |
|   | <b>OPERATIONS</b>  |   |          |                      |                  |                                     |                  |                |
| HA-Wide                                       | Clerical, data input, financial maintenance  | <b>1406</b>   |          | <b>30,000.00</b>     | <b>30,000.00</b> |                                     | <b>30,000.00</b> |                |
| HA-Wide                                       | <b>MGMT IMPROVEMENT</b><br>Admin., modernization, financial mgmt. maintenance, communication, staff training, QHWRA, certification             | 1408.1  |          | 22,500.00            | 22,500.00        |                                     | 22,500.00        |                |
|   | Security Guard Salary  | 1408.2  |          | 22,500.00            | 22,500.00        |                                     | 22,500.00        |                |
|   | Community Centers<br>Staff training, resident mgmt. training, family support services, policy/grants co-ordinator, client service co-ordinator | 1408.3  |          | 31,500.00            | 31,500.00        |                                     | 31,500.00        |                |
|   | Software Update<br>CHAS, Lotus, Microsoft, Aquidneck   | 1408.4  |          | 7,481.00             | 7,481.00         |                                     | 7,481.00         |                |
|   | <b>SUBTOTAL</b>  | <b>1408</b>   |          | <b>83,981.00</b>     | <b>83,981.00</b> |                                     | <b>83,981.00</b> |                |
| HA-Wide                                       | <b>ADMINISTRATION</b><br>Prorated salary & benefits<br>Exec. Director, Deputy Director   | 1410.1  |          | 0.00                 | 0.00             |                                     | 0.00             |                |
|   | Director of Mod. Programs  | 1410.2  |          | 36,000.00            | 36,000.00        |                                     | 36,000.00        |                |
|   | Mod assist., part-time<br>20hrs/wk   | 1410.3  |          | 5,990.00             | 5,990.00         |                                     | 5,990.00         |                |
|   | <b>SUBTOTAL</b>  | <b>1410</b>   |          | <b>41,990.00</b>     | <b>41,990.00</b> |                                     | <b>41,990.00</b> |                |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |   | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550105 Rev 1<br>Replacement Housing Factor Grant No: |          |                      | Federal FY of Grant:<br><b>2005</b> |                   |                  |                |
|---|---|---|----------|----------------------|-------------------------------------|-------------------|------------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories  | Dev. Acct No.   | Quantity | Total Estimated Cost |                                     | Total Actual Cost |                  | Status of Work |
|   |   |   |          | Original             | Revised                             | Funds Obligated   | Funds Expended   |                |
| 15-1  | <b>FEES &amp; COSTS</b><br>A/E Consultant<br>Boiler upgrades, secure entry  | 1430.3  |          | 9,270.00             | 9,270.00                            |                   | 9,270.00         |                |
| HA-Wide                                       | A/E Consultant<br>Grant writing, youth programs,<br>construction document prep, New Haven<br>Foundation, KM Foundation grants,<br>Needs Assessment, misc. grant prep.                     | 1430.9  |          | 8,500.00             | 58,500.00                           |                   | 58,500.00        |                |
|   | <b>SUBTOTAL</b>   | <b>1430</b>   |          | <b>17,770.00</b>     | <b>67,770.00</b>                    |                   | <b>67,770.00</b> |                |
| HA-Wide                                       | <b>SITE IMPROVEMENTS</b><br>Picnic benches, foor prep. Fences<br>sidewalk repairs, balcony lights<br>handrails, trash enclosures<br>surveillance camera with monitor<br>playground equip. | 1450  |          | 8,000.00             | 8,000.00                            |                   | 8,000.00         |                |
| 15-1  | Replace 1 compactor   | 1450.11   |          | 10,000.00            | 10,000.00                           |                   | 10,000.00        |                |
| 15-2  | Replace gutters   | 1450.21   |          | 1,700.00             | 1,700.00                            |                   | 1,700.00         |                |
| 15-3  | Sidewalk replacement, gutters, parking  | 1450.31   |          | 2,800.00             | 2,800.00                            |                   | 2,800.00         |                |
|   | <b>SUBTOTAL</b>   | <b>1450</b>   |          | <b>22,500.00</b>     | <b>22,500.00</b>                    |                   | <b>22,500.00</b> |                |



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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550105 Rev 1<br>Replacement Housing Factor Grant No: |          |                      | Federal FY of Grant:<br><b>2005</b> |                   |                  |                |
|---|--|---|----------|----------------------|-------------------------------------|-------------------|------------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories   | Dev. Acct No.   | Quantity | Total Estimated Cost |                                     | Total Actual Cost |                  | Status of Work |
|   |  |   |          | Original             | Revised                             | Funds Obligated   | Funds Expended   |                |
| 15-1  | <b>DWELLING STRUCTURE</b><br>Lead dust cleanup shortfall security screening at 3rd level maint and hardware, VCT flooring replace. kitchen cabinets, window security replacement glass | 1460.11   |          | 90,000.00            | 67,763.00                           |                   | 67,763.00        |                |
| 15-2  | Retro fit common area front and erar apt 33 for improved access  | 1460.21   |          | 13,500.00            | 12,000.00                           |                   | 12,000.00        |                |
| 15-3  | Rebuild entryways, expand laundry room in CC   | 1460.31   |          | 13,500.00            | 12,000.00                           |                   | 12,000.00        |                |
|   | <b>SUBTOTAL</b>  | <b>1460</b>   |          | <b>117,000.00</b>    | <b>91,763.00</b>                    |                   | <b>91,763.00</b> |                |
| HA-Wide                                       | <b>DWELLING EQUIPMENT</b><br>Appliances, washer&dryers, tub faucets, hot water heaters, radiators hall lighting, boilers   | 1465  |          | 20,700.00            |                                     |                   | 20,700.00        |                |
|   | <b>SUBTOTAL</b>  | <b>1465</b>   |          | <b>20,700.00</b>     |                                     |                   | <b>20,700.00</b> |                |



ATTACHMENT G

Omb Approval No: 2577-0226  
exp (08/31/2009)

| <b>Annual Statement/Performance and Evaluation Report (As of 6/30/2008)</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>  |   |   |         |   |              |
|--|---|---|---------|---|--------------|
| <b>PHA Name:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">ANSONIA HOUSING AUTHORITY</div>  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CT26P01550106 R1<br>Replacement Housing Factor Grant No: |         | <b>Federal FY of Grant:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.5em;">2006</div> |              |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )<br><input type="checkbox"/> Performance and Evaluation report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |   |   |         |   |              |
| Line No.   | Summary by Development Account                            | Total Estimated Cost  |         | Total Actual Cost   |              |
|  |   | Original  | Revised | Obligated   | Expended     |
| 1  | Total non-CFP Funds                                       |   |         |   |              |
| 2  | 1406 Operations   | \$23,678.00   |         | \$23,678  | \$23,678.00  |
| 3  | 1408 Management Improvements                              | \$82,175.00   |         | \$72,986  | \$43,985.65  |
| 4  | 1410 Administration                                       | \$41,088.00   |         | \$34,401  | \$14,401.00  |
| 5  | 1411 Audit  |   |         |   |              |
| 6  | 1415 Liquidated Damages                                   |   |         |   |              |
| 7  | 1430 Fees and Costs                                       | \$17,770.00   |         | \$17,068  | \$10,068.47  |
| 8  | 1440 Site Acquisition                                     |   |         |   |              |
| 9  | 1450 Site Improvement                                     | \$22,500.00   |         | \$22,500  | \$22,500.00  |
| 10   | 1460 Dwelling Structures                                  | \$82,615.00   |         | \$82,615  | \$82,615.00  |
| 11   | 1465.1 Dwelling Equipment - Nonexpendable                 | \$20,700.00   |         | \$20,700  | \$20,700.00  |
| 12   | 1470 Nondwelling Structures                               | \$22,500.00   |         | \$22,500  | \$22,500.00  |
| 13   | 1475 Nondwelling Equipment                                | \$38,700.00   |         | \$38,700  | \$38,700.00  |
| 14   | 1485 Demolition   |   |         |   |              |
| 15   | 1490 Replacement Reserve                                  |   |         |   |              |
| 16   | 1492 Moving to Work Demonstration                         |   |         |   |              |
| 17   | 1495.1 Relocation Costs                                   | \$46,525.00   |         | \$46,525  | \$46,525.00  |
| 18   | 1499 Development Activities                               |   |         |   |              |
| 19   | 1501 Collateralization or Debt Service                    |   |         |   |              |
| 20   | 1502 Contingency  | \$24,763.00   |         | \$24,763  | \$0.00       |
| 21   | Amount of Annual Grant: (sum of lines 2-20)               | \$423,014.00  |         | \$406,436   | \$325,673.12 |
| 22   | Amount of line 21 Related to LBP Activities               | \$0.00  |         |   |              |
| 23   | Amount of line 21 Related to Section 504 compliance       | \$0.00  |         |   |              |
| 24   | Amount of line 21 Related to Security - Soft Costs        | \$0.00  |         |   |              |
| 25   | Amount of line 21 Related to Security - Hard Costs        | \$0.00  |         |   |              |
| 26   | Amount of line 21 Related to Energy Conservation Measures | \$0.00  |         |   |              |

ATTACHMENT H

Omb Approval No: 2577-0226  
exp (08/31/2009)

| <b>Annual Statement/Performance and Evaluation Report (As of 6/30/08)</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>     |   |  |         |                   |   |  |
|---|---|--|---------|-------------------|---|--|
| <b>PHA Name:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">ANSONIA HOUSING AUTHORITY</div>   |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CT26P01550107<br>Replacement Housing Factor Grant No: |         |                   | <b>Federal FY of Grant:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.5em;">2007</div> |  |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) |   |  |         |                   |   |  |
| <input type="checkbox"/> Performance and Evaluation report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report  |   |  |         |                   |   |  |
| Line No.  | Summary by Development Account                            | Total Estimated Cost   |         | Total Actual Cost |   |  |
|   |   | Original   | Revised | Obligated         | Expended  |  |
| 1   | Total non-CFP Funds                                       |  |         |                   |   |  |
| 2   | 1406 Operations   | \$25,409.00  |         | 675               | \$675.44  |  |
| 3   | 1408 Management Improvements                              | \$84,696.00  |         | 25,000            | \$0.00  |  |
| 4   | 1410 Administration                                       | \$42,348.00  |         | 6,933             | \$6,932.51  |  |
| 5   | 1411 Audit  |  |         |                   |   |  |
| 6   | 1415 Liquidated Damages                                   |  |         |                   |   |  |
| 7   | 1430 Fees and Costs                                       | \$20,000.00  |         |                   | \$0.00  |  |
| 8   | 1440 Site Acquisition                                     |  |         |                   |   |  |
| 9   | 1450 Site Improvement                                     | \$22,500.00  |         | 9,403             | \$9,402.90  |  |
| 10  | 1460 Dwelling Structures                                  | \$112,751.00   |         | 20,667            | \$20,667.24   |  |
| 11  | 1465.1 Dwelling Equipment - Nonexpendable                 | \$20,700.00  |         | 7,332             | \$7,331.58  |  |
| 12  | 1470 Nondwelling Structures                               | \$22,500.00  |         | 13,103            | \$1,102.71  |  |
| 13  | 1475 Nondwelling Equipment                                | \$38,700.00  |         | 27,959            | \$27,959.13   |  |
| 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  | \$33,878.00  |         |                   | \$0.00  |  |
| 21  | Amount of Annual Grant: (sum of lines 2-20)               | \$423,482.00   |         | 111,072           | \$74,071.51   |  |
| 22  | Amount of line 21 Related to LBP Activities               | \$0.00   |         |                   |   |  |
| 23  | Amount of line 21 Related to Section 504 compliance       | \$0.00   |         |                   |   |  |
| 24  | Amount of line 21 Related to Security - Soft Costs        | \$0.00   |         |                   |   |  |
| 25  | Amount of line 21 Related to Security - Hard Costs        | \$0.00   |         |                   |   |  |
| 26  | Amount of line 21 Related to Energy Conservation Measures | \$0.00   |         |                   |   |  |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550107<br>Replacement Housing Factor Grant No: |          |                      |         | Federal FY of Grant:<br><b>2007</b> |                 |                |
|---|--|---|----------|----------------------|---------|-------------------------------------|-----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories   | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost                   |                 | Status of Work |
|   |  |   |          | Original             | Revised | Funds Obligated                     | Funds Expended  |                |
| HA-Wide                                       | <b>OPERATIONS</b><br>Clerical, data input, financial, maint.<br>Clerk of the Works   | <b>1406</b>   |          | <b>25,409.00</b>     |         |                                     | <b>675.44</b>   |                |
| HA-Wide                                       | <b>MGMT IMPROVEMENT</b><br>Admin., modernization, financial mgmt.<br>maintenance, communication, staff<br>training, QHWRA, certification             | 1408.1  |          | 22,500.00            |         |                                     | 0.00            |                |
|   | Security Guard Salary  | 1408.2  |          | 22,500.00            |         |                                     | 0.00            |                |
|   | Community Centers<br>Staff training, resident mgmt. training,<br>family support services, policy/grants<br>co-ordinator, client service co-ordinator | 1408.3  |          | 31,500.00            |         |                                     | 0.00            |                |
|   | Software Update<br>CHAS, Lotus, Microsoft, Aquidneck   | 1408.4  |          | 8,196.00             |         |                                     | 0.00            |                |
|   | <b>SUBTOTAL</b>  | <b>1408</b>   |          | <b>84,696.00</b>     |         |                                     | <b>0.00</b>     |                |
| HA-Wide                                       | <b>ADMINISTRATION</b><br>Prorated salary & benefits<br>Exec. Director, Deputy Director   | 1410.1  |          | 0.00                 |         |                                     | 2,888.00        |                |
|   | Director of Fac. Programs  | 1410.2  |          | 25,000.00            |         |                                     | 0.00            |                |
|   | Mod assist., part-time<br>20hrs/wk   | 1410.3  |          | 17,348.00            |         |                                     | 4,044.51        |                |
|   | <b>SUBTOTAL</b>  | <b>1410</b>   |          | <b>42,348.00</b>     |         |                                     | <b>6,932.51</b> |                |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550107<br>Replacement Housing Factor Grant No: |          |                      |         | Federal FY of Grant:<br><b>2007</b> |                 |                |
|---|--|---|----------|----------------------|---------|-------------------------------------|-----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories   | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost                   |                 | Status of Work |
|   |  |   |          | Original             | Revised | Funds Obligated                     | Funds Expended  |                |
| 15-1  | <b>FEES &amp; COSTS</b><br>A/E Consultant<br>Boiler upgrades, secure entry, roofing, rehab feasibility, demolition study environmental study   | 1430.3  |          | 10,000.00            |         |                                     | 0.00            |                |
| HA-Wide                                       | A/E Consultant<br>Grant writing, youth programs, construction document prep, New Haven Foundation, KM Foundation grants, Needs Assessment, misc. grant prep.                                   | 1430.9  |          | 10,000.00            |         |                                     | 0.00            |                |
|   | <b>SUBTOTAL</b>  | <b>1430</b>   |          | <b>20,000.00</b>     |         |                                     | <b>0.00</b>     |                |
| HA-Wide                                       | <b>SITE IMPROVEMENTS</b><br>Siding replacement, kitchens, fence and sidewalk repairs, outdoor lights, railings trash enclosures, exterior doors, stairs painting, safety, general site upgrade | 1450  |          | 8,000.00             |         |                                     | 300.00          |                |
| 15-1  | Repair masonry, stairs, asphalt & curbs  | 1450.11   |          | 10,000.00            |         |                                     | 4,602.90        |                |
| 15-2  | Repair exterior masonry, walkways  | 1450.21   |          | 1,700.00             |         |                                     | 1,700.00        |                |
| 15-3  | Sidewalk replacement, front entries  | 1450.31   |          | 2,800.00             |         |                                     | 2,800.00        |                |
|   | <b>SUBTOTAL</b>  | <b>1450</b>   |          | <b>22,500.00</b>     |         |                                     | <b>9,402.90</b> |                |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |   | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550107<br>Replacement Housing Factor Grant No: |          |                      |         | Federal FY of Grant:<br><b>2007</b> |                 |                |
|---|---|---|----------|----------------------|---------|-------------------------------------|-----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories  | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost                   |                 | Status of Work |
|   |   |   |          | Original             | Revised | Funds Obligated                     | Funds Expended  |                |
| 15-1  | <b>DWELLING STRUCTURE</b><br>Lead paint removal, security screen at 3rd floor, VCT floor replacement kitchen cabinets, window glass replace. cycle painting | 1460.11   |          | 77,751.00            |         |                                     | 16,861.25       |                |
| 15-2  | Unit doors, tile replacement rear stair erosion   | 1460.21   |          | 15,000.00            |         |                                     | 832.25          |                |
| 15-3  | Inside stairs, appliances, upgrade range hoods, painting, remodel baths   | 1460.31   |          | 20,000.00            |         |                                     | 2,973.74        |                |
|   | <b>SUBTOTAL</b>   | <b>1460</b>   |          | <b>112,751.00</b>    |         |                                     | <b>20667.24</b> |                |
| HA-Wide                                       | <b>DWELLING EQUIPMENT</b><br>Appliances, laundry rooms, hot water heaters, hall lighting, radiators boiler upgrade 15-2                                     | 1465  |          | 20,700.00            |         |                                     | 7,331.58        |                |
|   | <b>SUBTOTAL</b>   | <b>1465</b>   |          | <b>20,700.00</b>     |         |                                     | <b>7331.58</b>  |                |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |   | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550107<br>Replacement Housing Factor Grant No: |          |                      | Federal FY of Grant:<br><b>2007</b> |                   |                  |                |
|---|---|---|----------|----------------------|-------------------------------------|-------------------|------------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories  | Dev. Acct No.   | Quantity | Total Estimated Cost |                                     | Total Actual Cost |                  | Status of Work |
|   |   |   |          | Original             | Revised                             | Funds Obligated   | Funds Expended   |                |
| HA-Wide                                       | <b>NON-DWELLING STRUCTURE</b><br>Cooling system in Main Office<br>upgrade basement storage area | 1470.41   |          | 1,700.00             |                                     |                   | 1,102.71         |                |
| 15-1  | Repair balcony grates, replace stairs<br>garage maintenance, boiler room                        | 1470.11   |          | 18,000.00            |                                     |                   | 0.00             |                |
| 15-2  | Replace circulators, boilers  | 1470.21   |          | 1,800.00             |                                     |                   | 0.00             |                |
| 15-3  | Replace trash bins, clean comm. center<br>replace comm. center furnace                          | 1470.31   |          | 1,000.00             |                                     |                   | 0.00             |                |
|   | <b>SUBTOTAL</b>   | <b>1470</b>   |          | <b>22,500.00</b>     |                                     |                   | <b>1102.71</b>   |                |
| HA-Wide                                       | <b>NON-DWELLING EQUIPMENT</b><br>Lawn equip, snow removal equip,<br>vehicle repair/replacement  | 1475.1  |          | 25,200.00            |                                     |                   | 18,586.18        |                |
|   | Mail sorter, file cabinets, computers<br>copier leasing   | 1475.2  |          | 4,500.00             |                                     |                   | 2,006.95         |                |
|   | Tinney Ctr. basement entry  | 1475.3  |          | 9,000.00             |                                     |                   | 7,366.00         |                |
|   | <b>SUBTOTAL</b>   | <b>1475</b>   |          | <b>38,700.00</b>     |                                     |                   | <b>27,959.13</b> |                |
| 15-1  | <b>RELOCATION COSTS</b>   | <b>1495.1</b>   |          | <b>0.00</b>          |                                     |                   | <b>0.00</b>      |                |
| HA-Wide                                       | <b>CONTINGENCY</b>  | <b>1502</b>   |          | <b>33,878.00</b>     |                                     |                   | <b>0.00</b>      |                |

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

|  |  |  |
|--|--|--|
| <b>PHA Name:</b><br><b>ANSONIA HOUSING AUTHORITY</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CT26P01550107<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant:</b><br><b>2007</b> |
|--|--|--|

| Development Number<br>Name/HA-Wide<br>Activities | All Funds Obligated<br>(Quarter Ending Date) |         |        | All Funds Expended<br>(Quarter Ending Date) |         |        | Reasons for Revised Target Dates |
|--|--|---------|--------|---|---------|--------|----------------------------------|
|  | Original                                     | Revised | Actual | Original                                    | Revised | Actual |                                  |
| 1406   | 12/09  |         |        | 12/10                                       |         |        |                                  |
| 1408   | 09/10  |         |        | 09/11                                       |         |        |                                  |
| 1410   | 09/10  |         |        | 09/11                                       |         |        |                                  |
| 1430   | 12/09  |         |        | 12/10                                       |         |        |                                  |
| 1450   | 09/09  |         |        | 09/10                                       |         |        |                                  |
| 1460   | 12/09  |         |        | 12/10                                       |         |        |                                  |
| 1465   | 12/09  |         |        | 12/10                                       |         |        |                                  |
| 1470   | 06/10  |         |        | 06/11                                       |         |        |                                  |
| 1475   | 06/10  |         |        | 06/11                                       |         |        |                                  |

ATTACHMENT I

Omb Approval No: 2577-0226  
exp (08/31/2009)

| <b>Annual Statement/Performance and Evaluation Report (As of 6/30/2008)</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |  |         |                   |   |  |
|---|---|--|---------|-------------------|---|--|
| <b>PHA Name:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">ANSONIA HOUSING AUTHORITY</div>   |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CT26P01550108<br>Replacement Housing Factor Grant No: |         |                   | <b>Federal FY of Grant:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.5em;">2008</div> |  |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) |   |  |         |                   |   |  |
| <input type="checkbox"/> Performance and Evaluation report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report  |   |  |         |                   |   |  |
| Line No.  | Summary by Development Account                            | Total Estimated Cost   |         | Total Actual Cost |   |  |
|   |   | Original   | Revised | Obligated         | Expended  |  |
| 1   | Total non-CFP Funds                                       |  |         |                   |   |  |
| 2   | 1406 Operations   | \$25,409.00  |         |                   | \$0.00  |  |
| 3   | 1408 Management Improvements                              | \$93,557.00  |         |                   | \$0.00  |  |
| 4   | 1410 Administration                                       | \$46,778.00  |         |                   | \$0.00  |  |
| 5   | 1411 Audit  |  |         |                   |   |  |
| 6   | 1415 Liquidated Damages                                   |  |         |                   |   |  |
| 7   | 1430 Fees and Costs                                       | \$20,000.00  |         |                   | \$0.00  |  |
| 8   | 1440 Site Acquisition                                     |  |         |                   |   |  |
| 9   | 1450 Site Improvement                                     | \$22,500.00  |         |                   | \$0.00  |  |
| 10  | 1460 Dwelling Structures                                  | \$143,762.00   |         |                   | \$0.00  |  |
| 11  | 1465.1 Dwelling Equipment - Nonexpendable                 | \$20,700.00  |         |                   | \$0.00  |  |
| 12  | 1470 Nondwelling Structures                               | \$22,500.00  |         |                   | \$0.00  |  |
| 13  | 1475 Nondwelling Equipment                                | \$38,700.00  |         |                   | \$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  | \$33,878.00  |         |                   | \$0.00  |  |
| 21  | Amount of Annual Grant: (sum of lines 2-20)               | \$467,784.00   |         |                   | \$0.00  |  |
| 22  | Amount of line 21 Related to LBP Activities               | \$0.00   |         |                   |   |  |
| 23  | Amount of line 21 Related to Section 504 compliance       | \$0.00   |         |                   |   |  |
| 24  | Amount of line 21 Related to Security - Soft Costs        | \$0.00   |         |                   |   |  |
| 25  | Amount of line 21 Related to Security - Hard Costs        | \$0.00   |         |                   |   |  |
| 26  | Amount of line 21 Related to Energy Conservation Measures | \$0.00   |         |                   |   |  |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550108<br>Replacement Housing Factor Grant No: |          |                      |         | Federal FY of Grant:<br><b>2008</b> |                |                |
|---|--|---|----------|----------------------|---------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories   | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost                   |                | Status of Work |
|   |  |   |          | Original             | Revised | Funds Obligated                     | Funds Expended |                |
| HA-Wide                                       | <b>OPERATIONS</b><br>Clerical, data input, financial, maint.<br>Clerk of the Works   | <b>1406</b>   |          | <b>25,409.00</b>     |         |                                     | <b>0.00</b>    |                |
| HA-Wide                                       | <b>MGMT IMPROVEMENT</b><br>Admin., modernization, financial mgmt.<br>maintenance, communication, staff<br>training, QHWRA, certification             | 1408.1  |          | 25,000.00            |         |                                     | 0.00           |                |
|   | Security Guard Salary  | 1408.2  |          | 20,000.00            |         |                                     | 0.00           |                |
|   | Community Centers<br>Staff training, resident mgmt. training,<br>family support services, policy/grants<br>co-ordinator, client service co-ordinator | 1408.3  |          | 35,000.00            |         |                                     | 0.00           |                |
|   | Software Update<br>CHAS, Lotus, Microsoft, Aquidneck   | 1408.4  |          | 13,557.00            |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>  | <b>1408</b>   |          | <b>93,557.00</b>     |         |                                     | <b>0.00</b>    |                |
| HA-Wide                                       | <b>ADMINISTRATION</b><br>Prorated salary & benefits<br>Exec. Director, Deputy Director   | 1410.1  |          | 15,000.00            |         |                                     | 0.00           |                |
|   | Director of Fac. Programs  | 1410.2  |          | 15,000.00            |         |                                     | 0.00           |                |
|   | Mod assist., part-time<br>20hrs/wk   | 1410.3  |          | 16,778.00            |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>  | <b>1410</b>   |          | <b>46,778.00</b>     |         |                                     | <b>0.00</b>    |                |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550108<br>Replacement Housing Factor Grant No: |          |                      |         | Federal FY of Grant:<br><b>2008</b> |                |                |
|---|--|---|----------|----------------------|---------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories   | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost                   |                | Status of Work |
|   |  |   |          | Original             | Revised | Funds Obligated                     | Funds Expended |                |
| 15-1  | <b>FEES &amp; COSTS</b><br>A/E Consultant<br>Boiler upgrades, secure entry, roofing, rehab feasibility, demolition study environmental study   | 1430.3  |          | 10,000.00            |         |                                     | 0.00           |                |
| HA-Wide                                       | A/E Consultant<br>Grant writing, youth programs, construction document prep, New Haven Foundation, KM Foundation grants, Needs Assessment, misc. grant prep.                                   | 1430.9  |          | 10,000.00            |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>  | <b>1430</b>   |          | <b>20,000.00</b>     |         |                                     | <b>0.00</b>    |                |
| HA-Wide                                       | <b>SITE IMPROVEMENTS</b><br>Siding replacement, kitchens, fence and sidewalk repairs, outdoor lights, railings trash enclosures, exterior doors, stairs painting, safety, general site upgrade | 1450  |          | 8,000.00             |         |                                     | 0.00           |                |
| 15-1  | Repair masonry, stairs, asphalt & curbs  | 1450.11   |          | 10,000.00            |         |                                     | 0.00           |                |
| 15-2  | Repair exterior masonry, walkways  | 1450.21   |          | 1,700.00             |         |                                     | 0.00           |                |
| 15-3  | Sidewalk replacement, front entries  | 1450.31   |          | 2,800.00             |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>  | <b>1450</b>   |          | <b>22,500.00</b>     |         |                                     | <b>0.00</b>    |                |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |   | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550108<br>Replacement Housing Factor Grant No: |          |                      |         | Federal FY of Grant:<br><b>2008</b> |                |                |
|---|---|---|----------|----------------------|---------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories  | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost                   |                | Status of Work |
|   |   |   |          | Original             | Revised | Funds Obligated                     | Funds Expended |                |
| 15-1  | <b>DWELLING STRUCTURE</b><br>Lead paint removal, security screen at 3rd floor, VCT floor replacement kitchen cabinets, window glass replace. cycle painting | 1460.11   |          | 83,762.00            |         |                                     | 0.00           |                |
| 15-2  | Unit doors, tile replacement rear stair erosion   | 1460.21   |          | 30,000.00            |         |                                     | 0.00           |                |
| 15-3  | Inside stairs, appliances, upgrade range hoods, painting, remodel baths   | 1460.31   |          | 30,000.00            |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>   | <b>1460</b>   |          | <b>143,762.00</b>    |         |                                     | <b>0</b>       |                |
| HA-Wide                                       | <b>DWELLING EQUIPMENT</b><br>Appliances, laundry rooms, hot water heaters, hall lighting, radiators boiler upgrade 15-2                                     | 1465  |          | 20,700.00            |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>   | <b>1465</b>   |          | <b>20,700.00</b>     |         |                                     | <b>0</b>       |                |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |   | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550108<br>Replacement Housing Factor Grant No: |          |                      | Federal FY of Grant:<br><b>2008</b> |                   |                  |                |
|---|---|---|----------|----------------------|-------------------------------------|-------------------|------------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories  | Dev. Acct No.   | Quantity | Total Estimated Cost |                                     | Total Actual Cost |                  | Status of Work |
|   |   |   |          | Original             | Revised                             | Funds Obligated   | Funds Expended   |                |
| HA-Wide                                       | <b>NON-DWELLING STRUCTURE</b><br>Cooling system in Main Office<br>upgrade basement storage area | 1470.41   |          | 1,700.00             |                                     |                   | 0.00             |                |
| 15-1  | Repair balcony grates, replace stairs<br>garage maintenance, boiler room                        | 1470.11   |          | 18,000.00            |                                     |                   | 0.00             |                |
| 15-2  | Replace circulators, boilers  | 1470.21   |          | 1,800.00             |                                     |                   | 0.00             |                |
| 15-3  | Replace trash bins, clean comm. center<br>replace comm. center furnace                          | 1470.31   |          | 1,000.00             |                                     |                   | 0.00             |                |
|   | <b>SUBTOTAL</b>   | <b>1470</b>   |          | <b>22,500.00</b>     |                                     |                   | <b>0</b>         |                |
| HA-Wide                                       | <b>NON-DWELLING EQUIPMENT</b><br>Lawn equip, snow removal equip,<br>vehicle repair/replacement  | 1475.1  |          | 25,200.00            |                                     |                   | 0.00             |                |
|   | Mail sorter, file cabinets, computers<br>copier leasing   | 1475.2  |          | 4,500.00             |                                     |                   | 0.00             |                |
|   | Tinney Ctr. basement entry  | 1475.3  |          | 9,000.00             |                                     |                   | 0.00             |                |
|   | <b>SUBTOTAL</b>   | <b>1475</b>   |          | <b>38,700.00</b>     |                                     |                   | <b>0.00</b>      |                |
| 15-1  | <b>RELOCATION COSTS</b>   | <b>1495.1</b>   |          | <b>0.00</b>          |                                     |                   | 0<br><b>0.00</b> |                |
| HA-Wide                                       | <b>CONTINGENCY</b>  | <b>1502</b>   |          | <b>33,878.00</b>     |                                     |                   | <b>0.00</b>      |                |

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

|  |  |  |
|--|--|--|
| <b>PHA Name:</b><br><b>ANSONIA HOUSING AUTHORITY</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CT26P01550108<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant:</b><br><b>2008</b> |
|--|--|--|

| Development Number<br>Name/HA-Wide<br>Activities | All Funds Obligated<br>(Quarter Ending Date) |         |        | All Funds Expended<br>(Quarter Ending Date) |         |        | Reasons for Revised Target Dates |
|--|--|---------|--------|---|---------|--------|----------------------------------|
|  | Original                                     | Revised | Actual | Original                                    | Revised | Actual |                                  |
| 1406   | 12/10  |         |        | 12/11                                       |         |        |                                  |
| 1408   | 09/11  |         |        | 09/12                                       |         |        |                                  |
| 1410   | 09/11  |         |        | 09/12                                       |         |        |                                  |
| 1430   | 12/10  |         |        | 12/11                                       |         |        |                                  |
| 1450   | 09/10  |         |        | 09/11                                       |         |        |                                  |
| 1460   | 12/10  |         |        | 12/11                                       |         |        |                                  |
| 1465   | 12/10  |         |        | 12/11                                       |         |        |                                  |
| 1470   | 06/10  |         |        | 06/11                                       |         |        |                                  |
| 1475   | 06/10  |         |        | 06/11                                       |         |        |                                  |

ATTACHMENT J

Omb Approval No: 2577-0226  
exp (08/31/2009)

| Annual Statement/Performance and Evaluation Report (Application)<br>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary          |   |   |         |                   |   |
|--|---|---|---------|-------------------|---|
| PHA Name:<br><br><b>ANSONIA HOUSING AUTHORITY</b>  |   | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550109<br>Replacement Housing Factor Grant No: |         |                   | Federal FY of Grant:<br><br><b>2009</b> |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) |   |   |         |                   |   |
| <input type="checkbox"/> Performance and Evaluation report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report                                     |   |   |         |                   |   |
| Line No.   | Summary by Development Account                            | Total Estimated Cost  |         | Total Actual Cost |   |
|  |   | Original  | Revised | Obligated         | Expended                                |
| 1  | Total non-CFP Funds                                       |   |         |                   |   |
| 2  | 1406 Operations   | \$25,409.00   |         |                   | \$0.00                                  |
| 3  | 1408 Management Improvements                              | \$93,557.00   |         |                   | \$0.00                                  |
| 4  | 1410 Administration                                       | \$46,778.00   |         |                   | \$0.00                                  |
| 5  | 1411 Audit  |   |         |                   |   |
| 6  | 1415 Liquidated Damages                                   |   |         |                   |   |
| 7  | 1430 Fees and Costs                                       | \$20,000.00   |         |                   | \$0.00                                  |
| 8  | 1440 Site Acquisition                                     |   |         |                   |   |
| 9  | 1450 Site Improvement                                     | \$22,500.00   |         |                   | \$0.00                                  |
| 10   | 1460 Dwelling Structures                                  | \$143,762.00  |         |                   | \$0.00                                  |
| 11   | 1465.1 Dwelling Equipment - Nonexpendable                 | \$20,700.00   |         |                   | \$0.00                                  |
| 12   | 1470 Nondwelling Structures                               | \$22,500.00   |         |                   | \$0.00                                  |
| 13   | 1475 Nondwelling Equipment                                | \$38,700.00   |         |                   | \$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  | \$33,878.00   |         |                   | \$0.00                                  |
| 21   | Amount of Annual Grant: (sum of lines 2-20)               | \$467,784.00  |         |                   | \$0.00                                  |
| 22   | Amount of line 21 Related to LBP Activities               | \$0.00  |         |                   |   |
| 23   | Amount of line 21 Related to Section 504 compliance       | \$0.00  |         |                   |   |
| 24   | Amount of line 21 Related to Security - Soft Costs        | \$0.00  |         |                   |   |
| 25   | Amount of line 21 Related to Security - Hard Costs        | \$0.00  |         |                   |   |
| 26   | Amount of line 21 Related to Energy Conservation Measures | \$0.00  |         |                   |   |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550109<br>Replacement Housing Factor Grant No: |          |                      |         | Federal FY of Grant:<br><b>2009</b> |                |                |
|---|--|---|----------|----------------------|---------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories   | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost                   |                | Status of Work |
|   |  |   |          | Original             | Revised | Funds Obligated                     | Funds Expended |                |
| HA-Wide                                       | <b>OPERATIONS</b><br>Clerical, data input, financial, maint.<br>Clerk of the Works   | <b>1406</b>   |          | <b>25,409.00</b>     |         |                                     | <b>0.00</b>    |                |
| HA-Wide                                       | <b>MGMT IMPROVEMENT</b><br>Admin., modernization, financial mgmt.<br>maintenance, communication, staff<br>training, QHWRA, certification             | 1408.1  |          | 25,000.00            |         |                                     | 0.00           |                |
|   | Security Guard Salary  | 1408.2  |          | 20,000.00            |         |                                     | 0.00           |                |
|   | Community Centers<br>Staff training, resident mgmt. training,<br>family support services, policy/grants<br>co-ordinator, client service co-ordinator | 1408.3  |          | 35,000.00            |         |                                     | 0.00           |                |
|   | Software Update<br>CHAS, Lotus, Microsoft, Aquidneck   | 1408.4  |          | 13,557.00            |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>  | <b>1408</b>   |          | <b>93,557.00</b>     |         |                                     | <b>0.00</b>    |                |
| HA-Wide                                       | <b>ADMINISTRATION</b><br>Prorated salary & benefits<br>Exec. Director, Deputy Director   | 1410.1  |          | 15,000.00            |         |                                     | 0.00           |                |
|   | Director of Fac. Programs  | 1410.2  |          | 15,000.00            |         |                                     | 0.00           |                |
|   | Mod assist., part-time<br>20hrs/wk   | 1410.3  |          | 16,778.00            |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>  | <b>1410</b>   |          | <b>46,778.00</b>     |         |                                     | <b>0.00</b>    |                |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550109<br>Replacement Housing Factor Grant No: |          |                      |         | Federal FY of Grant:<br><b>2009</b> |                |                |
|---|--|---|----------|----------------------|---------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories   | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost                   |                | Status of Work |
|   |  |   |          | Original             | Revised | Funds Obligated                     | Funds Expended |                |
| 15-1  | <b>FEES &amp; COSTS</b><br>A/E Consultant<br>Boiler upgrades, secure entry, roofing, rehab feasibility, demolition study environmental study   | 1430.3  |          | 10,000.00            |         |                                     | 0.00           |                |
| HA-Wide                                       | A/E Consultant<br>Grant writing, youth programs, construction document prep, New Haven Foundation, KM Foundation grants, Needs Assessment, misc. grant prep.                                   | 1430.9  |          | 10,000.00            |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>  | <b>1430</b>   |          | <b>20,000.00</b>     |         |                                     | <b>0.00</b>    |                |
| HA-Wide                                       | <b>SITE IMPROVEMENTS</b><br>Siding replacement, kitchens, fence and sidewalk repairs, outdoor lights, railings trash enclosures, exterior doors, stairs painting, safety, general site upgrade | 1450  |          | 8,000.00             |         |                                     | 0.00           |                |
| 15-1  | Repair masonry, stairs, asphalt & curbs  | 1450.11   |          | 10,000.00            |         |                                     | 0.00           |                |
| 15-2  | Repair exterior masonry, walkways  | 1450.21   |          | 1,700.00             |         |                                     | 0.00           |                |
| 15-3  | Sidewalk replacement, front entries  | 1450.31   |          | 2,800.00             |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>  | <b>1450</b>   |          | <b>22,500.00</b>     |         |                                     | <b>0.00</b>    |                |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |   | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550109<br>Replacement Housing Factor Grant No: |          |                      |         | Federal FY of Grant:<br><b>2009</b> |                |                |
|---|---|---|----------|----------------------|---------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories  | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost                   |                | Status of Work |
|   |   |   |          | Original             | Revised | Funds Obligated                     | Funds Expended |                |
| 15-1  | <b>DWELLING STRUCTURE</b><br>Lead paint removal, security screen at 3rd floor, VCT floor replacement kitchen cabinets, window glass replace. cycle painting | 1460.11   |          | 83,762.00            |         |                                     | 0.00           |                |
| 15-2  | Unit doors, tile replacement rear stair erosion   | 1460.21   |          | 30,000.00            |         |                                     | 0.00           |                |
| 15-3  | Inside stairs, appliances, upgrade range hoods, painting, remodel baths   | 1460.31   |          | 30,000.00            |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>   | <b>1460</b>   |          | <b>143,762.00</b>    |         |                                     | <b>0</b>       |                |
| HA-Wide                                       | <b>DWELLING EQUIPMENT</b><br>Appliances, laundry rooms, hot water heaters, hall lighting, radiators boiler upgrade 15-2                                     | 1465  |          | 20,700.00            |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>   | <b>1465</b>   |          | <b>20,700.00</b>     |         |                                     | <b>0</b>       |                |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |   | Grant Type and Number<br>Capital Fund Program Grant No: CT26P01550109<br>Replacement Housing Factor Grant No: |          |                      |         | Federal FY of Grant:<br><b>2009</b> |                |                |
|---|---|---|----------|----------------------|---------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories  | Dev. Acct No.   | Quantity | Total Estimated Cost |         | Total Actual Cost                   |                | Status of Work |
|   |   |   |          | Original             | Revised | Funds Obligated                     | Funds Expended |                |
| HA-Wide                                       | <b>NON-DWELLING STRUCTURE</b><br>Cooling system in Main Office<br>upgrade basement storage area | 1470.41   |          | 1,700.00             |         |                                     | 0.00           |                |
| 15-1  | Repair balcony grates, replace stairs<br>garage maintenance, boiler room                        | 1470.11   |          | 18,000.00            |         |                                     | 0.00           |                |
| 15-2  | Replace circulators, boilers  | 1470.21   |          | 1,800.00             |         |                                     | 0.00           |                |
| 15-3  | Replace trash bins, clean comm. center<br>replace comm. center furnace                          | 1470.31   |          | 1,000.00             |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>   | <b>1470</b>   |          | <b>22,500.00</b>     |         |                                     | <b>0</b>       |                |
| HA-Wide                                       | <b>NON-DWELLING EQUIPMENT</b><br>Lawn equip, snow removal equip,<br>vehicle repair/replacement  | 1475.1  |          | 25,200.00            |         |                                     | 0.00           |                |
|   | Mail sorter, file cabinets, computers<br>copier leasing   | 1475.2  |          | 4,500.00             |         |                                     | 0.00           |                |
|   | Tinney Ctr. basement entry  | 1475.3  |          | 9,000.00             |         |                                     | 0.00           |                |
|   | <b>SUBTOTAL</b>   | <b>1475</b>   |          | <b>38,700.00</b>     |         |                                     | <b>0.00</b>    |                |
| 15-1  | <b>RELOCATION COSTS</b>   | <b>1495.1</b>   |          | <b>0.00</b>          |         |                                     | <b>0.00</b>    |                |
| HA-Wide                                       | <b>CONTINGENCY</b>  | <b>1502</b>   |          | <b>33,878.00</b>     |         |                                     | <b>0.00</b>    |                |

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

|  |  |  |
|--|--|--|
| <b>PHA Name:</b><br><b>ANSONIA HOUSING AUTHORITY</b> | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CT26P01550109<br>Replacement Housing Factor Grant No: | <b>Federal FY of Grant:</b><br><b>2009</b> |
|--|--|--|

| Development Number<br>Name/HA-Wide<br>Activities | All Funds Obligated<br>(Quarter Ending Date) |         |        | All Funds Expended<br>(Quarter Ending Date) |         |        | Reasons for Revised Target Dates |
|--|--|---------|--------|---|---------|--------|----------------------------------|
|  | Original                                     | Revised | Actual | Original                                    | Revised | Actual |                                  |
| 1406   | 12/11  |         |        | 12/12                                       |         |        |                                  |
| 1408   | 09/12  |         |        | 09/13                                       |         |        |                                  |
| 1410   | 09/12  |         |        | 09/13                                       |         |        |                                  |
| 1430   | 12/11  |         |        | 12/12                                       |         |        |                                  |
| 1450   | 09/11  |         |        | 09/12                                       |         |        |                                  |
| 1460   | 12/11  |         |        | 12/12                                       |         |        |                                  |
| 1465   | 12/11  |         |        | 12/12                                       |         |        |                                  |
| 1470   | 06/12  |         |        | 06/13                                       |         |        |                                  |
| 1475   | 06/12  |         |        | 06/13                                       |         |        |                                  |

ATTACHMENT K

Omb Approval No: 2577-0226  
exp (08/31/2009)

| <b>Annual Statement/Performance and Evaluation Report (as of 6/30/08)</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>  |   |  |             |                   |   |  |
|--|---|--|-------------|-------------------|---|--|
| <b>PHA Name:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">ANSONIA HOUSING AUTHORITY</div>  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: CT26R01550100 |             |                   | <b>Federal FY of Grant:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.5em;">2000</div> |  |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )<br><input type="checkbox"/> Performance and Evaluation report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |   |  |             |                   |   |  |
| Line No.   | Summary by Development Account                            | Total Estimated Cost   |             | Total Actual Cost |   |  |
|  |   | Original   | Revised     | Obligated         | Expended  |  |
| 1  | Total non-CFP Funds                                       | \$0.00   |             |                   |   |  |
| 2  | 1406 Operations   | \$0.00   |             |                   | \$0.00  |  |
| 3  | 1408 Management Improvements                              | \$0.00   |             |                   | \$0.00  |  |
| 4  | 1410 Administration                                       | \$0.00   |             |                   | \$0.00  |  |
| 5  | 1411 Audit  | \$0.00   |             |                   | \$0.00  |  |
| 6  | 1415 Liquidated Damages                                   | \$0.00   |             |                   | \$0.00  |  |
| 7  | 1430 Fees and Costs                                       | \$0.00   | \$17,442.00 |                   | \$0.00  |  |
| 8  | 1440 Site Acquisition                                     | \$0.00   |             |                   | \$0.00  |  |
| 9  | 1450 Site Improvement                                     | \$0.00   |             |                   | \$0.00  |  |
| 10   | 1460 Dwelling Structures                                  | \$0.00   |             |                   | \$0.00  |  |
| 11   | 1465.1 Dwelling Equipment - Nonexpendable                 | \$0.00   |             |                   | \$0.00  |  |
| 12   | 1470 Nondwelling Structures                               | \$0.00   |             |                   | \$0.00  |  |
| 13   | 1475 Nondwelling Equipment                                | \$0.00   |             |                   | \$0.00  |  |
| 14   | 1485 Demolition   | \$0.00   |             |                   | \$0.00  |  |
| 15   | 1490 Replacement Reserve                                  | \$0.00   |             |                   | \$0.00  |  |
| 16   | 1492 Moving to Work Demonstration                         | \$0.00   |             |                   | \$0.00  |  |
| 17   | 1495.1 Relocation Costs                                   | \$0.00   |             |                   | \$0.00  |  |
| 18   | 1499 Development Activities                               | \$17,442.00  | \$0.00      |                   | \$0.00  |  |
| 19   | 1501 Collateralization or Debt Service                    | \$0.00   |             |                   | \$0.00  |  |
| 20   | 1502 Contingency  | \$0.00   |             |                   | \$0.00  |  |
| 21   | Amount of Annual Grant: (sum of lines 2-20)               | \$0.00   | \$17,442.00 |                   | \$0.00  |  |
| 22   | Amount of line 21 Related to LBP Activities               | \$0.00   |             |                   | \$0.00  |  |
| 23   | Amount of line 21 Related to Section 504 compliance       | \$0.00   |             |                   | \$0.00  |  |
| 24   | Amount of line 21 Related to Security - Soft Costs        | \$0.00   |             |                   | \$0.00  |  |
| 25   | Amount of line 21 Related to Security - Hard Costs        | \$0.00   |             |                   | \$0.00  |  |
| 26   | Amount of line 21 Related to Energy Conservation Measures | \$0.00   |             |                   | \$0.00  |  |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: CT26R01550100 |          |                      |           | Federal FY of Grant:<br><b>2000</b> |                |                |
|---|--|---|----------|----------------------|-----------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |           | Total Actual Cost                   |                | Status of Work |
|   |  |   |          | Original             | Revised   | Funds Obligated                     | Funds Expended |                |
|   | <b>DEVELOPMENT ACTIVITIES</b>                |   |          |                      |           |                                     |                |                |
| HA-Wide                                       | Replacement housing                          | 1499  |          | 17,442.00            | 0.00      |                                     | 0.00           |                |
|   |  | 1430  |          | 0.00                 | 17,442.00 |                                     | 0.00           |                |

ATTACHMENT L

Omb Approval No: 2577-0226  
exp (08/31/2009)

| <b>Annual Statement/Performance and Evaluation Report ( as of 6/30/08)</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>   |   |  |             |                   |   |  |
|--|---|--|-------------|-------------------|---|--|
| <b>PHA Name:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">ANSONIA HOUSING AUTHORITY</div>  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: CT26R01550101 |             |                   | <b>Federal FY of Grant:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.5em;">2001</div> |  |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )<br><input type="checkbox"/> Performance and Evaluation report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |   |  |             |                   |   |  |
| Line No.   | Summary by Development Account                            | Total Estimated Cost   |             | Total Actual Cost |   |  |
|  |   | Original   | Revised     | Obligated         | Expended  |  |
| 1  | Total non-CFP Funds                                       | \$0.00   |             |                   |   |  |
| 2  | 1406 Operations   | \$0.00   |             |                   | \$0.00  |  |
| 3  | 1408 Management Improvements                              | \$0.00   |             |                   | \$0.00  |  |
| 4  | 1410 Administration                                       | \$0.00   |             |                   | \$0.00  |  |
| 5  | 1411 Audit  | \$0.00   |             |                   | \$0.00  |  |
| 6  | 1415 Liquidated Damages                                   | \$0.00   |             |                   | \$0.00  |  |
| 7  | 1430 Fees and Costs                                       | \$0.00   | \$17,795.00 |                   | \$0.00  |  |
| 8  | 1440 Site Acquisition                                     | \$0.00   |             |                   | \$0.00  |  |
| 9  | 1450 Site Improvement                                     | \$0.00   |             |                   | \$0.00  |  |
| 10   | 1460 Dwelling Structures                                  | \$0.00   |             |                   | \$0.00  |  |
| 11   | 1465.1 Dwelling Equipment - Nonexpendable                 | \$0.00   |             |                   | \$0.00  |  |
| 12   | 1470 Nondwelling Structures                               | \$0.00   |             |                   | \$0.00  |  |
| 13   | 1475 Nondwelling Equipment                                | \$0.00   |             |                   | \$0.00  |  |
| 14   | 1485 Demolition   | \$0.00   |             |                   | \$0.00  |  |
| 15   | 1490 Replacement Reserve                                  | \$0.00   |             |                   | \$0.00  |  |
| 16   | 1492 Moving to Work Demonstration                         | \$0.00   |             |                   | \$0.00  |  |
| 17   | 1495.1 Relocation Costs                                   | \$0.00   |             |                   | \$0.00  |  |
| 18   | 1499 Development Activities                               | \$17,795.00  | \$0.00      |                   | \$0.00  |  |
| 19   | 1501 Collateralization or Debt Service                    | \$0.00   |             |                   | \$0.00  |  |
| 20   | 1502 Contingency  | \$0.00   |             |                   | \$0.00  |  |
| 21   | Amount of Annual Grant: (sum of lines 2-20)               | \$17,795.00  | \$17,795.00 |                   | \$0.00  |  |
| 22   | Amount of line 21 Related to LBP Activities               | \$0.00   |             |                   | \$0.00  |  |
| 23   | Amount of line 21 Related to Section 504 compliance       | \$0.00   |             |                   | \$0.00  |  |
| 24   | Amount of line 21 Related to Security - Soft Costs        | \$0.00   |             |                   | \$0.00  |  |
| 25   | Amount of line 21 Related to Security - Hard Costs        | \$0.00   |             |                   | \$0.00  |  |
| 26   | Amount of line 21 Related to Energy Conservation Measures | \$0.00   |             |                   | \$0.00  |  |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: CT26R01550101 |          |                      |           | Federal FY of Grant:<br><b>2001</b> |                |                |
|---|--|---|----------|----------------------|-----------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |           | Total Actual Cost                   |                | Status of Work |
|   |  |   |          | Original             | Revised   | Funds Obligated                     | Funds Expended |                |
|   | <b>DEVELOPMENT ACTIVITIES</b>                |   |          |                      |           |                                     |                |                |
| HA-Wide                                       | Replacement housing                          | 1499  |          | 17,795.00            | 0.00      |                                     | 0.00           |                |
|   |  | 1430  |          | 0.00                 | 17,795.00 |                                     | 0.00           |                |

ATTACHMENT M

Omb Approval No: 2577-0226  
exp (08/31/2009)

| <b>Annual Statement/Performance and Evaluation Report (as of 6/30/08)</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>  |   |  |             |                   |   |  |
|--|---|--|-------------|-------------------|---|--|
| <b>PHA Name:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">ANSONIA HOUSING AUTHORITY</div>  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: CT26R01550102 |             |                   | <b>Federal FY of Grant:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.5em;">2002</div> |  |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )<br><input type="checkbox"/> Performance and Evaluation report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |   |  |             |                   |   |  |
| Line No.   | Summary by Development Account                            | Total Estimated Cost   |             | Total Actual Cost |   |  |
|  |   | Original   | Revised     | Obligated         | Expended  |  |
| 1  | Total non-CFP Funds                                       |  |             |                   |   |  |
| 2  | 1406 Operations   | \$0.00   |             |                   | \$0.00  |  |
| 3  | 1408 Management Improvements                              | \$0.00   |             |                   | \$0.00  |  |
| 4  | 1410 Administration                                       | \$0.00   |             |                   | \$0.00  |  |
| 5  | 1411 Audit  | \$0.00   |             |                   | \$0.00  |  |
| 6  | 1415 Liquidated Damages                                   | \$0.00   |             |                   | \$0.00  |  |
| 7  | 1430 Fees and Costs                                       | \$0.00   | \$16,907.00 |                   | \$0.00  |  |
| 8  | 1440 Site Acquisition                                     | \$0.00   |             |                   | \$0.00  |  |
| 9  | 1450 Site Improvement                                     | \$0.00   |             |                   | \$0.00  |  |
| 10   | 1460 Dwelling Structures                                  | \$0.00   |             |                   | \$0.00  |  |
| 11   | 1465.1 Dwelling Equipment - Nonexpendable                 | \$0.00   |             |                   | \$0.00  |  |
| 12   | 1470 Nondwelling Structures                               | \$0.00   |             |                   | \$0.00  |  |
| 13   | 1475 Nondwelling Equipment                                | \$0.00   |             |                   | \$0.00  |  |
| 14   | 1485 Demolition   | \$0.00   |             |                   | \$0.00  |  |
| 15   | 1490 Replacement Reserve                                  | \$0.00   |             |                   | \$0.00  |  |
| 16   | 1492 Moving to Work Demonstration                         | \$0.00   |             |                   | \$0.00  |  |
| 17   | 1495.1 Relocation Costs                                   | \$0.00   |             |                   | \$0.00  |  |
| 18   | 1499 Development Activities                               | \$16,907.00  | \$0.00      |                   | \$0.00  |  |
| 19   | 1501 Collateralization or Debt Service                    | \$0.00   |             |                   | \$0.00  |  |
| 20   | 1502 Contingency  | \$0.00   |             |                   | \$0.00  |  |
| 21   | Amount of Annual Grant: (sum of lines 2-20)               | \$16,907.00  | \$16,907.00 |                   | \$0.00  |  |
| 22   | Amount of line 21 Related to LBP Activities               | \$0.00   |             |                   | \$0.00  |  |
| 23   | Amount of line 21 Related to Section 504 compliance       | \$0.00   |             |                   | \$0.00  |  |
| 24   | Amount of line 21 Related to Security - Soft Costs        | \$0.00   |             |                   | \$0.00  |  |
| 25   | Amount of line 21 Related to Security - Hard Costs        | \$0.00   |             |                   | \$0.00  |  |
| 26   | Amount of line 21 Related to Energy Conservation Measures | \$0.00   |             |                   | \$0.00  |  |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: CT26R01550102 |          |                      |           | Federal FY of Grant:<br><b>2002</b> |                |                |
|---|--|---|----------|----------------------|-----------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |           | Total Actual Cost                   |                | Status of Work |
|   |  |   |          | Original             | Revised   | Funds Obligated                     | Funds Expended |                |
|   | <b>DEVELOPMENT ACTIVITIES</b>                |   |          |                      |           |                                     |                |                |
| HA-Wide                                       | Replacement housing                          | 1499  |          | 16,907.00            | 0.00      |                                     | 0.00           |                |
|   |  | 1430  |          | 0.00                 | 16,907.00 |                                     | 0.00           |                |

ATTACHMENT N

Omb Approval No: 2577-0226  
exp (08/31/2009)

| <b>Annual Statement/Performance and Evaluation Report (as of 6/30/08)</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>  |   |  |             |                   |   |  |
|--|---|--|-------------|-------------------|---|--|
| <b>PHA Name:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">ANSONIA HOUSING AUTHORITY</div>  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: CT26R01550103 |             |                   | <b>Federal FY of Grant:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.5em;">2003</div> |  |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )<br><input type="checkbox"/> Performance and Evaluation report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |   |  |             |                   |   |  |
| Line No.   | Summary by Development Account                            | Total Estimated Cost   |             | Total Actual Cost |   |  |
|  |   | Original   | Revised     | Obligated         | Expended  |  |
| 1  | Total non-CFP Funds                                       | \$0.00   |             |                   |   |  |
| 2  | 1406 Operations   | \$0.00   |             |                   | \$0.00  |  |
| 3  | 1408 Management Improvements                              | \$0.00   |             |                   | \$0.00  |  |
| 4  | 1410 Administration                                       | \$0.00   |             |                   | \$0.00  |  |
| 5  | 1411 Audit  | \$0.00   |             |                   | \$0.00  |  |
| 6  | 1415 Liquidated Damages                                   | \$0.00   |             |                   | \$0.00  |  |
| 7  | 1430 Fees and Costs                                       | \$0.00   | \$13,127.00 |                   | \$0.00  |  |
| 8  | 1440 Site Acquisition                                     | \$0.00   |             |                   | \$0.00  |  |
| 9  | 1450 Site Improvement                                     | \$0.00   |             |                   | \$0.00  |  |
| 10   | 1460 Dwelling Structures                                  | \$0.00   |             |                   | \$0.00  |  |
| 11   | 1465.1 Dwelling Equipment - Nonexpendable                 | \$0.00   |             |                   | \$0.00  |  |
| 12   | 1470 Nondwelling Structures                               | \$0.00   |             |                   | \$0.00  |  |
| 13   | 1475 Nondwelling Equipment                                | \$0.00   |             |                   | \$0.00  |  |
| 14   | 1485 Demolition   | \$0.00   |             |                   | \$0.00  |  |
| 15   | 1490 Replacement Reserve                                  | \$0.00   |             |                   | \$0.00  |  |
| 16   | 1492 Moving to Work Demonstration                         | \$0.00   |             |                   | \$0.00  |  |
| 17   | 1495.1 Relocation Costs                                   | \$0.00   |             |                   | \$0.00  |  |
| 18   | 1499 Development Activities                               | \$13,127.00  | \$0.00      |                   | \$0.00  |  |
| 19   | 1501 Collateralization or Debt Service                    | \$0.00   |             |                   | \$0.00  |  |
| 20   | 1502 Contingency  | \$0.00   |             |                   | \$0.00  |  |
| 21   | Amount of Annual Grant: (sum of lines 2-20)               | \$13,127.00  | \$13,127.00 |                   | \$0.00  |  |
| 22   | Amount of line 21 Related to LBP Activities               | \$0.00   |             |                   | \$0.00  |  |
| 23   | Amount of line 21 Related to Section 504 compliance       | \$0.00   |             |                   | \$0.00  |  |
| 24   | Amount of line 21 Related to Security - Soft Costs        | \$0.00   |             |                   | \$0.00  |  |
| 25   | Amount of line 21 Related to Security - Hard Costs        | \$0.00   |             |                   | \$0.00  |  |
| 26   | Amount of line 21 Related to Energy Conservation Measures | \$0.00   |             |                   | \$0.00  |  |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: CT26R01550103 |          |                      |           | Federal FY of Grant:<br><b>2003</b> |                |                |
|---|--|---|----------|----------------------|-----------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories         | Dev. Acct No.   | Quantity | Total Estimated Cost |           | Total Actual Cost                   |                | Status of Work |
|   |  |   |          | Original             | Revised   | Funds Obligated                     | Funds Expended |                |
| HA-Wide                                       | <b>DEVELOPMENT ACTIVITIES</b><br>Replacement housing | 1499  |          | 13,127.00            | 0.00      |                                     | 0.00           |                |
|   |  | 1430  |          | 0.00                 | 13,127.00 |                                     | 0.00           |                |

ATTACHMENT O

Omb Approval No: 2577-0226  
exp (08/31/2009)

| <b>Annual Statement/Performance and Evaluation Report (as of 6/30/08)</b><br><b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>  |   |  |             |                   |   |  |
|--|---|--|-------------|-------------------|---|--|
| <b>PHA Name:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">ANSONIA HOUSING AUTHORITY</div>  |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: CT26R01550104 |             |                   | <b>Federal FY of Grant:</b><br><br><div style="text-align: center; font-weight: bold; font-size: 1.5em;">2004</div> |  |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )<br><input type="checkbox"/> Performance and Evaluation report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |   |  |             |                   |   |  |
| Line No.   | Summary by Development Account                            | Total Estimated Cost   |             | Total Actual Cost |   |  |
|  |   | Original   | Revised     | Obligated         | Expended  |  |
| 1  | Total non-CFP Funds                                       | \$0.00   |             |                   |   |  |
| 2  | 1406 Operations   | \$0.00   |             |                   | \$0.00  |  |
| 3  | 1408 Management Improvements                              | \$0.00   |             |                   | \$0.00  |  |
| 4  | 1410 Administration                                       | \$0.00   |             |                   | \$0.00  |  |
| 5  | 1411 Audit  | \$0.00   |             |                   | \$0.00  |  |
| 6  | 1415 Liquidated Damages                                   | \$0.00   |             |                   | \$0.00  |  |
| 7  | 1430 Fees and Costs                                       | \$0.00   | \$16,111.00 |                   | \$0.00  |  |
| 8  | 1440 Site Acquisition                                     | \$0.00   |             |                   | \$0.00  |  |
| 9  | 1450 Site Improvement                                     | \$0.00   |             |                   | \$0.00  |  |
| 10   | 1460 Dwelling Structures                                  | \$0.00   |             |                   | \$0.00  |  |
| 11   | 1465.1 Dwelling Equipment - Nonexpendable                 | \$0.00   |             |                   | \$0.00  |  |
| 12   | 1470 Nondwelling Structures                               | \$0.00   |             |                   | \$0.00  |  |
| 13   | 1475 Nondwelling Equipment                                | \$0.00   |             |                   | \$0.00  |  |
| 14   | 1485 Demolition   | \$0.00   |             |                   | \$0.00  |  |
| 15   | 1490 Replacement Reserve                                  | \$0.00   |             |                   | \$0.00  |  |
| 16   | 1492 Moving to Work Demonstration                         | \$0.00   |             |                   | \$0.00  |  |
| 17   | 1495.1 Relocation Costs                                   | \$0.00   |             |                   | \$0.00  |  |
| 18   | 1499 Development Activities                               | \$16,111.00  | \$0.00      |                   | \$0.00  |  |
| 19   | 1501 Collateralization or Debt Service                    | \$0.00   |             |                   | \$0.00  |  |
| 20   | 1502 Contingency  | \$0.00   |             |                   | \$0.00  |  |
| 21   | Amount of Annual Grant: (sum of lines 2-20)               | \$16,111.00  | \$16,111.00 |                   | \$0.00  |  |
| 22   | Amount of line 21 Related to LBP Activities               | \$0.00   |             |                   | \$0.00  |  |
| 23   | Amount of line 21 Related to Section 504 compliance       | \$0.00   |             |                   | \$0.00  |  |
| 24   | Amount of line 21 Related to Security - Soft Costs        | \$0.00   |             |                   | \$0.00  |  |
| 25   | Amount of line 21 Related to Security - Hard Costs        | \$0.00   |             |                   | \$0.00  |  |
| 26   | Amount of line 21 Related to Energy Conservation Measures | \$0.00   |             |                   | \$0.00  |  |

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

| PHA Name:<br><b>ANSONIA HOUSING AUTHORITY</b> |  | Grant Type and Number<br>Capital Fund Program Grant No:<br>Replacement Housing Factor Grant No: CT26R01550104 |          |                      |           | Federal FY of Grant:<br><b>2004</b> |                |                |
|---|--|---|----------|----------------------|-----------|-------------------------------------|----------------|----------------|
| Development Number<br>Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No.   | Quantity | Total Estimated Cost |           | Total Actual Cost                   |                | Status of Work |
|   |  |   |          | Original             | Revised   | Funds Obligated                     | Funds Expended |                |
|   | <b>DEVELOPMENT ACTIVITIES</b>                |   |          |                      |           |                                     |                |                |
| HA-Wide                                       | Replacement housing                          | 1499  |          | 16,111.00            | 0.00      |                                     | 0.00           |                |
|   |  | 1430  |          | 0.00                 | 16,111.00 |                                     | 0.00           |                |

ATTACHMENT P

| <b>Capital Fund Program Five-Year Action Plan</b> |                                     |   |  |  |   |
|---|-------------------------------------|---|--|--|---|
| Part I: Summary                                   |                                     |   |  |  |   |
| PHA Name  |                                     |   |  |  |   |
| <b>ANSONIA HOUSING AUTHORITY</b>                  |                                     | <input checked="" type="checkbox"/> Original 5-Year Plan<br><input type="checkbox"/> Revision No: |  |  |   |
| Development Number/Name/HA-Wide                   | Year 1                              | Work Statement for Year 2<br>FFY Grant: 2009<br>PHA FY: 2009                                      | Work Statement for Year 3<br>FFY Grant: 2010<br>PHA FY: 2010 | Work Statement for Year 4<br>FFY Grant: 2011<br>PHA FY: 2011 | Work Statement for Year 5<br>FFY Grant: 2012<br>PHA FY:2012 |
| HA-Wide   | <b>See<br/>Annual<br/>Statement</b> | 28,700  | 28,700   | 28,700   | 28,700  |
| 15-1 RIVERSIDE                                    |                                     | 93,762  | 93,762   | 93,762   | 93,762  |
| 15-2 JOHN J. STEVENS                              |                                     | 31,700  | 31,700   | 31,700   | 31,700  |
| 15-3 MONSIGNOR HYNES                              |                                     | 32,800  | 32,800   | 32,800   | 32,800  |
| B. Physical Improvements Subtotal                 |                                     | 186,962   | 186,962  | 186,962  | 186,962   |
| C. Mgmt Improvements                              |                                     | 93,557  | 93,557   | 93,557   | 93,557  |
| D. HA-Wide Nondwelling Structures & Equipment     |                                     | 61,200  | 61,200   | 61,200   | 61,200  |
| E. Administration                                 |                                     | 46,778  | 46,778   | 46,778   | 46,778  |
| F. Fees and Costs                                 |                                     | 20,000  | 20,000   | 20,000   | 20,000  |
| G. Contingency                                    |                                     | 33,878  | 33,878   | 33,878   | 33,878  |
| H. Operations                                     |                                     | 25,409  | 25,409   | 25,409   | 25,409  |
| CFP Funds Listed for 5-year planning              |                                     | 467,784   | 467,784  | 467,784  | 467,784   |
| Replacement Housing Factor Funds                  |                                     |   |  |  |   |

## Capital Fund Program Five-Year Action Plan

### Part II: Supporting Pages - Work Activities

| Activities for Year 1           | Activities for Year: 2009<br>FFY Grant: CT26P01550109<br>PHA FY: 2009 |   |                | Activities for Year: 2010<br>FFY Grant: CT26P01550110<br>PHA FY: 2010 |   |                |
|---------------------------------|---|---|----------------|---|---|----------------|
|                                 | Development Name/Number   | Major Work Categories   | Estimated Cost | Development Name/Number   | Major Work Categories   | Estimated Cost |
| <b>See Annual Statement</b>     | HA-Wide   | road repairs, sidewalks<br>fences, lighting<br>appliances   | 28,700         | HA-Wide   | road repairs, sidewalks<br>fences, lighting<br>appliances   | 28,700         |
|                                 | 15-1 Riverside Apts   | safety issues, boiler<br>room, stair replacement,<br>asphalt repair, demolition<br>environmental studies<br>roof repairs, mailboxes | 93,762         | 15-1 Riverside Apts   | safety issues, bathroom<br>fixtures, cabinets<br>boilers, stairs<br>roadway repairs<br>roof repairs | 93,762         |
|                                 | 15-2 John J. Stevens  | walkways, rear stairs<br>new boilers, radiators<br>remodel balcony<br>replace door locks  | 31,700         | 15-2 John J. Stevens  | interior painting, new<br>boilers, replace roofs<br>new gutters                                     | 31,700         |
|                                 | 15-3 Monsignor Hynes  | paint units, repair<br>sidewalks, upgrade<br>fire alarm system  | 32,800         | 15-3 Monsignor Hynes  | replace trash units,<br>patch roadways<br>new storage units<br>fire alarm system                    | 32,800         |
| <b>Total CFP Estimated Cost</b> |   |   | 186,962        |   |   | 186,962        |

## Capital Fund Program Five-Year Action Plan

### Part II: Supporting Pages - Work Activities

| Activities for Year: 2011<br>FFY Grant: CT26P01550111<br>PHA FY: 2011 |  |                | Activities for Year: 2012<br>FFY Grant: CT26P01550112<br>PHA FY: 2012 |  |                |
|---|--|----------------|---|--|----------------|
| Development Name/Number   | Major Work Categories  | Estimated Cost | Development Name/Number   | Major Work Categories  | Estimated Cost |
| HA-Wide   | road repairs, sidewalks<br>fences, lighting<br>appliances                                    | 28,700         | HA-Wide   | road repairs, sidewalks<br>fences, lighting<br>appliances                                  | 28,700         |
| 15-1 Riverside Apts   | safety issues, bathroom<br>fixtures, cabinets<br>boilers, stairs, roofs<br>electrical panels | 93,762         | 15-1 Riverside Apts   | safety issues, bathroom<br>fixtures, cabinets<br>boilers, stairs, roofs<br>roadway repairs | 93,762         |
| 15-2 John J. Stevens  | upgrade kitchens<br>new windows<br>common room   | 31,700         | 15-2 John J. Stevens  | retrofit common areas<br>improve handicap access   | 31,700         |
| 15-3 Monsignor Hynes  | revamp battery backup in<br>fire system, convert<br>heating system, lighting<br>new gutters  | 32,800         | 15-3 Monsignor Hynes  | replace water heaters,<br>convert heating system<br>reroute sewer line in bldg 4           | 32,800         |
| <b>Total CFPEstimated Cost</b>  |  | 186,962        |   |  | 186,962        |

## Attachment Q

The Ansonia Housing Authority intends to utilize its Replacement Housing Funds (2000-2004) as part of a comprehensive approach to develop public housing units.

## Attachment R

### RESIDENT ASSESSMENT (RASS) FOLLOW-UP PLAN

#### **SAFETY (not required, but added by Authority due to its high level of priority in operations)**

1. The Housing Authority's approaches to making people feel safe.
  - a. AHA has implemented a new pilot program with the Ansonia Police Department to work directly with AHA staff and security personnel, and provide a greater, more visible police presence at all of our public housing complexes.
  - b. We have implemented new techniques regarding community policing at the AHA. This allows police officers to walk with AHA security throughout our complexes, whereby the police officers get to know our residents individually. The approach appears to be paying off. We see more cooperation between staff, police and our residents.
2. The Housing Authority's approaches to making people feel safe and secure in their own homes.
  - a. Senior staff people meet weekly to discuss any safety concerns or activity at the developments. We are reviewing and inspecting all locking devices in an effort to report and replace all defective locking devices.
  - b. Better communication is developing between staff and residents through senior managers' attendance of monthly resident meetings, where concerns are heard and responded to.
  - c. Improve police and security effectiveness by increasing presence and patrolling during varying hours.
  - d. Improve staff visibility by conducting of frequent walk-through for each development.
3. The Housing Authority's approaches to making people feel safe by improving poor lighting.
  - a. Security has been instructed to report anytime a light is out.
  - b. Maintenance has been instructed to report and fix all broken lighting.
  - c. Residents have been instructed to notify the main office when lights are out.
  - d. Modernization department will review whether more lighting can and should be installed in exterior and porch areas.
  - e. A United Illuminating grant was sought and received to install improved lighting.
4. The Housing Authority's approaches to making people feel safe by adequate screening of potential tenants.

## Attachment R

- a. **Housing Authority performs a criminal history check from the State's database for all applicants, as well as a credit report which also indicates known arrests and/or convictions, evictions, and poor rental or payment histories.**
  - b. **When available or necessary, local, out-of-state and federal checks are also performed.**
  - c. **The LIPH Admissions and Continued Occupancy Plan is being reviewed and will be updated to provide strict written policies outlining causes of denial and/or termination of tenancy, and time frames for denial of applicants for various causes.**
- 5. The Housing Authority's approaches to make people feel safe through educational seminars to alert residents of existing crime prevention programs.**
- a. **Staff attending resident meetings to open communication for resident input into safety issues.**
  - b. **AHA will hold security and/or crime prevention meetings with the local police. This has already been implemented and is a large success. Resident representatives may be asked to attend to provide input in the future.**

### **NEIGHBORHOOD APPEARANCE**

- 1. The Housing Authority's approaches to improve our residents' perceptions of their homes.**
  - a. **AHA is reviewing the feasibility of purchasing or leasing a portable toilet in an effort to deter public urination and defecation in stairwells, walkways and hallways**
  - b. **Resident meetings, questionnaires or surveys may be conducted to determine their concerns and perceptions on these issues.**
  - c. **Residents have been notified to remove all trash from stairwells and balconies outside their units, and AHA maintenance staff will remove garbage or belongings from these areas at resident expense if not maintained.**
  - d. **The number of maintenance staff has been increased to improve site conditions.**
  
- 2. The Housing Authority's approaches to improve our residents' perception of the exterior of their buildings.**
  - a. **All balconies are power washed on a routine and as-needed basis.**
  - b. **Maintenance staff conducts a walk through and notes each development's condition daily, and allots time and staff as required to keep grounds and buildings clean.**
  - c. **Security personnel report any unusual or notably poor conditions.**



## Attachment R

- c. Correspondence and dialogue with residents and the tenant associations, as many complaints regarding litter/trash are actually due to tenant behavior which better internal neighborhood monitoring and self-policing would vastly improve.

### COMMUNICATION

1. The Housing Authority's approaches to improve our residents' perceptions of our responsiveness to their questions and concerns:
  - a. Distribute a quarterly newsletter informing residents of planned and completed projects at the various properties.
  - b. Provide better notice of special events and invite suggestions from residents for same.
2. The Housing Authority's approach to improve our residents' perceptions of whether we are courteous or professional:
  - a. Stress the need to be professional and courteous at weekly staff meetings.
  - b. Answer all questions and letters from residents in a professional and timely manner.
  - c. Encourage residents to report incidents of non-professional behavior to management.
3. The Housing Authority's approach to improve our residents' perceptions of our support to the resident/tenant organization:
  - a. Encourage staff to attend resident/tenant meetings to answer questions and show Authority support of the organization.

## Attachment S

### Community Service Policy

#### ***GENERAL***

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement

#### ***EXEMPTIONS***

The following adult family members of tenant families are exempt from this requirement.

- A. Family members who are 62 or older
- B. Family members who are blind or disabled
- C. Family members who are the primary care giver for someone who is blind or disabled
- D. Family members engaged in work activity
- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program
- F. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program

#### ***NOTIFICATION OF THE REQUIREMENT***

The Ansonia Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Ansonia Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Ansonia Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after 10/1/99. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise

## Attachment S

them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

### ***VOLUNTEER OPPORTUNITIES***

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Ansonia Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Ansonia Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

### ***THE PROCESS***

At the first annual reexamination on or after October 1, 1999, and each annual reexamination thereafter, the Ansonia Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer positions.
- C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.
- D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.
- E. The volunteer coordinator will advise the Ansonia Housing Authority on a monthly basis whether each applicable adult family member is in compliance with the community service requirement.

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### ***NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT***

The Ansonia Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated.

### ***OPPORTUNITY FOR CURE***

The Ansonia Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, the Ansonia Housing Authority shall take action to terminate the lease.