

|                                   |   |  |
|-----------------------------------|---|--|
| <b>PHA 5-Year and Annual Plan</b> | <b>U.S. Department of Housing and Urban Development<br/>Office of Public and Indian Housing</b> | <b>OMB No. 2577-0226<br/>Expires 4/30/2011</b> |
|-----------------------------------|---|--|

| <b>1.0</b>         | <b>PHA Information</b><br>PHA Name: <u>West Haven Housing Authority</u> PHA Code: <u>CT 029</u><br>PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8)<br>PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2009</u>   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
|--------------------|--|--------------------|----------|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------|-----|--------|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|
| <b>2.0</b>         | <b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above)<br>Number of PH units: <u>617</u> Number of HCV units: <u>533</u>   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>3.0</b>         | <b>Submission Type</b><br><input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>4.0</b>         | <b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
|                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   | Participating PHAs | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program         |                               | PH                           | HCV | PHA 1: |  |  |  |  |  | PHA 2: |  |  |  |  |  | PHA 3: |  |  |  |  |  |
| Participating PHAs | PHA Code   |                    |          |                                      |                               | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
|                    |  | PH                 | HCV      |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| PHA 1:             |  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| PHA 2:             |  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| PHA 3:             |  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>5.0</b>         | <b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>5.1</b>         | <b>Mission.</b> 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 for the next five years:<br><br>N/A  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>5.2</b>         | <b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.<br><br>N/A  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>6.0</b>         | <p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None</p> <p><b>Summary of Policy and Program Changes</b></p> <p>The WHHA has not made nor intends to make any major policy or program changes in 2009. Local preferences were established and will not change, rent policies remain the same, community service policy parameters were included in our lease, ACOP, and our pet policy has been implemented.</p> <p>However, the WHHA has entered into a Capital Funds Bond issue program which obtained \$2,500,000 for the replacement of heating systems in Surfside and Spring Heights that will be repaid from a portion of Capital Fund allocation each year per a Debt Service schedule.</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>Display Locations For PHA Plans and Supporting Documents as well as information regarding any activities outlined in this plan can be obtained by contacting PHA development management offices or the Main administrative office of the PBHA.</p> |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>7.0</b>         | <b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.<br>N/A  |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>8.0</b>         | <b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |
| <b>8.1</b>         | <b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.<br>See ct029a01 (2009 Annual Plan); ct029c01 (2008 Performance and Evaluation Report); and ct029d01 (2007 Performance and Evaluation Report).   |                    |          |                                      |                               |                                      |                               |                              |     |        |  |  |  |  |  |        |  |  |  |  |  |        |  |  |  |  |  |

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| 8.2 | <b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.<br>See ct029b01 (Capital Fund Program Five-Year Action Plan)  |
| 8.3 | <b>Capital Fund Financing Program (CFFP).</b><br><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.  |
| 9.0 | <b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. |

**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 | Affordability | Supply | Quality | Access-ibility | Size | Loca-tion |
| Income <= 30% of AMI  | 3,713   | 5             | 5      | 5       | 3              | 3    | 2         |
| Income >30% but <=50% of AMI                                    | 582     | 5             | 5      | 5       | 3              | 3    | 2         |
| Income >50% but <80% of AMI                                     | 179     | 4             | 4      | 4       | 3              | 3    | 2         |
| Elderly   | 626     | 5             | 5      | 4       | 3              | 2    | 4         |
| Families with Disabilities                                      | 850     | 5             | 5      | 4       | 3              | 2    | 4         |
| White   | 3,221   | 5             | 5      | 5       | 3              | 3    | 2         |
| Black   | 716     | 5             | 5      | 5       | 3              | 3    | 2         |
| Hispanic  | 403     | 5             | 5      | 5       | 3              | 3    | 2         |
| Asian   | 125     | 5             | 5      | 5       | 3              | 3    | 2         |
| American Indian   | 9       | 5             | 5      | 5       | 3              | 3    | 2         |

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2005
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset 2005
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

|            |  |
|------------|--|
| <b>9.1</b> | <b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> |
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**9.1A. 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 assistance.
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

**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)

**9.1 B Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists**

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

| Housing Needs of Families on the Waiting List   |               |                     |                 |
|---|---------------|---------------------|-----------------|
| Waiting list type: (select one)   |               |                     |                 |
| <input type="checkbox"/> Section 8 tenant-based assistance  |               |                     |                 |
| <input 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  | 201           |                     | 93              |
| Extremely low income <=30% AMI  | 59            | 29.4                |                 |
| Very low income (>30% but <=50% AMI)  | 84            | 41.8                |                 |
| Low income (>50% but <80% AMI)  | 58            | 28.8                |                 |
| Families with children  | 11            | 5                   |                 |
| Elderly families  | 115           | 57                  |                 |
| Families with Disabilities  | 75            | 37                  |                 |
| Race/ethnicity White  | 136           | 67.7                |                 |
| Race/ethnicity Black  | 45            | 22.4                |                 |
| Race/ethnicity Hispanic   | 20            | 9.9                 |                 |
| Race/ethnicity Asian  | 0             |                     |                 |
| Characteristics by Bedroom Size (Public Housing Only)   |               |                     |                 |
| 1 BR  | 188           | 93.5                | 63              |
| 2 BR  | 8             | 4                   | 15              |
| 3 BR  | 4             | 2                   | 10              |
| 4 BR  | 1             | .5                  | 5               |
| 5 BR  |               |                     |                 |
| 5+ BR   |               |                     |                 |
| Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          |               |                     |                 |
| If yes:   |               |                     |                 |
| <b>HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?</b>   |               |                     |                 |
| Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes |               |                     |                 |
| Does the PHA permit specific categories of families onto the waiting list, even if generally closed?                  |               |                     |                 |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |               |                     |                 |

### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance  
 Public Housing  
 Combined Section 8 and Public Housing  
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)  
 If used, identify which development/subjurisdiction:

|                                      | # of families | % of total families | Annual Turnover |
|--------------------------------------|---------------|---------------------|-----------------|
| Waiting list total                   | 2128          |                     | 139             |
| Extremely low income <=30% AMI       | 2043          | 96                  |                 |
| Very low income (>30% but <=50% AMI) | 80            | 3.8                 |                 |
| Low income (>50% but <80% AMI)       | 5             | .2                  |                 |
| Families with children               | 1350          | 63                  |                 |
| Elderly families                     | 44            | 2                   |                 |
| Families with Disabilities           | 295           | 14                  |                 |
| Race/ethnicity White                 | 329           | 15.4                |                 |
| Race/ethnicity Black                 | 1083          | 51.0                |                 |
| Race/ethnicity Hispanic              | 710           | 33.4                |                 |
| Race/ethnicity Asian                 | 6             | .3                  |                 |

Characteristics by Bedroom Size  
(Public Housing Only)

|       |  |  |  |
|-------|--|--|--|
| 1 BR  |  |  |  |
| 2 BR  |  |  |  |
| 3 BR  |  |  |  |
| 4 BR  |  |  |  |
| 5 BR  |  |  |  |
| 5+ BR |  |  |  |

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

If yes:

**HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? 20 MONTHS**

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

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?

No  Yes

**Additional Information.** Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

The PHA has been able to maintain its mission to seek diversified, safe, decent and affordable housing, for low and moderate income families through the utilization of previous Capital funds and the proper application of our public housing policies.

We are continuing to address public housing vacancies very aggressively and our PHAS and SEMAP scores indicate that other operational issues are being positively addressed.

Capital funds have been utilized to provide modernization of our properties and our FY 2009 application will continue that effort.

PHA has implemented local preferences to improve the living environment by deconcentration, promoting income mixing, and improving security throughout our developments.

The PHA created and continues to facilitate self-sufficiency programs to improve resident employability as well as solicit support services for the elderly and families with disabilities.

We are confident that the PHA will be able to continue to meet and accommodate all our goals and objectives for FY 2009.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"

10.0

### **Criteria for Substantial Deviation and Significant Amendments**

#### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### **A. Substantial Deviation from the 5-year Plan:**

The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is as follows:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

#### **B. Significant Amendment or Modification to the Annual Plan:**

The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is as follows:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

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| <b>11.0</b> | <p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul> |
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**11.0 (F) Resident Advisory Board (RAB) comments.** Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

**Resident Advisory Board Recommendations**

The PHA did not receive any comments on the PHA Plan from the Resident Advisory Board.

**11.0 (g) Challenged Elements**

There were no elements within the PBHA annual plan that were challenged by residents, staff, Board of Commissioners or the general public.

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

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

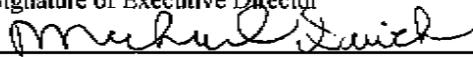
| <b>Part I: Summary</b>   |  |  |                      |   |          |
|--|--|--|----------------------|---|----------|
| <b>PHA Name:</b><br>West Haven Housing Authority   |  | <b>Grant Type and Number</b><br>Capital Fund Date of CFFP<br>Program Grant No: <u>CT26P029501-09</u> |                      | <b>FFY of Grant:</b><br><u>2009</u><br><b>FFY of Grant Approval:</b><br>_____ |          |
| <b>Type of Grant</b><br><input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b><br><input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b> |  |  |                      |   |          |
| Line   | Summary by Development Account   | Total Estimated Cost   |                      | Total Actual Cost <sup>1</sup>  |          |
|  |  | Original   | Revised <sup>2</sup> | Obligated   | Expended |
| 1  | Total non-CFP Funds  |  |                      |   |          |
| 2  | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>             | 55,000   |                      |   |          |
| 3  | 1408 Management Improvements   | 15,000   |                      |   |          |
| 4  | 1410 Administration (may not exceed 10% of line 21)                      | 10,000   |                      |   |          |
| 5  | 1411 Audit   |  |                      |   |          |
| 6  | 1415 Liquidated Damages  |  |                      |   |          |
| 7  | 1430 Fees and Costs  | 30,000   |                      |   |          |
| 8  | 1440 Site Acquisition  |  |                      |   |          |
| 9  | 1450 Site Improvement  | 50,000   |                      |   |          |
| 10   | 1460 Dwelling Structures   | 371,146  |                      |   |          |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                                  |  |                      |   |          |
| 12   | 1470 Non-dwelling Structures   |  |                      |   |          |
| 13   | 1475 Non-dwelling Equipment  |  |                      |   |          |
| 14   | 1485 Demolition  |  |                      |   |          |
| 15   | 1492 Moving to Work Demonstration  |  |                      |   |          |
| 16   | 1495.1 Relocation Costs  |  |                      |   |          |
| 17   | 1499 Development Activities <sup>4</sup>                                 |  |                      |   |          |
| 18a  | 1501 Collateralization or Debt Service paid by the PHA                   |  |                      |   |          |
| 18b  | 9000 Collateralization or Debt Service paid Via System of Direct Payment |  |                      |   |          |
| 18c  | 9001 Bond Debt Obligations   | 208,000  |                      |   |          |
| 19   | 1502 Contingency (may not exceed 8% of line 20)                          |  |                      |   |          |
| 20   | Amount of Annual Grant: (sum of lines 2-19)                              | 739,146  |                      |   |          |
| 21   | Amount of line 20 Related to LBP Activities                              |  |                      |   |          |
| 22   | Amount of line 20 Related to Section 504 Activities                      |  |                      |   |          |
| 23   | Amount of line 20 Related to Security - Soft Costs                       |  |                      |   |          |
| 24   | Amount of line 20 Related to Security - Hard Costs                       |  |                      |   |          |
| 25   | Amount of line 20 Related to Energy Conservation Measures                |  |                      |   |          |

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

002

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

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

|  |                                       |  |                            |   |
|--|---------------------------------------|--|----------------------------|---|
| <b>Part I: Summary</b>   |                                       |  |                            |   |
| <b>PHA Name:</b><br>West Haven Housing Authority   |                                       | <b>Grant Type and Number</b><br>Capital Fund Date of CFFP<br>Program Grant No: <u>CT26P029501-09</u> |                            | <b>Replacement Housing Factor Grant No:</b><br><br><b>FFY of Grant:</b><br><u>2009</u><br><b>FFY of Grant Approval:</b> |
| <b>Type of Grant</b><br><input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report |                                       |  |                            |   |
| <b>Line</b>  | <b>Summary by Development Account</b> | <b>Total Estimated Cost</b>  |                            | <b>Total Actual Cost<sup>1</sup></b>  |
|  |                                       | <b>Original</b>  | <b>Revised<sup>2</sup></b> | <b>Obligated</b> <b>Expended</b>  |
| <b>Signature of Executive Director</b><br>  |                                       | <b>Date</b><br>12/17/08  |                            | <b>Signature of Public Housing Director</b><br><br><b>Date</b>  |

WHHA

12/17/08 WED 11:21 FAX 9375788

| <b>Part II: Supporting Pages</b>                  |   |   |          |                      |                         |                                 |   |                |
|---|---|---|----------|----------------------|-------------------------|---------------------------------|---|----------------|
| PHA Name:<br>West Haven Housing Authority         |   | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CT26P029501-09<br>Replacement Housing Factor Grant No: |          |                      | CFFP (Yes/ <u>No</u> ): |                                 | <b>Federal FFY of Grant:</b><br><b>2009</b> |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories       | Development<br>Account No.  | Quantity | Total Estimated Cost |                         | Total Actual Cost               |   | Status of Work |
|   |   |   |          | Original             | Revised <sup>1</sup>    | Funds Obligated<br><sub>2</sub> | Funds<br>Expended <sup>2</sup>              |                |
| HA Wide   | Housing Operations                                    | 1406  | 6%       | 55,000.00            |                         |                                 |   |                |
| Operations  | <b>Subtotal</b>                                       |   |          | <b>55,000.00</b>     |                         |                                 |   |                |
| HA Wide   | Drug Elimination program                              | 1408  | 100%     | 15,000.00            |                         |                                 |   |                |
| Management<br>Improvements                        | <b>Subtotal</b>                                       |   |          | <b>15,000.00</b>     |                         |                                 |   |                |
| HA Wide   | Partial salary & benefits of staff<br>involved in CFP | 1410  | 1%       | 10,000.00            |                         |                                 |   |                |
| Administrative Cost                               | <b>Subtotal</b>                                       |   |          | <b>10,000.00</b>     |                         |                                 |   |                |
| HA Wide   | A. A/E Fees   | 1430  | 100%     | 15,000.00            |                         |                                 |   |                |
| Fees & Cost                                       | B. Consulting Services                                | 1430  | 100%     | 15,000.00            |                         |                                 |   |                |
|   | <b>Subtotal</b>                                       |   |          | <b>30,000.00</b>     |                         |                                 |   |                |
| CT 29-1A  | A. Replace sidewalks                                  | 1450  | 2,500 SF | 25,000.00            |                         |                                 |   |                |
| Spring Heights                                    | B. Landscaping  | 1450  | 25%      | 25,000.00            |                         |                                 |   |                |
|   | C. Interior Renovations                               | 1460  | 7 Units  | 23,700.00            |                         |                                 |   |                |
|   | D. Exterior Renovations                               | 1460  | 1 Bldg   | 25,000.00            |                         |                                 |   |                |
|   | E. Replace heating & water distribution<br>system     | 1460  | 1 Sys    | 146,748.00           |                         |                                 |   |                |
|   | <b>Subtotal</b>                                       |   |          | <b>245,448.00</b>    |                         |                                 |   |                |

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

| <b>Part II: Supporting Pages</b>                  |   |  |          |                      |                         |                              |                                      |                |
|---|---|--|----------|----------------------|-------------------------|------------------------------|--------------------------------------|----------------|
| PHA Name:<br>West Haven Housing Authority         |   | Grant Type and Number<br>Capital Fund Program Grant No: CT26P029501-09<br>Replacement Housing Factor Grant No: |          |                      | CFFP (Yes/ <b>No</b> ): |                              | Federal FFY of Grant:<br><b>2009</b> |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories | Development Account No.  | Quantity | Total Estimated Cost |                         | Total Actual Cost            |                                      | Status of Work |
|   |   |  |          | Original             | Revised <sup>1</sup>    | Funds Obligated <sub>2</sub> | Funds Expended <sub>2</sub>          |                |
| CT 29-1B  | Interior Renovations                            | 1460   | 7 Units  | 23,700.00            |                         |                              |                                      |                |
| Morrissey Manor                                   | <b>Subtotal</b>                                 |  |          | <b>23,700.00</b>     |                         |                              |                                      |                |
| CT 29-2/4 Surfside                                | Interior Renovations                            | 1460   | 12 Units | 39,500.00            |                         |                              |                                      |                |
|   | <b>Subtotal</b>                                 |  |          | <b>39,500.00</b>     |                         |                              |                                      |                |
| CT 29-3   | A. Replace windows                              | 1460   | 1 Bldg   | 90,000.00            |                         |                              |                                      |                |
| Union School                                      | B. Interior Renovations                         | 1460   | 3 Units  | 11,250.00            |                         |                              |                                      |                |
|   | <b>Subtotal</b>                                 |  |          | <b>101,250.00</b>    |                         |                              |                                      |                |
| CT 29-6 John Prete                                | Interior Renovations                            | 1460   | 3 Units  | 11,250.00            |                         |                              |                                      |                |
|   | <b>Subtotal</b>                                 |  |          | <b>11,250.00</b>     |                         |                              |                                      |                |
| HA Wide Debt Service                              | Annual debt services charge for bond fund issue | 1901   | LS       | 208,000.00           |                         |                              |                                      |                |
|   | <b>Subtotal</b>                                 |  |          | <b>208,000.00</b>    |                         |                              |                                      |                |
|   | <b>Grand Total</b>                              |  |          | <b>739,148.00</b>    |                         |                              |                                      |                |

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

| Part III: Implementation Schedule for Capital Fund Financing Program |   |                               |   |                                |   |
|--|---|-------------------------------|---|--------------------------------|---|
| PHA Name: West Haven Housing Authority                               |   |                               |   |                                | Federal FFY of Grant: 2009                    |
| Development Number<br>Name/PHA-Wide<br>Activities                    | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                | Reasons for Revised Target Dates <sup>1</sup> |
|  | Original Obligation End<br>Date             | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure<br>End Date |   |
| CT 29-1A<br>Spring Heights   | 3/31/11                                     |                               | 3/31/13                                     |                                |   |
| CT 29-1B<br>Morrissey Manor  | 3/31/11                                     |                               | 3/31/13                                     |                                |   |
| CT 29-2/4<br>Surfside HR   | 3/31/11                                     |                               | 3/31/13                                     |                                |   |
| CT 29-3<br>Union School  | 3/31/11                                     |                               | 3/31/13                                     |                                |   |
| CT 29-6<br>John Prete  | 3/31/11                                     |                               | 3/31/13                                     |                                |   |
| HA Wide  | 3/31/11                                     |                               | 3/31/13                                     |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U. S. Housing Act of 1937, as amended.



**Capital Fund Program—Five-Year Action Plan**

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

| <b>Part I: Summary</b>                                 |  |   |                                       |                                       |  |                                       |
|--|--|---|---------------------------------------|---------------------------------------|--|---------------------------------------|
| PHA Name/Number<br>West Haven Housing Authority/CT 029 |  | Locality (City/County & State)<br>West Haven/New Haven County/Connecticut |                                       |                                       | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: |                                       |
| A.   | Development Number and Name                    | Work Statement for Year 1<br>FFY 2009                                     | Work Statement for Year 2<br>FFY 2010 | Work Statement for Year 3<br>FFY 2011 | Work Statement for Year 4<br>FFY 2012  | Work Statement for Year 5<br>FFY 2013 |
| B.   | Physical Improvements Subtotal                 | Annual Statement  | 420,896                               | 420,896                               | 421,146  | 391,146                               |
| C.   | Management Improvements                        |   | 15,000                                | 15,000                                | 15,000   | 15,000                                |
| D.   | PHA-Wide Non-dwelling Structures and Equipment |   | 0                                     | 0                                     | 0  | 30,000                                |
| E.   | Administration                                 |   | 10,000                                | 10,000                                | 10,000   | 10,000                                |
| F.   | Other  |   | 30,000                                | 30,000                                | 30,000   | 30,000                                |
| G.   | Operations                                     |   | 55,000                                | 55,000                                | 55,000   | 55,000                                |
| H.   | Demolition                                     |   | 0                                     | 0                                     | 0  | 0                                     |
| I.   | Development                                    |   | 0                                     | 0                                     | 0  | 0                                     |
| J.   | Capital Fund Financing – Debt Service          |   | 208,250                               | 208,250                               | 208,000  | 208,000                               |
| K.   | Total CFP Funds                                |   | 739,146                               | 739,146                               | 739,146  | 739,146                               |
| L.   | Total Non-CFP Funds                            |   |                                       |                                       |  |                                       |
| M.   | Grand Total                                    |   | 739,146                               | 739,146                               | 739,146  | 739,146                               |

| <b>Part I: Summary (Continuation)</b>                  |                                |   |                                       |                                       |  |                                       |
|--|--------------------------------|---|---------------------------------------|---------------------------------------|--|---------------------------------------|
| PHA Name/Number<br>West Haven Housing Authority/CT 029 |                                | Locality (City/County & State)<br>West Haven/New Haven County/Connecticut |                                       |                                       | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: |                                       |
| A.   | Development Number<br>and Name | Work<br>Statement for<br>Year 1<br>FFY 2009                               | Work Statement for Year 2<br>FFY 2010 | Work Statement for Year 3<br>FFY 2011 | Work Statement for Year 4<br>FFY2012   | Work Statement for Year 5<br>FFY 2013 |
|  |                                | <b>Annual<br/>Statement</b>   |                                       |                                       |  |                                       |
|  | CT 29-1A                       |   | 78,200                                | 78,200                                | 78,200   | 23,700                                |
|  | CT 29-1B                       |   | 71,696                                | 71,696                                | 25,000   | 25,000                                |
|  | CT 29-2/4                      |   | 39,500                                | 248,500                               | 295,446  | 114,500                               |
|  | CT 29-3                        |   | 11,250                                | 11,250                                | 11,250   | 11,250                                |
|  | CT 29-6                        |   | 220,250                               | 11,250                                | 11,250   | 216,696                               |
|  |                                |   |                                       |                                       |  |                                       |
|  |                                |   |                                       |                                       |  |                                       |
|  |                                |   |                                       |                                       |  |                                       |
|  |                                |   |                                       |                                       |  |                                       |
|  |                                |   |                                       |                                       |  |                                       |
|  |                                |   |                                       |                                       |  |                                       |
|  | <b>Sub-total</b>               |   | <b>420,896</b>                        | <b>420,896</b>                        | <b>421,146</b>   | <b>391,146</b>                        |



| <b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b> |  |          |                |  |          |                |
|---|--|----------|----------------|--|----------|----------------|
| Work Statement for Year 1 FFY 2009                                  | Work Statement for Year 4<br>FFY 2012                                      |          |                | Work Statement for Year 5<br>FFY 2013                                      |          |                |
|   | Development Number/Name<br>General Description of<br>Major Work Categories | Quantity | Estimated Cost | Development Number/Name<br>General Description of Major<br>Work Categories | Quantity | Estimated Cost |
| See   | <b>CT 29-1A Spring Heights</b>   |          |                | <b>CT 29-1A Spring Heights</b>   |          |                |
| Annual  | A. Interior renovation   | 6 units  | 23,700         | A. Interior renovation   | 6 units  | 23,700         |
| Statement   | B. Exterior renovation   | 2 bldg   | 54,500         | <b>Subtotal</b>  |          | <b>23,700</b>  |
|   | <b>Subtotal</b>  |          | <b>78,200</b>  |  |          |                |
|   | <b>CT 29-1B Morrissey Manor</b>  |          |                | <b>CT 29-1B Morrissey Manor</b>  |          |                |
|   | A. Interior renovation   | 7 units  | 25,000         | A. Interior renovation   | 7 units  | 25,000         |
|   | <b>Subtotal</b>  |          | <b>25,000</b>  | <b>Subtotal</b>  |          | <b>25,000</b>  |
|   | <b>CT 29-2/4 Surfside</b>  |          |                | <b>CT 29-2/4 Surfside</b>  |          |                |
|   | A. Complete kitchen renovation   | 51 units | 255,946        | A. Interior renovation   | 10 units | 39,500         |
|   | C. Interior renovation   | 10 units | 39,500         | B. Refurbish public area   | LS       | 75,000         |
|   | <b>Subtotal</b>  |          | <b>295,446</b> | <b>Subtotal</b>  |          | <b>114,500</b> |
|   | <b>CT 29-3 Union School</b>  |          |                | <b>CT 29-3 Union School</b>  |          |                |
|   | A. Interior renovation   | 3 units  | 11,250         | Interior renovation  | 3 units  | 11,250         |
|   | <b>Subtotal</b>  |          | <b>11,250</b>  | <b>Subtotal</b>  |          | <b>11,250</b>  |
|   | <b>CT 29-6, John Prete</b>   |          |                | <b>CT 29-6, John Prete</b>   |          |                |
|   | A. Interior renovation   | 3 units  | 11,250         | A. Replace windows   | 1 bldg   | 205,446        |
|   | <b>Subtotal</b>  |          | <b>11,250</b>  | B. Interior renovation   | 3 units  | 11,250         |
|   |  |          |                | <b>Subtotal</b>  |          | <b>216,696</b> |
|   | Subtotal of Estimated Cost   |          | \$421,146      | Subtotal of Estimated Cost   |          | \$391,146      |

| <b>Part III: Supporting Pages – Management Needs Work Statement(s)</b> |  |                |  |                |
|--|--|----------------|--|----------------|
| Work Statement for Year 1 FFY 2009                                     | Work Statement for Year 2 FFY 2010   |                | Work Statement for Year: 3 FFY 2011  |                |
|  | Development Number/Name<br>General Description of Major Work Categories                              | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories                              | Estimated Cost |
| See  | <b>HA Wide Operations</b>  |                | <b>HA Wide Operations</b>  |                |
| Annual   | Housing Operations   | 55,000         | Housing Operations   | 55,000         |
| Statement  | <i>Subtotal</i>  | <b>55,000</b>  | <i>Subtotal</i>  | <b>55,000</b>  |
|  |  |                |  |                |
|  | <b>HA Wide Management Improvements</b>   |                | <b>HA Wide Management Improvements</b>   |                |
|  | Drug Elimination   | 15,000         | Drug Elimination   | 15,000         |
|  | <i>Subtotal</i>  | <b>15,000</b>  | <i>Subtotal</i>  | <b>15,000</b>  |
|  |  |                |  |                |
|  | <b>HA Wide Admin Cost</b>  |                | <b>HA Wide Admin Cost</b>  |                |
|  | Salary and benefits of staff involved in CFP   | 10,000         | Salary and benefits of staff involved in CFP   | 10,000         |
|  | <i>Subtotal</i>  | <b>10,000</b>  | <i>Subtotal</i>  | <b>10,000</b>  |
|  |  |                |  |                |
|  | <b>HA Wide Fees &amp; Cost</b>   |                | <b>HA Wide Fees &amp; Cost</b>   |                |
|  | A. A/E Services  | 15,000         | A. A/E Services  | 15,000         |
|  | B. Consulting Services   | 15,000         | B. Consulting Services   | 15,000         |
|  | <i>Subtotal</i>  | <b>30,000</b>  | <i>Subtotal</i>  | <b>30,000</b>  |
|  |  |                |  |                |
|  | <b>HA Wide Debt Service</b>  |                | <b>HA Wide Debt Service</b>  |                |
|  | Annual debt service charge for bond fund issue. (replace heating system @ Surfside & Spring Heights) | 208,250        | Annual debt service charge for bond fund issue. (replace heating system @ Surfside & Spring Heights) | 208,250        |
|  | <i>Subtotal</i>  | <b>208,250</b> | <i>Subtotal</i>  | <b>208,250</b> |
|  |  |                |  |                |
|  | Subtotal of Estimated Cost   | \$318,250      | Subtotal of Estimated Cost   | \$318,250      |

| <b>Part III: Supporting Pages – Management Needs Work Statement(s)</b> |  |                |  |                |
|--|--|----------------|--|----------------|
| Work Statement for Year 1 FFY 2009                                     | Work Statement for Year 4 FFY 2012   |                | Work Statement for Year: 5 FFY 2013  |                |
|  | Development Number/Name<br>General Description of Major Work Categories                              | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories                              | Estimated Cost |
| See Annual Statement   | <b>HA Wide Operations</b>  |                | <b>HA Wide Operations</b>  |                |
|  | Housing Operations   | 55,000         | Housing Operations   | 55,000         |
|  | <i>Subtotal</i>  | <b>55,000</b>  | <i>Subtotal</i>  | <b>55,000</b>  |
|  | <b>HA Wide Management Improvements</b>   |                | <b>HA Wide Management Improvements</b>   |                |
|  | Drug Elimination   | 15,000         | Drug Elimination   | 15,000         |
|  | <i>Subtotal</i>  | <b>15,000</b>  | <i>Subtotal</i>  | <b>15,000</b>  |
|  | <b>HA Wide Admin Cost</b>  |                | <b>HA Wide Admin Cost</b>  |                |
|  | Salary and benefits of staff involved in CFP   | 10,000         | Salary and benefits of staff involved in CFP   | 10,000         |
|  | <i>Subtotal</i>  | <b>10,000</b>  | <i>Subtotal</i>  | <b>10,000</b>  |
|  | <b>HA Wide Fees &amp; Cost</b>   |                | <b>HA Wide Fees &amp; Cost</b>   |                |
|  | A. A/E Services  | 15,000         | A. A/E Services  | 15,000         |
|  | B. Consulting Services   | 15,000         | B. Consulting Services   | 15,000         |
|  | <i>Subtotal</i>  | <b>30,000</b>  | <i>Subtotal</i>  | <b>30,000</b>  |
|  | <b>HA Wide Debt Service</b>  |                | <b>HA Wide Debt Service</b>  |                |
|  | Annual debt service charge for bond fund issue. (replace heating system @ Surfside & Spring Heights) | 208,000        | Annual debt service charge for bond fund issue. (replace heating system @ Surfside & Spring Heights) | 208,000        |
|  | <i>Subtotal</i>  | <b>208,000</b> | <i>Subtotal</i>  | <b>208,000</b> |
|  |  |                | <b>HA Wide nondwelling equipment</b>   |                |
|  |  |                | Replace maintenance vehicle  | 30,000         |
|  |  |                | <i>Subtotal</i>  | <b>30,000</b>  |
|  | Subtotal of Estimated Cost   | \$318,000      | Subtotal of Estimated Cost   | \$348,000      |

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

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

| <b>Part I: Summary</b>  |  |  |                      |   |            |
|---|--|--|----------------------|---|------------|
| <b>PHA Name:</b><br>West Haven Housing Authority  |  | <b>Grant Type and Number</b><br>Capital Fund Date of CFFP<br>Program Grant No: <u>CT26P029501-08</u> |                      | <b>FFY of Grant:</b><br><u>2008</u><br><b>FFY of Grant Approval:</b><br><u>2008</u> |            |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input type="checkbox"/> Final Performance and Evaluation Report |  |  |                      |   |            |
| Line  | Summary by Development Account   | Total Estimated Cost   |                      | Total Actual Cost <sup>1</sup>  |            |
|   |  | Original   | Revised <sup>2</sup> | Obligated   | Expended   |
| 1   | Total non-CFP Funds  |  |                      |   |            |
| 2   | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>             | 55,000.00  | 55,000.00            | 55,000.00   | 55,000.00  |
| 3   | 1408 Management Improvements   | 15,000.00  | 41,711.57            | 41,711.57   | 22,251.57  |
| 4   | 1410 Administration (may not exceed 10% of line 21)                      | 10,000.00  | 10,000.00            | 10,000.00   | 0.00       |
| 5   | 1411 Audit   |  |                      |   |            |
| 6   | 1415 Liquidated Damages  |  |                      |   |            |
| 7   | 1430 Fees and Costs  | 30,000.00  | 24,000.00            | 24,000.00   | 6,943.00   |
| 8   | 1440 Site Acquisition  |  |                      |   |            |
| 9   | 1450 Site Improvement  | 50,000.00  | 35,000.00            | 35,000.00   | 0.00       |
| 10  | 1460 Dwelling Structures   | 370,896.00   | 365,184.43           | 365,184.43  | 37,450.00  |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable                                  |  |                      |   |            |
| 12  | 1470 Non-dwelling Structures   |  |                      |   |            |
| 13  | 1475 Non-dwelling Equipment  |  |                      |   |            |
| 14  | 1485 Demolition  |  |                      |   |            |
| 15  | 1492 Moving to Work Demonstration  |  |                      |   |            |
| 16  | 1495.1 Relocation Costs  |  |                      |   |            |
| 17  | 1499 Development Activities <sup>4</sup>                                 |  |                      |   |            |
| 18a   | 1501 Collateralization or Debt Service paid by the PHA                   |  |                      |   |            |
| 18b   | 9000 Collateralization or Debt Service paid Via System of Direct Payment |  |                      |   |            |
| 18c   | 9001 Bond Debt Obligations   | 208,250.00   | 208,250.00           | 208,250.00  | 0.00       |
| 19  | 1502 Contingency (may not exceed 8% of line 20)                          |  |                      |   |            |
| 20  | Amount of Annual Grant: (sum of lines 2-19)                              | 739,146.00   | 739,146.00           | 739,146.00  | 121,644.57 |
| 21  | Amount of line 20 Related to LBP Activities                              |  |                      |   |            |
| 22  | Amount of line 20 Related to Section 504 Activities                      |  |                      |   |            |
| 23  | Amount of line 20 Related to Security - Soft Costs                       |  |                      |   |            |
| 24  | Amount of line 20 Related to Security - Hard Costs                       |  |                      |   |            |
| 25  | Amount of line 20 Related to Energy Conservation Measures                |  |                      |   |            |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

003

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

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

|   |                                |   |  |   |
|---|--------------------------------|---|--|---|
| <b>Part I: Summary</b>  |                                |   |  |   |
| PHA Name:<br>West Haven Housing Authority   |                                | Grant Type and Number<br>Capital Fund Date of CFFP<br>Program Grant No: <u>CT26P029501-08</u> |  | Replacement Housing Factor Grant No:<br><br>FFY of Grant:<br><u>2008</u><br>FFY of Grant Approval:<br><u>2008</u> |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input type="checkbox"/> Final Performance and Evaluation Report |                                |   |  |   |
| Line  | Summary by Development Account | Total Estimated Cost  |  | Total Actual Cost <sup>1</sup>  |
|   |                                | Original  | Revised <sup>2</sup>                             | Obligated      Expended   |
| Signature of Executive Director<br><i>Michael J. [unclear]</i>  |                                | Date<br><i>12/17 08</i>   | Signature of Public Housing Director<br><br>Date |   |

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| <b>Part II: Supporting Pages</b>               |  |  |          |                      |                      |                              |                             |                |                                      |
|--|--|--|----------|----------------------|----------------------|------------------------------|-----------------------------|----------------|--------------------------------------|
| PHA Name:<br>West Haven Housing Authority      |  | Grant Type and Number<br>Capital Fund Program Grant No: CT26P029501-08<br>Replacement Housing Factor Grant No: |          |                      |                      | CFPP (Yes/ <u>No</u> ):      |                             |                | Federal FFY of Grant:<br><b>2008</b> |
| Development Number<br>Name/PHA-Wide Activities | General Description of Major Work Categories       | Development Account No.  | Quantity | Total Estimated Cost |                      | Total Actual Cost            |                             | Status of Work |                                      |
|  |  |  |          | Original             | Revised <sup>1</sup> | Funds Obligated <sup>2</sup> | Funds Expended <sup>2</sup> |                |                                      |
| HA Wide  | Housing Operations                                 | 1406   | 8%       | 55,000.00            | 55,000.00            | 55,000.00                    | 55,000.00                   | Completed      |                                      |
| Operations                                     | <b>Subtotal</b>                                    |  |          | <b>55,000.00</b>     | <b>55,000.00</b>     | <b>55,000.00</b>             | <b>55,000.00</b>            |                |                                      |
| HA Wide  | Drug Elimination program                           | 1408   | 100%     | 15,000.00            | 41,711.57            | 41,711.57                    | 22,251.57                   | 53% Complete   |                                      |
| Management                                     | <b>Subtotal</b>                                    |  |          | <b>15,000.00</b>     | <b>41,711.57</b>     | <b>41,711.57</b>             | <b>22,251.57</b>            |                |                                      |
| Improvements                                   |  |  |          |                      |                      |                              |                             |                |                                      |
| HA Wide  | Partial salary & benefits of staff involved in CFP | 1410   | 1%       | 10,000.00            | 10,000.00            | 10,000.00                    | 0.00                        | 0% Complete    |                                      |
| Administrative Cost                            | <b>Subtotal</b>                                    |  |          | <b>10,000.00</b>     | <b>10,000.00</b>     | <b>10,000.00</b>             | <b>0.00</b>                 |                |                                      |
| HA Wide  | A. A/E Services                                    | 1430   | 100%     | 15,000.00            | 15,000.00            | 15,000.00                    | 6,943.00                    | 46% Complete   |                                      |
| Fees & Cost                                    | B. Consulting Services                             | 1430   | 100%     | 15,000.00            | 9,000.00             | 9,000.00                     | 0.00                        | 0% Complete    |                                      |
|  | <b>Subtotal</b>                                    |  |          | <b>30,000.00</b>     | <b>24,000.00</b>     | <b>24,000.00</b>             | <b>6,943.00</b>             |                |                                      |
| CT 29-1A                                       | Interior Renovations                               | 1460   | 12 Units | 23,700.00            | 23,700.00            | 23,700.00                    | 0.00                        | 0% Completed   |                                      |
| Morrissey Manor                                | <b>Subtotal</b>                                    |  |          | <b>23,700.00</b>     | <b>23,700.00</b>     | <b>23,700.00</b>             | <b>0.00</b>                 |                |                                      |
| CT 29-1B                                       | A. Replace sidewalks                               | 1450   | 5,000 SF | 25,000.00            | 25,000.00            | 25,000.00                    | 0.00                        | 0% Completed   |                                      |
| Spring Heights                                 | B. Landscaping                                     | 1450   | 20%      | 25,000.00            | 10,000.00            | 10,000.00                    | 0.00                        | 0% Completed   |                                      |
|  | C. Replace heating distribution system             | 1460   | 1 Bldg   | 80,000.00            | 80,000.00            | 80,000.00                    | 0.00                        | 0% Completed   |                                      |
|  | D. Replace apt water lines                         | 1460   | 1 Bldg   | 20,000.00            | 20,000.00            | 20,000.00                    | 0.00                        | 0% Completed   |                                      |
|  | E. Interior Renovations                            | 1460   | 12 Units | 23,700.00            | 23,700.00            | 23,700.00                    | 0.00                        | 0% Completed   |                                      |
|  | F. Exterior renovation                             | 1460   | 4 bldgs  | 0.00                 | 84,288.43            | 84,288.43                    | 37,450.00                   | 44% Completed  |                                      |
|  | <b>Subtotal</b>                                    |  |          | <b>173,700.00</b>    | <b>242,988.43</b>    | <b>242,988.43</b>            | <b>37,450.00</b>            |                |                                      |

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

| <b>Part II: Supporting Pages</b>                  |  |   |                            |          |                      |   |                                 |                                |                |
|---|--|---|----------------------------|----------|----------------------|---|---------------------------------|--------------------------------|----------------|
| PHA Name:<br>West Haven Housing Authority         |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CT26P029501-08<br>Replacement Housing Factor Grant No: |                            |          |                      | <b>Federal FFY of Grant:</b><br><b>2008</b> |                                 |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities |  | General Description of Major Work<br>Categories   | Development<br>Account No. | Quantity | Total Estimated Cost |   | Total Actual Cost               |                                | Status of Work |
|   |  |   |                            |          | Original             | Revised <sup>1</sup>                        | Funds Obligated<br><sub>2</sub> | Funds<br>Expended <sup>2</sup> |                |
| CT 29-2/4 Surfside                                |  | Interior Renovations  | 1460                       |          | 39,500.00            | 39,500.00                                   | 39,500.00                       | 0.00                           | 0% Completed   |
|   |  | <b>Subtotal</b>   |                            |          | <b>39,500.00</b>     | <b>39,500.00</b>                            | <b>39,500.00</b>                | <b>0.00</b>                    |                |
| CT 29-3   |  | A. Replace roof   | 1460                       | 1 Bldg   | 50,000.00            | 50,000.00                                   | 50,000.00                       | 0.00                           | 0% Completed   |
| Union School                                      |  | B. Replace windows  | 1460                       | 1 Bldg   | 90,000.00            | 0.00  | 0.00                            | 0.00                           | Delete         |
|   |  | C. Interior Renovations   | 1460                       | 6 Units  | 11,250.00            | 11,250.00                                   | 11,250.00                       | 0.00                           | 0% Completed   |
|   |  | <b>Subtotal</b>   |                            |          | <b>151,250.00</b>    | <b>61,250.00</b>                            | <b>61,250.00</b>                | <b>0.00</b>                    |                |
| CT 29-6 John Prete                                |  | Interior Renovations  | 1460                       | 9 Units  | 32,746.00            | 32,746.00                                   | 32,746.00                       | 0.00                           | 0% Completed   |
|   |  | <b>Subtotal</b>   |                            |          | <b>32,746.00</b>     | <b>32,746.00</b>                            | <b>32,746.00</b>                | <b>0.00</b>                    |                |
| HA Wide<br>Debt Service                           |  | Annual bond debt obligation reduction   | 1901                       | LS       | 208,250.00           | 208,250.00                                  | 208,250.00                      | 0.00                           | 0% Completed   |
|   |  | <b>Subtotal</b>   |                            |          | <b>208,000.00</b>    | <b>208,000.00</b>                           | <b>208,000.00</b>               | <b>0.00</b>                    |                |
|   |  | <b>Grand Total</b>  |                            |          | <b>739,146.00</b>    | <b>739,146.00</b>                           | <b>739,146.00</b>               | <b>121,644.57</b>              |                |

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

| Part III: Implementation Schedule for Capital Fund Financing Program |   |                               |   |                                |   |
|--|---|-------------------------------|---|--------------------------------|---|
| PHA Name: West Haven Housing Authority                               |   |                               |   |                                | Federal FFY of Grant: 2008                    |
| Development Number<br>Name/PHA-Wide<br>Activities                    | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                | Reasons for Revised Target Dates <sup>1</sup> |
|  | Original Obligation End<br>Date             | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure<br>End Date |   |
| CT 29-1A<br>Morrissey Manor  | 6/12/10                                     | 6/30/08                       | 6/12/12                                     |                                |   |
| CT 29-1B<br>Spring Heights   | 6/12/10                                     | 6/30/08                       | 6/12/12                                     |                                |   |
| CT 29-2/4<br>Surfside HR   | 6/12/10                                     | 6/30/08                       | 6/12/12                                     |                                |   |
| CT 29-3<br>Union School  | 6/12/10                                     | 6/30/08                       | 6/12/12                                     |                                |   |
| CT 29-6<br>John Prete  | 6/12/10                                     | 6/30/08                       | 6/12/12                                     |                                |   |
| HA Wide  | 6/12/10                                     | 6/30/08                       | 6/12/12                                     |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U. S. Housing Act of 1937, as amended.



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

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

| <b>Part I: Summary</b>   |  |  |                      |   |            |
|--|--|--|----------------------|---|------------|
| <b>PHA Name:</b><br>West Haven Housing Authority   |  | <b>Grant Type and Number</b><br>Capital Fund Date of CFFP<br>Program Grant No: <u>CT26P029501-07</u> |                      | <b>FFY of Grant:</b><br><u>2007</u><br><b>FFY of Grant Approval:</b><br><u>2007</u> |            |
| Replacement Housing Factor Grant No:   |  |  |                      |   |            |
| <b>Type of Grant</b><br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input type="checkbox"/> Final Performance and Evaluation Report |  |  |                      |   |            |
| Line   | Summary by Development Account   | Total Estimated Cost   |                      | Total Actual Cost <sup>1</sup>  |            |
|  |  | Original   | Revised <sup>2</sup> | Obligated   | Expended   |
| 1  | Total non-CFP Funds  |  |                      |   |            |
| 2  | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup>             | 70,858.00  | 70,858.00            | 70,858.00   | 70,858.00  |
| 3  | 1408 Management Improvements   | 95,000.00  | 24,653.50            | 24,653.50   | 24,653.50  |
| 4  | 1410 Administration (may not exceed 10% of line 21)                      | 61,531.00  | 0.00                 | 0.00  | 0.00       |
| 5  | 1411 Audit   |  |                      |   |            |
| 6  | 1415 Liquidated Damages  |  |                      |   |            |
| 7  | 1430 Fees and Costs  | 50,000.00  | 32,043.06            | 32,043.06   | 32,043.06  |
| 8  | 1440 Site Acquisition  |  |                      |   |            |
| 9  | 1450 Site Improvement  | 112,565.00   | 259,870.82           | 259,870.82  | 259,870.82 |
| 10   | 1460 Dwelling Structures   | 123,993.00   | 126,521.62           | 126,521.62  | 126,521.62 |
| 11   | 1465.1 Dwelling Equipment—Nonexpendable                                  |  |                      |   |            |
| 12   | 1470 Non-dwelling Structures   |  |                      |   |            |
| 13   | 1475 Non-dwelling Equipment  |  |                      |   |            |
| 14   | 1485 Demolition  |  |                      |   |            |
| 15   | 1492 Moving to Work Demonstration  |  |                      |   |            |
| 16   | 1495.1 Relocation Costs  |  |                      |   |            |
| 17   | 1499 Development Activities <sup>4</sup>                                 |  |                      |   |            |
| 18a  | 1501 Collateralization or Debt Service paid by the PHA                   |  |                      |   |            |
| 18b  | 9000 Collateralization or Debt Service paid Via System of Direct Payment |  |                      |   |            |
| 18c  | 9001 Bond Debt Obligations   | 208,000.00   | 208,000.00           | 208,000.00  | 208,000.00 |
| 19   | 1502 Contingency (may not exceed 8% of line 20)                          |  |                      |   |            |
| 20   | Amount of Annual Grant: (sum of lines 2-19)                              | 721,947.00   | 721,947.00           | 721,947.00  | 721,947.00 |
| 21   | Amount of line 20 Related to LBP Activities                              |  |                      |   |            |
| 22   | Amount of line 20 Related to Section 504 Activities                      |  |                      |   |            |
| 23   | Amount of line 20 Related to Security - Soft Costs                       |  |                      |   |            |
| 24   | Amount of line 20 Related to Security - Hard Costs                       |  |                      |   |            |
| 25   | Amount of line 20 Related to Energy Conservation Measures                |  |                      |   |            |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

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 12/17/08 WED 11:21 FAX 9375788

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

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

| Part I: Summary   |                                |   |                      |   |          |
|---|--------------------------------|---|----------------------|---|----------|
| PHA Name:<br>West Haven Housing Authority   |                                | Grant Type and Number<br>Capital Fund Date of CFFP<br>Program Grant No: <u>CT26P029501-07</u> |                      | Replacement Housing Factor Grant No:<br>FFY of Grant:<br><u>2007</u><br>FFY of Grant Approval:<br><u>2007</u> |          |
| Type of Grant<br><input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )<br><input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/08 <input type="checkbox"/> Final Performance and Evaluation Report |                                |   |                      |   |          |
| Line  | Summary by Development Account | Total Estimated Cost  |                      | Total Actual Cost <sup>1</sup>  |          |
|   |                                | Original  | Revised <sup>2</sup> | Obligated   | Expended |
| Signature of Executive Director<br><i>Michael Smith</i>   |                                | Date<br><i>12/17 08</i>   |                      | Signature of Public Housing Director<br>Date  |          |

| <b>Part II: Supporting Pages</b>                  |  |  |          |                      |                         |                              |                                      |                |
|---|--|--|----------|----------------------|-------------------------|------------------------------|--------------------------------------|----------------|
| PHA Name:<br>West Haven Housing Authority         |  | Grant Type and Number<br>Capital Fund Program Grant No: CT26P029501-07<br>Replacement Housing Factor Grant No: |          |                      | CFFP (Yes/ <u>No</u> ): |                              | Federal FFY of Grant:<br><b>2007</b> |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories    | Development Account No.  | Quantity | Total Estimated Cost |                         | Total Actual Cost            |                                      | Status of Work |
|   |  |  |          | Original             | Revised <sup>1</sup>    | Funds Obligated <sub>2</sub> | Funds Expended <sub>2</sub>          |                |
| HA Wide Operations                                | Housing Operations                                 | 1406   | 10%      | 70,858.00            | 70,858.00               | 70,858.00                    | 70,858.00                            | Completed      |
|   | <b>Subtotal</b>                                    |  |          | <b>70,858.00</b>     | <b>70,858.00</b>        | <b>70,858.00</b>             | <b>70,858.00</b>                     |                |
| HA Wide Management Improvements                   | A. Community Policing                              | 1408   | 100%     | 50,000.00            | 0.00                    | 0.00                         | 0.00                                 | Delete         |
|   | B. Drug Elimination program                        | 1408   | 100%     | 45,000.00            | 24,653.50               | 24,653.50                    | 24,653.50                            | Completed      |
|   | <b>Subtotal</b>                                    |  |          | <b>95,000.00</b>     | <b>24,653.50</b>        | <b>24,653.50</b>             | <b>24,653.50</b>                     |                |
| HA Wide Administrative Cost                       | Partial salary & benefits of staff involved in CFP | 1410   | 9%       | 61,531.00            | 0.00                    | 0.00                         | 0.00                                 | Delete         |
|   | <b>Subtotal</b>                                    |  |          | <b>61,531.00</b>     | <b>0.00</b>             | <b>0.00</b>                  | <b>0.00</b>                          |                |
| HA Wide Fees & Cost                               | A. A/E Services                                    | 1430   | 100%     | 30,000.00            | 16,300.06               | 16,300.06                    | 16,300.06                            | Completed      |
|   | B. Consulting Services                             | 1430   | 100%     | 20,000.00            | 15,743.00               | 15,743.00                    | 15,743.00                            | Completed      |
|   | <b>Subtotal</b>                                    |  |          | <b>50,000.00</b>     | <b>32,043.06</b>        | <b>32,043.06</b>             | <b>32,043.06</b>                     |                |
| CT 29-1A Morrissey Manor                          | A. Interior renovation                             | 1460   | 8 Units  | 0.00                 | 34,745.00               | 34,745.00                    | 34,745.00                            | Completed      |
|   | <b>Subtotal</b>                                    |  |          | <b>0.00</b>          | <b>34,745.00</b>        | <b>34,745.00</b>             | <b>34,745.00</b>                     |                |

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

| <b>Part II: Supporting Pages</b>                  |  |   |                            |          |                      |   |                                 |                                |                |
|---|--|---|----------------------------|----------|----------------------|---|---------------------------------|--------------------------------|----------------|
| PHA Name:<br>West Haven Housing Authority         |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: CT26P029501-07<br>Replacement Housing Factor Grant No: |                            |          |                      | <b>Federal FFY of Grant:</b><br><b>2007</b> |                                 |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities |  | General Description of Major Work<br>Categories   | Development<br>Account No. | Quantity | Total Estimated Cost |   | Total Actual Cost               |                                | Status of Work |
|   |  |   |                            |          | Original             | Revised <sup>1</sup>                        | Funds Obligated<br><sub>2</sub> | Funds<br>Expended <sup>2</sup> |                |
| CT 29-1B<br>Spring Heights                        |  | A. Interior renovation  | 1460                       | 5 Units  | 0.00                 | 22,767.00                                   | 22,767.00                       | 22,767.00                      | Completed      |
|   |  | B. Replace underground boiler   | 1450                       | 1 Sys    | 0.00                 | 8,596.29                                    | 8,596.29                        | 8,596.29                       | Completed      |
|   |  | <b>Subtotal</b>   |                            |          | <b>0.00</b>          | <b>31,363.29</b>                            | <b>31,363.29</b>                | <b>31,363.29</b>               |                |
| CT 29-3 Union<br>School                           |  | Interior renovation   | 1460                       | 5 Units  | 0.00                 | 22,768.00                                   | 22,768.00                       | 22,768.00                      | Completed      |
|   |  | <b>Subtotal</b>   |                            |          | <b>0.00</b>          | <b>22,768.00</b>                            | <b>22,768.00</b>                | <b>22,768.00</b>               |                |
| CT 29-2/4 Surfside<br>HR                          |  | A. Resurface & seal parking   | 1450                       | 500 SY   | 112,565.00           | 251,274.53                                  | 251,274.53                      | 251,274.53                     | Completed      |
|   |  | B. Reseal bldg connector roof   | 1460                       | 1 bldg   | 43,993.00            | 17,604.00                                   | 17,604.00                       | 17,604.00                      | Completed      |
|   |  | C. Replace heating valves   | 1460                       | 1 Bldg   | 80,000.00            | 0.00  | 0.00                            | 0.00                           | Delete         |
|   |  | D. Interior renovation  | 1460                       | 18 Units | 0.00                 | 28,637.62                                   | 28,637.62                       | 28,637.62                      | Completed      |
|   |  | <b>Subtotal</b>   |                            |          | <b>236,558.00</b>    | <b>297,516.15</b>                           | <b>297,516.15</b>               | <b>297,516.15</b>              |                |
| HA Wide<br>Debt Service                           |  | Annual bond debt obligation reduction   | 9001                       | LS       | 208,000.00           | 208,000.00                                  | 208,000.00                      | 208,000.00                     | Completed      |
|   |  | <b>Subtotal</b>   |                            |          | <b>208,000.00</b>    | <b>208,000.00</b>                           | <b>208,000.00</b>               | <b>208,000.00</b>              |                |
|   |  | <b>Grand Total</b>  |                            |          | <b>721,947.00</b>    | <b>721,947.00</b>                           | <b>721,947.00</b>               | <b>721,947.00</b>              |                |

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

| Part III: Implementation Schedule for Capital Fund Financing Program |   |                               |   |                                |   |
|--|---|-------------------------------|---|--------------------------------|---|
| PHA Name: West Haven Housing Authority                               |   |                               |   |                                | Federal FFY of Grant: 2007                    |
| Development Number<br>Name/PHA-Wide<br>Activities                    | All Fund Obligated<br>(Quarter Ending Date) |                               | All Funds Expended<br>(Quarter Ending Date) |                                | Reasons for Revised Target Dates <sup>1</sup> |
|  | Original Obligation End<br>Date             | Actual Obligation<br>End Date | Original Expenditure<br>End Date            | Actual Expenditure<br>End Date |   |
| HA Wide  | 9/30/07                                     | 9/30/07                       | 9/30/08                                     | 9/30/08                        |   |
| CT 29-1, Spring Heights  | 9/30/07                                     | 9/30/07                       | 9/30/08                                     | 9/30/08                        |   |
| CT 29-2/4 Surfside HR  | 9/30/07                                     | 9/30/07                       | 9/30/08                                     | 9/30/08                        |   |
| CT 29-3 Union School   | 9/30/07                                     | 9/30/07                       | 9/30/08                                     | 9/30/08                        |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |
|  |   |                               |   |                                |   |

<sup>1</sup>Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U. S. Housing Act of 1937, as amended.

