

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <b>Housing Authority of the Town of West Hartford</b> PHA Code: <b>CT-39</b> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: <b>July 1, 2009</b>					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <b>95</b> Number of HCV units: <b>575</b>					
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" 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.)					
	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:  <b>Not Applicable until next submission</b>					
<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.  <b>Not Applicable until next submission</b>					

**PHA Plan Update**

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

6.0

**The WHHA has established the ability to submitted a disposition application for Alfred E. Plant CT 39-1**

**The WHHA has revised its Section 8 Housing Choice Voucher Program preference structure.**

(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.

**Copies of the Housing Agency Plan are available for public review at the Authority's Main Office located at 80 Shield Street, West Hartford, Connecticut. This location is wheelchair accessible.**

**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.**  
*Include statements related to these programs as applicable.*

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	Alfred E. Plant
1b. Development (project) number:	CT 39-1
2. Activity type:	Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<u>(07/01/09)</u>
5. Number of units affected:	95
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: 12/01/09 b. Projected end date of activity: 12/31/11

7.0

The WHHA is seeking removal of Alfred E. Plant from the federal public housing program for purposes of redevelopment of the existing site and long term preservation of the existing units. In addition, an addition to the existing building on the Farmington Avenue edge is planned that would expand the supply of affordable unit in West Hartford by about 40 dwelling units.

**Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to “project-base” any tenant-based Section 8 vouchers in the coming year? If the answer is “no,” go to the next component. If yes, answer the following questions.

In order to promote the development of affordable housing in West Hartford, the WHHA intends to use Project-based Section 8 Housing Choice Vouchers on behalf of itself and other qualified owner/developers to promote preservation of affordable units, expansion of affordable units within mixed income developments and to otherwise maximize the availability in affordable housing in stable locations throughout the Town.

The WHHA anticipates over time using the maximum allowable percentage of its program, which is 20% or roughly a 120 vouchers for project-based purposes. At the current time, the geographic targeting would be along the New Britain Ave and Farmington Ave corridors. These arterials provide access to public transportation and shopping.

Given the overall demographic profile of the Town of West Hartford any census tract would meet site and neighborhood standards and represent an opportunity for deconcentration of poverty.

8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.
8.1	<p><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.</p> <p style="text-align: center;"><b>See Attachment A for the Annual Statement and Attachment B for the Performance and Evaluation Reports</b></p>
8.2	<p><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.</p> <p style="text-align: center;"><b>See Attachment C for copy of Five-Year Action Plan</b></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <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.</p>
9.0	<p><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.</p> <p style="text-align: center;"><b>For an integrated presentation of needs and strategies to address these needs; See Section 10.0 below.</b></p>

**Strategy for Addressing Housing 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. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

**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:**

- a. **Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction**
- b. **Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required**
- c. **Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration**
- d. **Participate in the Consolidated Plan development process to ensure coordination with broader community strategies**

**Strategy 2: Increase the number of affordable housing units by:**

- a. **Apply for additional section 8 units should they become available**
- b. **Leverage affordable housing resources in the community through the creation of mixed - finance housing**
- c. **Pursue housing resources other than public housing or Section 8 tenant-based assistance.**
- d. **Implement Project-based Section 8 Voucher Program consistent with revised statutes.**
- e. **Amend Section 8 Admin Plan to allow and promote use of project-based vouchers at mixed-finance developments.**

**Other Housing Needs & Strategies:**

The Authority will continue to implement a Project-based Section 8 Program (PBV) track designed to work in tandem with other sources of affordable housing finance.

9.1

**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.

**See Attachment D**

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

**The Housing Authority of the Town of West Hartford considers a major change in the content of the HAP for the fiscal year starting 7/1/2009 to consist of one or more the following:**

10.0

1. A decision to submit a major application such as a Demolition/Disposition Application not already identified in the Plan.
2. A decision to request a voluntary conversion of public housing to Section 8 Vouchers.

For this fiscal year, the following actions are NOT to be considered major changes. These matters have been discussed with the RAB as part of the process resulting in the baseline Housing Agency Plan for 2009.

1. Revisions to the Section 8 Administrative Plan to address program integrity, customer service and to implement policies and procedures to improve management of program utilization levels.
2. Revisions to the ACOP to address program integrity and improve customer service.
3. Decisions to open a waiting list for a specific period of time.
4. Changes in the Capital Plan representing less than 50% of the CFP budget.

The WHHA anticipates closure on its recent PHAS troubled agency status prior to the start of the fiscal year 7/1/09. A request has been made to REAC to close-out the MOA.

- 11.0 Required Submission for HUD Field Office Review.** 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. **Note:** Faxed copies of these documents will not be accepted by the Field Office.
- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
  - (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)
  - (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only)
  - (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)
  - (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (PHAs receiving CFP grants only)
  - (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.
  - (g) Challenged Elements
  - (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
  - (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## Instructions form HUD-50075

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### 1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### 2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### 3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

### 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

**7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers**

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

**8.0 Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

**8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

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

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

**8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a 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. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: <b>CT 26-P039-501-09</b>		FFY of Grant: <b>2009</b>	
PHA Name: <b>Housing of the Town of West Hartford</b>		Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 134,897			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 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>				

<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.

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

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

**Part I: Summary**

PHA Name:  
**Housing of the Town of West  
 Hartford**

Grant Type and Number  
**Capital Fund Program Grant No: CT 26-S039-09**  
 Replacement Housing Factor Grant No:  
 Date of CFFP:

FFY of Grant: **2009**  
 FFY of Grant Approval:

Line	Type of Grant	Performance and Evaluation Report for Period Ending:		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
	<input checked="" type="checkbox"/> Original Annual Statement				
	<input type="checkbox"/> Performance and Evaluation Report for Disasters/Emergencies				
	<input type="checkbox"/> Reserve for Disasters/Emergencies				
	<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				
	<input type="checkbox"/> Final Performance and Evaluation Report				
	<b>Summary by Development Account</b>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)		\$ 134,897		
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				
<b>Signature of Executive Director</b>		<b>Signature of Public Housing Director</b>		<b>Date</b>	
				8/13/2009	

<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.





Part I: Summary		Grant Type and Number		FFY of Grant: 2006	
PHA Name: Housing of the Town of West Hartford		Capital Fund Program Grant No: CT 26-P039-501-06 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant	Original	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>	
Line	Summary by Development Account	Total Estimated Cost		Expended	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 14,000	\$ 32,161		13,000
3	1408 Management Improvements	\$ 16,000			
4	1410 Administration (may not exceed 10% of line 21)		\$ 13,000		13,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		\$ 85,249	\$ 85,249	\$ 74,308.66
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>				

Revised Annual Statement (revision no. #3 )  
 Final Performance and Evaluation Report

<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.

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

Part I: Summary

PHA Name:  
**Housing of the Town of West  
 Hartford**

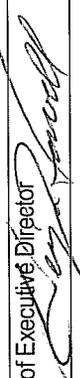
Grant Type and Number  
**Capital Fund Program Grant No: CT 26-S039-501-06**  
 Replacement Housing Factor Grant No:  
 Date of CFFP:

FFY of Grant: **2006**  
 FFY of Grant Approval:

Type of Grant  
 Original Annual Statement  
 Performance and Evaluation Report for Period Ending: 12/08  
 Reserve for Disasters/Emergencies  
 Final Performance and Evaluation Report  
 Revised Annual Statement (revision no. 3 )

Summary by Development Account  
 Original  
 Revised <sup>2</sup>  
 Total Estimated Cost  
 Total Actual Cost <sup>1</sup>  
 Obligated  
 Expended

Line	Original	Revised <sup>2</sup>	Total Actual Cost <sup>1</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Services paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	\$ 8,839			
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 130,249	\$ 130,249	\$ 130,249	\$ 100,308.66
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director  Date 8/13/2009 Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<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 CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.





Part I: Summary		Grant Type and Number Capital Fund Program Grant No: CT 26-P039-501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval:	
Type of Grant	PHA Name: Housing Authority of the Town of West Hartford	Original	Revised <sup>2</sup>	Obligated	Expended
Line	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Expended
	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/08 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Summary by Development Account				
	<input checked="" type="checkbox"/> Revised Annual Statement (revision no. #2 ) <input type="checkbox"/> Final Performance and Evaluation Report				
			Total Estimated Cost		Total Actual Cost <sup>1</sup>
1	Total non-CFFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$ 13,000	\$ 12,568	\$ 12,568	
3	1408 Management Improvements		\$ 20,145		
4	1410 Administration (may not exceed 10% of line 21)	\$ 13,000	\$ 12,072	\$ 12,072	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$104,000	\$ 0		
10	1460 Dwelling Structures		\$ 74,000	\$ 59,887	\$ 59,887
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>				

<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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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		Grant Type and Number Capital Fund Program Grant No: CT 26-S039-501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval:	
PHA Name: <b>Town of West Hartford</b>					
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/08		Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: 12/08		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 ) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup> Expended
18a	1501 Collateralization or Debt Service paid by the PHA	Original			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)		\$ 2,062		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 120,723	\$ 120,723	\$ 59,887	\$ 59,887
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 8/13/2009		Signature of Public Housing Director	
				Date	

<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.





Part I: Summary		Grant Type and Number		FFY of Grant: 2008	
PHA Name: Housing Authority of the Town of West Hartford		Capital Fund Program Grant No: CT 26-P039-501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/08	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/08	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: #1) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost <sup>1</sup>
Line	Summary by Development/Account	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>	\$ 13,000	\$ 134,897		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$ 13,000	0		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$104,897	0		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<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.

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

Part I: Summary

PHA Name: <b>Town of West Hartford</b>	Grant Type and Number <b>Capital Fund Program Grant No: CT 26-S039-501-08 Replacement Housing Factor Grant No: Date of CFFP:</b>	FFY of Grant: <b>2008</b> FFY of Grant Approval:
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Line	Summary by Development Account	Type of Grant			Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated	
		<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Revised Annual Statement (revision no. 3 ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/08 <input type="checkbox"/> Final Performance and Evaluation Report			
		Reserve for Disasters/Emergencies			
		Summary by Development Account			
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)		\$ 2,062		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 134,897			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	Date	Signature of Public Housing Director	Date
	8/13/2009		

<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.





Part I: Summary		Grant Type and Number		FFY of Grant: 2006	
PHA Name: Housing of the Town of West Hartford		Capital Fund Program Grant No: CT 26-R039-501-06		FFY of Grant Approval:	
Date of CFFP:		Replacement Housing Factor Grant No:			
Type of Grant	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Expended
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/08 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no. ) <input type="checkbox"/> Final Performance and Evaluation Report					
Line		Total Estimated Cost	Total Actual Cost <sup>1</sup>		
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 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>	\$12,898			

<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.

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: <b>Housing of the Town of West Hartford</b>	Grant Type and Number <b>Capital Fund Program Grant No: CT 26-R039-501-06</b> Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: <b>2006</b> FFY of Grant Approval:
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/08 Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	
18a	1501 Collateralization or Debt Service paid by the PHA			Expended
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$12,898		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			

Signature of Executive Director 	Date 8/13/2009	Signature of Public Housing Director Date
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<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.





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		Grant Type and Number		FFY of Grant: 2005 FFY of Grant Approval:	
PHA Name: WEST HARTFORD HOUSING AUTHORITY		Capital Fund Program Grant No: Replacement Housing Factor Grant No: CT 26-R039-501-05 Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/>		<input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Line	Summary by Development Account	Original	Revised <sup>2</sup>	Total Estimated Cost	Total Actual Cost <sup>1</sup> Expended
1	Total non-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1483 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	12898			

<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 CFF Grants for operations.

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

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>		FFY of Grant: 2005	
PHA Name: WEST HARTFORD HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: CT 26-R039-501-05 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/08		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 ) <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
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant:: (sum of lines 2 - 19)	12,898	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

<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 CFF Grants for operations.  
<sup>4</sup> RHF funds shall be included here.





Part I: Summary		Grant Type and Number		FFY of Grant: 2007	
PHA Name: Housing of the Town of West Hartford		Capital Fund Program Grant No: CT 26-R039-501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant	Summary by Development Account	Original	Revised <sup>2</sup>	Obligated	Expended
Line		Total Estimated Cost	Total Actual Cost <sup>1</sup>		
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 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>	\$12,898			

Original Annual Statement  
 Performance and Evaluation Report for Period Ending: 12/08  
 Reserve for Disasters/Emergencies  
 Final Performance and Evaluation Report

<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> RH/F funds shall be included here.

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>Grant Type and Number</b>	<b>FFY of Grant: 2007</b>
<b>PHA Name:</b>	<b>Capital Fund Program Grant No: CT 26-R039-501-07</b>	<b>FFY of Grant Approval:</b>
<b>Housing of the Town of West Hartford</b>	<b>Replacement Housing Factor Grant No:</b>	
	<b>Date of CFFP:</b>	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/08	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
			Original	Revised <sup>2</sup>	
18a	<input type="checkbox"/> Reserve for Disasters/Emergencies				
18ba	<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/08	1501 Collateralization or Debt Service paid by the PHA			
19		9000 Collateralization or Debt Service paid Via System of Direct Payment			
20		1502 Contingency (may not exceed 8% of line 20)			
21		Amount of Annual Grant: (sum of lines 2 - 19)	\$12,898		
22		Amount of line 20 Related to LBP Activities			
23		Amount of line 20 Related to Section 504 Activities			
24		Amount of line 20 Related to Security - Soft Costs			
25		Amount of line 20 Related to Security - Hard Costs			

<b>Signature of Executive Director</b>	<b>Date</b>	<b>Signature of Public Housing Director</b>	<b>Date</b>
	4/13/2009		

<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 CFFP Grants for operations.  
<sup>4</sup> RHFF funds shall be included here.





Part I: Summary		Grant Type and Number		FFY of Grant: 2008			
PHA Name: Housing Authority of the Town of West Hartford		Capital Fund Program Grant No: CT 26-P039-501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:			
Type of Grant	<input type="checkbox"/> Original Annual Statement Performance and Evaluation Report for Period Ending: 12/08	<input type="checkbox"/> Reserve for Disasters/Emergencies Summary by Development Account	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: #1 ) Final Performance and Evaluation Report	Total Estimated Cost	Total Actual Cost <sup>1</sup>		
Line				Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>			\$ 13,000	\$ 134,897		
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)			\$ 13,000	0		
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment			\$104,897	0		
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>						

<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 CFFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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		Grant Type and Number Capital Fund Program Grant No: CT 26-S039-501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2008 FFY of Grant Approval:	
PHA Name: <b>Town of West Hartford</b>					
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/08 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Summary by Development Account		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3 ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line		Total Estimated Cost	Revised <sup>2</sup>	Obligated	Total Actual Cost <sup>1</sup>
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)		\$ 2,062		
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$ 134,897	\$ 134,897		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
		8/13/2009			
				Date	

<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.





Capital Fund Program—Five-Year Action Plan

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

Part I: Summary					
PHA Name/Number	Locality (City/County & State)		Revision No:		
Housing Authority of the Town of West Hartford CT39	West Hartford, Connecticut		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
Development Number and Name	Work Statement for Year 1 FFY: 2009	Work Statement for Year 2 FFY: 2010	Work Statement for Year 3 FFY: 2011	Work Statement for Year 4 FFY: 2012	Work Statement for Year 5 FFY: 2013
A.					
B.	Physical Improvements Subtotal	121,897	100,897	100,897	100,897
C.	Management Improvements				
D.	PHA-Wide Non-dwelling Structures and Equipment				
E.	Administration	13,000	13,000	13,000	13,000
F.	Other	21,897	21,000	10,000	10,000
G.	Operations			11,000	11,000
H.	Demolition				
I.	Development				
J.	Capital Fund Financing – Debt Service				
K.	Total CFP Funds				
L.	Total Non-CFP Funds	0	0	0	0
M.	Grand Total	\$134,897	\$134,897	\$134,897	\$134,897

*[Signature]* 9/13/2009



Part II: Supporting Pages – Physical Needs Work Statement(s)		Work Statement for Year: Three FFY 2011		
Work Statement for Year 1 FFY 2009	Work Statement for Year Two FFY 2010	Estimated Cost	Quantity	Estimated Cost
Development Number/Name General Description of Major Work Categories				
See Annual Statement	Alfred E. Plant			
	Heating Plant Upgrade (Co-gen)	30,000	Window Replacement	50,000
	Oil Tank Removal (ARRA)	30,000	Central A/C Installation	50,000
	Security System (ARRA)	30,000		
	Perimeter Fence (ARRA)	10,000		
	Phase II Environmental (ARRA)	20,000		
	Contingency	1,897		
	Administration	13,000		
	A/E	20,000		
	Subtotal of Estimated Cost	<b>134,897</b>	Subtotal of Estimated Cost	<b>100,000</b>

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year Four FFY 2012		Work Statement for Year: Five FFY 2013			
Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement			<b>Alfred E. Plant</b>		
	Parking Lot Repaving	50,000		Bathroom Renewal	50,000
	DHW Upgrade	50,000		Entranceway Upgrades	50,000
Subtotal of Estimated Cost		<b>100,000</b>	Subtotal of Estimated Cost		<b>100,000</b>





# **Statement of Progress Meeting 5-Year Plan Mission & Goals**

During the past year the Housing Authority of the Town of West Hartford continued to make progress in its targeted programs and activities.

## **Accomplishments**

- **The Authority prepared a Physical Needs Assessment (PNA) for Alfred E. Plant that provided a comprehensive assessment of capital needs projected forward over a twenty year period.**
- **A Phase I Environmental Review was prepared for Alfred E. Plant that has resulted in a decision to move forward with a Phase II.**
- **The Authority has completed a Master Plan for Alfred E. Plant that includes an addition of 42 dwelling units.**
- **The Authority has conducted a review of its Section 8 Program administration, which has resulted in several changes to the department's organizational structure.**
- **The Authority has revised its preference structure for its Section 8 Program to support agency objectives.**
- **The Authority has initiated a review of its financial management systems with the objective of improving internal reporting and monitoring of the financial condition of the agency.**

Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PHA Name: Housing of the Town of West Hartford		Capital Fund Program Grant No: CT 26-S039-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval:	
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
Original Annual Statement		Final Performance and Evaluation Report		Final Performance and Evaluation Report	
Performance and Evaluation Report for Period Ending:		Summary by Development Account		Total Actual Cost <sup>1</sup>	
Line		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>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	18,900			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	45,000			
10	1460 Dwelling Structures	91,000			
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>				

<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.

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

**Part I: Summary**

PHA Name:  
**Housing of the Town of West  
Hartford**

Grant Type and Number  
Capital Fund Program Grant No: **CT 26-S039-09**  
Replacement Housing Factor Grant No:  
Date of CFFP:

FFY of Grant: **2009**  
FFY of Grant Approval:

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	
18a	1501 Collateralization or Debt Service paid by the PHA			Expended
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)	9,481		
20	Amount of Annual Grant: (sum of lines 2 - 19)	189,381		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			

Signature of Executive Director  Date **8/13/2009**

Signature of Public Housing Director

Date

<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.





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

Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PHA Name: Housing of the Town of West Hartford		Capital Fund Program Grant No: CT 26-S039-09 Replacement Housing Factor Grant No:		FFY of Grant Approval:	
Date of CFFP:					
Type of Grant	Original	Revised <sup>1</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
<input checked="" type="checkbox"/> Original Annual Statement and Evaluation Report for Period Ending:					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/Emergencies					
<input type="checkbox"/> Summary by Development Account					
<input type="checkbox"/> Revised Annual Statement (revision no: )					
<input type="checkbox"/> Final Performance and Evaluation Report					
<input type="checkbox"/> Total Estimated Cost					
Line	Original	Revised <sup>1</sup>	Obligated	Total Actual Cost <sup>1</sup>	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	18,900			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	45,000			
10	1460 Dwelling Structures	91,000			
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>				

<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.

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

**Part I: Summary**

PHA Name:  
**Housing of the Town of West  
Hartford**

Grant Type and Number  
**Capital Fund Program Grant No: CT 26-S039-09**  
Replacement Housing Factor Grant No:  
Date of CFFP:

FFY of Grant: **2009**  
FFY of Grant Approval:

Type of Grant  Original Annual Statement  Reserve for Disasters/Emergencies )

Performance and Evaluation Report for Period Ending:  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	
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	9,481			
20	Amount of Annual Grant: (sum of lines 2 - 19)	189,381			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<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.





# Statement on Compliance with the Requirements of the Violence against Women Act

The Housing Authority of the Town of West Hartford (WHHA) has completed a review of its major policies and administrative systems for both its Public Housing and its Section 8 Programs against the requirements of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and the recently issued Interim Rule on the Violence Against Women's Act, as amended. The Interim Rule was issued on November 29, 2008.

One of the key aspects of the review was to identify program requirements that might result in impediments for VAWA households in terms of their program participation.

This review confirmed that the WHHA already has administrative systems that allow for applicants and program participants to identify mitigating circumstances for both the public housing and Section 8 Program. Language has been developed to clarify that among the types of mitigating information documentation of the applicant or program participant being a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified.

This expansion of the notion of mitigating information covers applicant screening, lease compliance and in the case of the Section 8 Program actions that might otherwise result in program termination. In situations in which the abuser is currently part of the household, the WHHA is considering policy changes that would facilitate bifurcation of assistance and may establish such a policy in the future. The WHHA is also considering a change to its Section 8 Program to give both a priority to a WHHA public housing resident who is qualified under VAWA definitions and at risk in their current unit as well as a general preference for victims of domestic abuse as defined under VAWA.

The PHA has adopted reasonable procedures for verification of status under VAWA using form HUD 50066 , by police report or court record, or by other certifying documentation provided by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance

Program participants have been notified of rights under VAWA.

WHHA has not implemented any special supportive service programs for victims of domestic violence nor entered into any Memorandum of Agreement with local service providers. Information on referrals to local service providers that work with domestic abuse victims has been made available to staff.