

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

PHA Plans

Annual Plan for Fiscal Year 2009

Approved at the Board of Commissioners Meeting
September 30, 2008

PHA Plan Agency Identification

PHA Name: Hialeah Housing Authority

PHA Number: FL066

PHA Fiscal Year Beginning: 01/01/2009

PHA Programs Administered:

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

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

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

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2009
[24 CFR Part 903.5]

A. Mission

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

The Hialeah Housing Authority is dedicated to providing this community with quality, affordable housing that is decent, sanitary and safe to eligible families. We shall serve our clients and all citizens with the highest level of professionalism, compassion and respect.

B. Goals

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

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - 1. As NOFAs become available.**
 - Reduce public housing vacancies:
 - 1. Attain High Performer Status**
 - 2. Increase customer satisfaction by conducting Resident Satisfaction Surveys.**
 - 3. Initiate funding and land acquisition to provide additional affordable housing.**

- Leverage private or other public funds to create additional housing opportunities:
- Acquire or build units or developments
- Other (list below)

- PHA Goal: Improve the quality of assisted housing
Objectives:
 - Improve public housing management: (PHAS score)
 - 1. Attain “High Performer” Status**
 - Improve voucher management: (SEMAP score)
 - 1. Achieve 80% score at 12/31/2005**
 - 2. Achieve 85% score at 12/31/2006**
 - 3. Achieve 90% score at 12/31/2007**
 - 4. Achieve 90% score at 12/31/2008**
 - 5. Achieve 90% score at 12/31/2009**
 - Increase customer satisfaction:

By monitoring customer satisfaction through Resident Satisfaction Surveys.

 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)

- PHA Goal: Increase assisted housing choices
Objectives:
 - Provide voucher mobility counseling:
 - 1. When applicants are issued a voucher**
 - Conduct outreach efforts to potential voucher landlords
 - 1. Annual mail-out to new landlords requesting participation in the Section 8 Program.**
 - 2. Participate in local homeownership workshops sponsored by City of Hialeah and other housing authorities.**
 - 3. HHA conducts a landlord summit on an annual basis.**
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

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

- PHA Goal: Provide an improved living environment
- Objectives:
- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
HHA will gather and analyze data, at least annually, on tenants' characteristics regarding income, for each development to assist in the HHA's deconcentration efforts. Flat rents are in place for all HHA's developments to help attract higher income families and create a broad range of incomes and a more diverse tenant body.
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - Implement public housing security improvements:
 - 1. Strict screening of applicants.**
 - 2. Strict enforcement of "One Strike" Policy.**
 - 3. Realize physical implements using CFP funds to implement crime prevention through environmental design principals.**
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
The application for Designation of Public Housing for Occupancy by Elderly Families and Near Elderly Families for FY2008 has been approved. Currently applying for extension.
 - Other: (list below)

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- Increase the number and percentage of employed persons in assisted families:
Pursuing partnerships with technical schools, community college and job placement entities to provide employability skills, on- the-job training and basic skills for youth and adult seeking employment
 - Provide or attract supportive services to improve assistance recipients' employability:
Partner with local One Stop Centers and the South Florida Workforce to provide welfare-to-work services to residents. Seek agreements with service providers of the Wages Program to provide

- Entrepreneurial Training to Wages Recipients residents in addition to the Services and Programs we are currently providing.**
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
HHA has developed interagency agreements with 3 social service agencies to provide services to this population. They are 1) the Citrus Health Network, Inc. 2) Spinal Cord Living Assistance Development, Inc. and the 3) Stein Gerontological Institute.
- Other: (list below)

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

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:
 - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
HHA’s Admissions and Continued Occupancy Policies and the Section 8 Administrative Plan assures any family the opportunity to apply for housing, and any qualified applicant the opportunity to lease housing suitable to its needs.
 - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
HHA provides information to all applicants during the family briefing session, regarding discrimination and any recourse available to them if they are victims of discrimination. Fair Housing information and Discrimination Complaint Forms are made part of the applicant’s briefing packet.
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
HHA will grant exceptions to occupancy standards, upon request, to accommodate requests from persons with disabilities. HHA has units designated and constructed specifically to meet the needs of persons requiring the use of wheelchairs and persons requiring other modifications.
 - Other: (list below)
Provided diversity training to all staff.

Other PHA Goals and Objectives: (list below)

**Annual PHA Plan
PHA Fiscal Year 2009**

[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

The Hialeah Housing Authority's Plan has been designed based on an extensive needs' assessment drawn from analysis on data collected from tenants and applicants in our programs, criminal statistics, resident's surveys, and meetings with both our partners and residents. Based on this, we have drawn a five year plan that vows to maintain a dynamic and developmental approach that will be modified, if necessary, on a yearly basis as we continue to bring in new services to respond to any newly identified need. The Hialeah Housing Authority recognizes that approaches might have to be modified in order to achieve our goals, and will constantly seek new avenues to respond to our resident's needs in these challenging times.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration
- FY 2009 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- List of Resident Advisory Board Members
- List of Resident Board Member
- Community Service Description of Implementation
- Information on Pet Policy
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

Optional Attachments:

- PHA Management Organizational Chart
- FY 2009 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial</i>	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	<i>Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	Administrative Plan	
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	8,700	5	5	N/A	N/A	5	Hialeah
Income >30% but <=50% of AMI	6,500	5	5	5	N/A	5	Hialeah
Income >50% but <80% of AMI	7,600	2	1	2	N/A	4	Hialeah
Elderly	5,400	5	5	5	N/A	5	Hialeah
Families with Disabilities	N/A	5	N/A	N/A	N/A	4	Hialeah
Race/Ethnicity	N/A	5	4	5	N/A	N/A	Hialeah
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	Hialeah
Race/Ethnicity	N/A	1	3	5	N/A	N/A	Hialeah
Race/Ethnicity	N/A	4	3	4	N/A	N/A	Hialeah

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 - 2010
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input 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	13,728		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	8,073		
Elderly families	4,773		
Families with Disabilities	882		
Race/ethnicity (White)	13,393		
Race/ethnicity (Hispanic)	5,444		
Race/ethnicity (Black)	327		
Race/ethnicity (Mix)	7		

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
0BR	2,813		
1BR	5,163		
2 BR	4,417		
3 BR	1,229		
4 BR	84		
5 BR	7		
5+ BR	0		
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 07/2008 Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

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)

HHA continues to implement a Flat Rent Policy and a Financial Hardship Policy for Public Housing residents.

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)
Designated Public Housing for the Elderly

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 **by notifying such agencies when HHA applications open.**
- Other: (list below)
Targeted vouchers for disabled individuals on Public Housing waiting list.

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)

HHA waiting list analysis

There are presently 13,713 applicants in the Public Housing waiting list and 252 applicants in the Section 8 waiting list.

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2009 grants)		
a) Public Housing Operating Fund	3,178,155	PH Operations
b) Public Housing Capital Fund	1,430,600	PH Improvements
c) HOPE VI Revitalization	-0-	N/A
d) HOPE VI Demolition	-0-	NA
e) Annual Contributions for Section 8 Tenant-Based Assistance	31,535,288	S8 HAP & Operations
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	37,981 70,225	PH Ross Grant S8 FSS Coordinators
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	3,010,006	PH Operations
4. Other income (list below)		
Interest Earned	85,805	PH Operations
Other Income	174,074	PH Operations
4. Non-federal sources (list below)		
City School Bus	30,265	PH Operations
Total resources	39,552,399	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

Families are placed in the eligibility pool and processed in accordance with current and expected vacancies

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe)

Credit History

c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

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

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

Location is specified in advertising when list is opened

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

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

(3) Assignment

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
 - One
 - Two
 - Three or More
- b. Yes No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

- a. Income targeting:
 - Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

- The PHA-resident lease
- The PHA’s Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)
HUD Brochures

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list)

(6) Deconcentration and Income Mixing

a. Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. Yes No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- Adoption of site based waiting lists
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

d. Yes No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments

- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)

Verify accuracy of family composition and income.

Verify Credit

b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Criminal or drug-related activity
- Other (describe below)

(2) Waiting List Organization

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

- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

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

- PHA main administrative office
- Other (list below)

The HHA will publicize the opening of its waiting list in a newspaper of general circulation giving reference to date, time and location of where to apply.

(3) Search Time

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

If yes, state circumstances below:

Upon request participants are granted up to two 30 day extensions for a maximum of 120 days total.

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)
 - a) **1 person 62 or older (10 pts)**
 - b) **Families consisting of elderly head and spouse; or elderly head and near elderly spouse; or near elderly head and elderly spouse. (10 pts)**
 - c) **Families qualifying for a 1 bedroom unit where at least 1 person is disabled and none are elderly (10 pts)**
 - d) **Residency preference where all family members resides in the United States of America at the time of the application. (5 pts)**

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)
 1. **a) 1 person 62 or older (10 pts) b) Families consisting of elderly head and spouse; or elderly head and near elderly spouse; or near elderly head and elderly spouse. (10 pts) c) Families qualifying for a 1 bedroom unit where at least 1 person is disabled and no one are elderly (10 pts)**
 2. **Residency preference where all family members resides in the United States of America at the time of the application. (5 pts)**

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

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

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

HUD Brochures

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

- Through published notices
 Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

HHA will offer a repayment agreement to the family for any minimum rent not paid during the temporary hardship period. HHA will evaluate each case individually and if HHA determines that there is a qualifying long-term or permanent hardship; HHA will then exempt the family from the minimum rent requirements.

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

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

Other (describe below)

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 95th percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \$50.00
- Other (list below)

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually

- Other (list below)
As needed, not less than annually

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

- Success rates of assisted families
 Rent burdens of assisted families
 Other (list below)
Rent Reasonableness studies funding

(2) Minimum Rent

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

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

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use “NA” to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	1,087	60
Section 8 Vouchers	3,352	200
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	1915 C 14 PH Disabled 149 FUP 135	17
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)	N/A	

C. Management and Maintenance Policies

List the PHA’s public housing management and maintenance policy documents, manuals and handbooks that contain the Agency’s rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
 - Admission Continual Occupancy Plan (ACOP)**
 - Grievance Procedures**
 - Pet Policy**
 - Maintenance Procedures**
 - Quality Control Procedures**
 - Disaster Preparedness Plan**

(2) Section 8 Management: (list below)

Section 8 Administrative Plan

HHH Personnel Policy

Code of Federal Regulations (24 CFR)

Federal State and Local Fair Housing Laws and Regulations

Housing Choice Voucher Program Guidebook

Section 8 HAP Contract

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

1. Yes No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

After exhausting the informal conference procedures, a complainant shall be entitled to a hearing before a hearing officer.

The Head of household or other adult household member must attend the hearing.

If re-scheduling of the hearing is necessary, the hearing must be re-scheduled at least 48 hours in advance of the scheduled hearing time or the complainant waives their right to a hearing.

If the complainant fails to appear within 15 Minutes of the scheduled time, the complainant waives their right to a hearing.

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

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

B. Section 8 Tenant-Based Assistance

1. Yes No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

Section 8 Administrative Manual – Chapter 16 part III (page 16-11)– Informal Reviews and Hearing

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at **Attachment FL 06608v01**

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

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

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

Yes No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name/s below:

Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
If yes, list developments or activities below:

Yes No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

Yes No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: 1b. Development (project) number: FL29-P066-01-004
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 0
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: 06/30/2009 b. Projected end date of activity: 12/31/2009

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

Designation of Public Housing Activity Description
1a. Development name: Vernon Ashley Plaza 1b. Development (project) number: FL29-PO66-001
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (7/13/01)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 199 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Holland Hall 1b. Development (project) number: FL29-PO66-002
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (7/13/01)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 101 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description	
1a. Development name:	Vivian Villas
1b. Development (project) number:	FL29-PO66-003
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(7/13/01)</u>
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	100
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description	
1a. Development name:	Milander Manor
1b. Development (project) number:	FL29-PO66-006
2. Designation type:	Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(7/13/01)</u>
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:	60
7. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: La Esperanza 1b. Development (project) number: FL29-PO66-008
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(7/13/01)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 80 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Designation of Public Housing Activity Description
1a. Development name: Ruth A. Tinsman Pavillion 1b. Development (project) number: FL29-PO66-020
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(7/13/01)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 100 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	
<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved:	

<input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:)
<input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:)
<input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent
<input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units
<input type="checkbox"/> Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

2. Activity Description

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

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

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

- Yes No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants
 26 - 50 participants
 51 to 100 participants
 more than 100 participants

b. PHA-established eligibility criteria

Yes No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

Must be an FSS participant

Homeownership must be included as goal in FSS contract.

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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

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

The Hialeah Housing Authority will continue to use the local One Stop Center for resource and referral. The goal is to avoid duplication of services while enhancing the tenant's opportunities towards self sufficiency.

The Hialeah Housing Authority partners with social service agencies to bring job seekers government services and resources. The HHA will conduct bi-annual job fairs, monthly employment preparation workshops and basic computer classes. With the goal of removing barriers to work and helping tenants achieve self sufficiency.

In accordance with notice of Public Housing 2003-22, the HHA is requesting costs for salary and fringe benefits for an Elderly/Disabled Coordinator.

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Opening Doors To Job Success (Monthly meeting, used to educate residents on how to obtain and maintain employment).</i>	<i>25.35 per month</i>	<i>Residents of Public Housing and Section 8</i>	<i>One site at PHA.</i>	<i>Residents of Public Housing and Section 8.</i>
<i>Basic Computer Skills</i>	<i>30</i>	<i>Residents of Public Housing and Section 8</i>	<i>Vivian Villas/Ruth Tinsman</i>	<i>Residents of Public Housing and Section 8.</i>

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 08/08/08)
Public Housing	23	26
Section 8	72	139

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

If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

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

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

The Hialeah Housing Authority has a Memorandum of Understanding with the South Florida Workforce. Residents are referred to the local One Stop Centers for employment opportunities and training needs.

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

Hoffman Gardens
Donald Scott Villas

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

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

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

Police Officer in Residence Program

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

- Donald Scott Villas**
- Hoffman Gardens**
- James Bright Villas**
- Dale Bennett Villas**
- Raul L. Martinez Pavilion**

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

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

All

D. Additional information as required by PHDEP/PHDEP Plan

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

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

E. Violence Against Women Act (VAWA)

1. The PHA is complying with the statutory requirements pursuant to the U.S. Housing Act of 1937 Section 5A as amended in Section 603 of VAWA 2005 (relating to goals, activities, objectives, policies or programs that will enable a PHA to serve the needs of child and adult victims of domestic violence) by: (select all that apply)
 - Informing residents of the VAWA Violence against Women Act
 - Establishing a protocol of exchange of information with agencies that are against domestic violence.

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. Yes No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))? (If no, skip to component 17.)
2. Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes No: Were there any findings as the result of that audit?
4. Yes No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain? _____
5. Yes No: Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)
 - Not applicable
 - Private management
 - Development-based accounting
 - Comprehensive stock assessment
 - Other: (list below)
The Hialeah Housing Authority will consider implementing the safe harbor rules for the Phase in of its management fees, as outlined in PH Notice 2007-9

3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
 - Attached at Attachment (File name)
 - Provided below:

3. In what manner did the PHA address those comments? (select all that apply)
 - Considered comments, but determined that no changes to the PHA Plan were necessary.
 - The PHA changed portions of the PHA Plan in response to comments
List changes below:
 - Other: (list below)

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

- 1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

- 2. Yes No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

- 1. Consolidated Plan jurisdiction: (provide name here)

- 2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

- ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☒ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- **The Hialeah Housing Authority implements a family self-sufficiency program for the Section 8 Housing Voucher Program and the Public Housing Program serving over 150 families moving low income families from government dependence to work and self-sufficiency.**
 - **The Hialeah Housing Authority operates a child and adult day care center providing day care services for 73 children and 53 adults of very low and low income families.**
 - **The Hialeah Housing Authority operates a comprehensive transportation program for low and very low-income elderly/persons with disabilities in the City of Hialeah and provides services to 1780 unduplicated persons per year. The program provides daily grocery shopping trips for 30 persons per day, a minimum of one hundred and fifty (150) persons are served every week. In addition, the program provides for weekly field trips that include but are not limited to: theaters, restaurants, circus, flea markets and shopping excursions. There are thirty (30) persons per activity, and four (4) field trips per week for a total of 120 persons participating per week. Participation is on a “first come first serve” basis. In addition, the Hialeah Housing Authority provides transportation services for the congregate and homebound meals program around the 9 congregate dining sites at the Hialeah Housing Authority properties.**
 - **The Hialeah Housing Authority has been operating the Hot Lunch Program in the City of Hialeah since 1972, and services all of the City of Hialeah. Under the current contract the Hialeah Housing Authority serves an average of 410 meals per day at 9 congregate dining sites throughout the City of Hialeah under Congregate Meals (OAA Title IIIC-1). The sites include:**
 1. **Vernon Ashley Plaza – 70 East 7th Street, Hialeah**
 2. **Holland Hall – 555 East 1st Avenue, Hialeah**
 3. **Vivian Villas – 4650 West 12th Avenue, Hialeah**
 4. **Patterson Pavillion – 1875 West 44th Place, Hialeah**
 5. **Esperanza - 1770 West 44th Place, Hialeah**
 6. **Milander Manor – 815 West 75th Street, Hialeah**
 7. **Ruth A. Tinsman Pavillion – 6545 West 24th Avenue, Hialeah**
 8. **Victor Wilde – 5405 W. 18 Lane, Hialeah**
 9. **Villa Aida – 20 W. 6 Street, Hialeah**

And, through Homebound Delivered Meals (OAA Title IIIC-2) the Hialeah Housing Authority serves 400 meals per day throughout the City of Hialeah.

- **The Hialeah Housing Authority is administering a total of 6,366 units that include: public housing units, non-subsidized apartments, Section 8 Housing Choice Rental Vouchers and a project-based Section 8 development. Through the Housing Choice Voucher Program the Hialeah Housing Authority has applied for and received Vouchers for special populations that include: Vouchers for Family Self-Sufficiency, Family Unification, Persons with Disabilities, 1915 C Medicaid Waiver Recipients, and, Non-Elderly Handicapped in Support of Elderly Designated Housing. And, through the Public Housing Program the Hialeah Housing Authority has received approval for the designation of 640 public housing units as all elderly.**
- **The Hialeah Housing Authority submitted an application to HUD and was approved to dispose of vacant Public Housing land to develop 35 affordable housing units for the elderly. The Hialeah Housing Authority has submitted a revised disposition application which is pending approval. The Hialeah Housing is in the process of securing financing for the development.**

Other: (list below)

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

The City of Hialeah's Consolidated Plan identified all of the aforementioned programs and services being operated by the Hialeah Housing Authority in the needs assessment of the City of Hialeah.

D. Other Information Required by HUD

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

Attachments

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

FL06601v01	Annual Plan 2009 and Five Year Plan 2005-2009
FL06602v01	Annual Statement Progress
FL06603v01	CFP 2004
FL06604v01	CFP 2005
FL06605v01	CFP 2006
FL06606v01	CFP 2007
FL06607v01	CFP 2008
FL06608v01	CFP 2009
FL06609v01	Community Service
FL06610v01	Deconcentration Policy
FL06611v01	Pet Policy - Elderly
FL06612v01	Pet Policy - Family
FL06613v01	PH Conversion Assessment
FL06614v01	Resident Advisory Board
FL06615v01	Resident Commissioner
FL06616v01	Board of Commissioners
FL06617v01	Organization Chart

Capital fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part I: Summary					
PHA Name: Hialeah Housing Authority				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Work Statement for Year 1 FFY Grant: PHA FY: 2010	Work Statement for Year 2 FFY Grant: PHA FY: 2011	Work Statement for Year 3 FFY Grant: PHA FY: 2012	Work Statement for Year 4 FFY Grant: PHA FY: 2013	Work Statement for Year 5 FFY Grant: PHA FY: 2014
FL29-P066-001 / ASHLEY PLAZA	\$ 20,000.00	\$ 300,000.00	\$ 150,000.00	\$ 318,000.00	\$ 0.00
FL29-P066-002 / HOLLAND HALL	\$ 20,000.00	\$ 0.00	\$ 75,000.00	\$ 108,000.00	\$ 0.00
FL29-P066-003 / VIVIAN VILLAS	\$ 120,000.00	\$ 0.00	\$ 75,000.00	\$ 364,000.00	\$ 0.00
FL29-P066-004 / HOFFMAN GARDENS	\$ 770,000.00	\$ 606,000.00	\$ 630,000.00	\$ 0.00	\$ 1,350,000.00
FL29-P066-005 / SEMINOLA VILLAS	\$ 120,000.00	\$ 0.00	\$ 0.00	\$ 253,000.00	\$ 0.00
FL29-P066-006 / MILANDER MANOR	\$ 20,000.00	\$ 0.00	\$ 0.00	\$ 102,000.00	\$ 0.00
FL29-P066-008 / LA ESPERANZA	\$ 280,000.00	\$ 0.00	\$ 101,000.00	\$ 0.00	\$ 0.00
FL29-P066-010 / BRIGHT VILLAS	\$ 20,000.00	\$ 95,000.00	\$ 165,000.00	\$ 6,500.00	\$ 100,000.00
FL29-P066-012 / DALE BENNETT	\$ 220,000.00	\$ 89,000.00	\$ 50,000.00	\$ 0.00	\$ 100,000.00
FL29-P066-016 / MARTINEZ PAVILION	\$ 182,500.00	\$ 130,000.00	\$ 205,000.00	\$ 7,500.00	\$ 120,000.00
FL29-P066-020 / RUTH TINSMAN	\$ 207,000.00	\$ 0.00	\$ 120,000.00	\$ 4,000.00	\$ 0.00
FL29-P066-021 / PROJECT 21	\$ 42,000.00	\$ 0.00	\$ 10,000.00	\$ 0.00	\$ 61,000.00
9000 Collateralization or Debt Service	\$ 438,672.00	\$ 438,672.00	\$ 438,672.00	\$ 438,672.00	\$ 438,672.00
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

Capital fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages - Work						
Activities						
Activities for Year 1	Activities for Year: 2010 FFY Grant: PHA FY:			Activities for Year: 2011 FFY Grant: PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	ASHLEY PLAZA / FL29-P066-001	SECURITY IMPROVEMENT	\$20,000.00	ASHLEY PLAZA / FL29-P066-001	PAINT EXTERIOR	\$100,000.00
	HOLLAND HALL / FL29-P066-002	SECURITY IMPROVEMENT	\$20,000.00		NEW ROOF	\$200,000.00
	VIVIAN VILLAS / FL29-P066-003	SECURITY IMPROVEMENT	\$20,000.00	HOLLAND HALL / FL29-P066-002		\$0.00
		COURTYARD IMPROVEMENT	\$100,000.00	VIVIAN VILLAS / FL29-P066-003		\$0.00
	HOFFMAN GARDENS / FL29-P066-004	RECREATION UPGRADE	\$50,000.00	HOFFMAN GARDENS / FL29-P066-004	BATH/KITCHEN CABINETS	\$600,000.00
		REPLACE DOORS	\$500,000.00		REPLACE WINDOWS	\$1,000,000.00
		SECURITY IMPROVEMENT	\$20,000.00		REPLACE DOORS	\$500,000.00
		PAINT UNITS	\$200,000.00	SEMINOLA VILLAS / FL29-P066-005		\$0.00
	SEMINOLA VILLAS / FL29-P066-005	BATH/KITCHEN CABINETS	\$100,000.00	MILANDER MANOR / FL29-P066-006		\$0.00
		SECURITY IMPROVEMENT	\$20,000.00	LA ESPERANZA / FL29-P066-008		\$0.00
	MILANDER MANOR / FL29-P066-006	SECURITY IMPROVEMENT	\$20,000.00	BRIGHT VILLAS / FL29-P066-010	PAINT INTERIOR	\$45,000.00
	LA ESPERANZA / FL29-P066-008	PAINT INTERIOR	\$45,000.00		NEW WINDOWS	\$50,000.00
		CABINET REPLACEMENT	\$130,000.00	DALE BENNETT / FL29-P066-012	NEW WINDOWS	\$50,000.00
		PAINT EXTERIOR	\$65,000.00		PAINT INTERIOR	\$39,000.00
		DOOR SEALS	\$20,000.00	MARTINEZ PAVILION / FL29-P066-016	NEW A/C UNITS	\$130,000.00
		SECURITY IMPROVEMENT	\$20,000.00	RUTH TINSMAN / FL29-P066-020		\$0.00
	BRIGHT VILLAS / FL29-P066-010	SECURITY IMPROVEMENT	\$20,000.00	PROJECT 21 / FL29-P066-021		\$0.00

2010 – 2011 Continuation

Activities for Year 1	Activities for Year: 2010 FFY Grant: PHA FY:			Activities for Year: 2011 FFY Grant: PHA FY:		
	DALE BENNETT / FL29-P066-012	STAIRWELL REPLACEMENT	\$200,000.00			
		SECURITY IMPROVEMENT	\$20,000.00			
	MARTINEZ PAVILION / FL29-P066-016	MAILBOX REPLACEMENT	\$2,500.00			
		KITCHEN CABINET REPLACEMENT	\$160,000.00			
		SECURITY IMPROVEMENT	\$20,000.00			
	RUTH TINSMAN / FL29-P066-020	PAINT COMMON AREAS	\$37,000.00			
		REPLACE APPLIANCES	\$50,000.00			
		SECURITY IMPROVEMENT	\$20,000.00			
		RETILE UNITS	\$100,000.00			
	PROJECT 21 / FL29-P066-021	SECURITY IMPROVEMENT	\$20,000.00			
		PAINT EXTERIOR	\$22,000.00			
	9000 Collateralization or Debt Service		\$438,672.00	9000 Collateralization or Debt Service		\$438,672.00
	Total CFP Estimated Cost		\$2,460,172.00			\$3,152,672.00

Capital fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages - Work
Activities

Activities for Year: 2012			Activities for Year: 2013		
FFY Grant:			FFY Grant:		
PHA FY:			PHA FY:		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
ASHLEY PLAZA / FL29-P066-001	RETILE UNITS	\$150,000.00	ASHLEY PLAZA / FL29-P066-001	NEW DOORS	\$150,000.00
HOLLAND HALL / FL29-P066-002	RETILE UNITS	\$75,000.00		REPAINT UNITS	\$120,000.00
VIVIAN VILLAS / FL29-P066-003	RETILE UNITS	\$75,000.00		REPAINT COMMON AREAS	\$48,000.00
HOFFMAN GARDENS / FL29-P066-004	RETILE UNITS	\$250,000.00	HOLLAND HALL / FL29-P066-002	DOOR SEALS	\$12,000.00
	SECURITY FENCE	\$280,000.00		PAINT UNITS	\$60,000.00
	REPLACE APPLIANCES	\$100,000.00		PAINT COMMON AREAS	\$36,000.00
SEMINOLA VILLAS / FL29-P066-005		\$0.00	VIVIAN VILLAS / FL29-P066-003	DOOR SEALS	\$12,000.00
MILANDER MANOR / FL29-P066-006	RETILE UNITS	\$0.00		PAINT UNITS	\$60,000.00
LA ESPERANZA / FL29-P066-008	RETILE UNITS	\$101,000.00		PAINT COMMON AREAS	\$42,000.00
BRIGHT VILLAS / FL29-P066-010	REPLACE APPLIANCES	\$55,000.00		NEW ROOF	\$250,000.00
	NEW A/C UNITS	\$110,000.00	HOFFMAN GARDENS / FL29-P066-004		\$0.00
DALE BENNETT / FL29-P066-012	REPLACE APPLIANCES	\$50,000.00	SEMINOLA VILLAS / FL29-P066-005	IRRIGATION SYSTEM	\$100,000.00
MARTINEZ PAVILION / FL29-P066-016	REPLACE APPLIANCES	\$65,000.00		DOOR SEALS	\$15,000.00
	NEW ROOF	\$140,000.00		PAINT EXTERIOR	\$60,000.00
RUTH TINSMAN / FL29-P066-020	NEW ROOF	\$120,000.00		PAINT INTERIOR	\$78,000.00
PROJECT 21 / FL29-P066-021	PARKING LOT IMPROVEMENTS	\$10,000.00	MILANDER MANOR / FL29-P066-006	PAINT UNITS	\$42,000.00
				PAINT COMMON AREAS	\$24,000.00
				PAINT EXTERIOR	\$36,000.00
			LA ESPERANZA / FL29-P066-008		\$0.00

Capital fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part II: Supporting Pages - Work Activities					
Activities for Year: 2014					
FFY Grant:					
PHA FY:					
Development Name/Number	Major Work Categories	Estimated Cost			
ASHLEY PLAZA / FL29-P066-001		\$0.00			
HOLLAND HALL / FL29-P066-002		\$0.00			
VIVIAN VILLAS / FL29-P066-003		\$0.00			
HOFFMAN GARDENS / FL29-P066-004	REPLACE UNITS	\$750,000.00			
	PAINT EXTERIOR	\$100,000.00			
	NEW OFFICE	\$500,000.00			
SEMINOLA VILLAS / FL29-P066-005		\$0.00			
MILANDER MANOR / FL29-P066-006		\$0.00			
LA ESPERANZA / FL29-P066-008		\$0.00			
BRIGHT VILLAS / FL29-P066-010		\$100,000.00			
DALE BENNETT / FL29-P066-012		\$100,000.00			
MARTINEZ PAVILION / FL29-P066-016		\$120,000.00			
RUTH TINSMAN / FL29-P066-020		\$0.00			
PROJECT 21 / FL29-P066-021	NEW CABINETS	\$50,000.00			
	MAILBOX REPLACEMENT	\$1,000.00			
	FLOOR REPLACEMENT	\$10,000.00			
9000 Collateralization or Debt Service		\$438,672.00			
Total CFP Estimated Cost		\$2,169,672.00			

ANNUAL STATEMENT PROGRESS IN MEETING 5 YEAR PLAN MISSION AND GOALS

The Hialeah Housing Authority “HHA” has crafted its 5 Year action Plan for Capital Fund with an emphasis on infrastructure improvements, tenant safety, and resident satisfaction. Hurricane panels will be installed at several developments. Elevator modernization and the installation of a new generator at La Esperazana are scheduled as well as stairwell and handrail replacement. These investments will help ensure a solid infrastructure for all Hialeah Housing Authority properties.

Responding to tenant surveys, the Hialeah Housing Authority has included funds for security improvements at all sites. With additional lighting, surveillance equipment, and security fencing the administration hopes to create the safest environment possible for its tenants.

Several building exteriors will be repainted. The Hialeah Housing Authority strives to ensure that all Public Housing developments instill a sense of pride and ownership on the part of our tenants. The goal is to ensure that the developments look not only as good as neighboring privately owned property, but superior to the properties in the surrounding area.

Improvements to the units themselves include appliance replacement, cabinet replacement, and electrical upgrades. The HHA’s goal is to retire older appliances on a cycle basis to reduce maintenance costs and tenant inconvenience and to increase energy efficiency. Tub and toilet replacement will reduce water consumption.

The Hialeah Housing Authority has also included items that respond to tenant concerns such as budgeting to repaint all unit interiors on a five year cycle and the re-tiling of the unit interiors at several sites.

The Capital Fund Program has proven to be a valuable source of funding to the Hialeah Housing Authority in the past. The HHA has completed renovations at Donald Scott Villas which was one of our least eye-appealing developments. Today, this development stands as one of our nicest with new roofs, new windows, new doors, new hurricane shutters, new gutters, and new electrical panels and wiring. Furthermore, the HHA is finalizing work on the improvements to Hoffman Gardens. Using Capital Fund dollars from multiple funding cycles, these 200 townhouse-style units are being completely redone incorporating elements of Crime Prevention by Environmental Design and converting an unappealing property into the best looking development in the area. The bath tub replacement and bathroom renovations in the elderly units is well underway and has proven a valuable quality of life improvement for our residents.

The Five Year Plan crafted by the HHA addresses infrastructure, security, and tenant satisfaction. The Hialeah Housing Authority has worked to ensure that the Capital Fund dollars at its disposal are invested in a manner that ensures that the HHA will be able to provide safe, decent, and affordable housing to its tenants today, tomorrow, and into the foreseeable future.

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number		Development Name		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	0 _____	1 _____	2 <u>0</u>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	3 <u>0</u>	4 <u>0</u>	5 <u>0</u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	5+ _____		Total Current Units
Section 23, Bond Financed <input type="checkbox"/>					Urgency of Need (1-5)
General Description of Needed Physical Improvements					

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	
Per Unit Hard Cost	\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

HA Name	HIALEAH HOUSING AUTHORITY	<input checked="" type="checkbox"/> Original	
		<input type="checkbox"/> Revision Number _____	
Development Number	Development Name	DOFA Date or Construction Date _____	

Development Type:		Occupancy Type:		Structure Type:		Number of Buildings	Number of Vacant Units
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>		N/A
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution	
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0 _____ 1 _____ 2 _____	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3 _____ 4 _____ 5 _____	Units
Section 23, Bond Financed	<input type="text"/>					5+ _____	
General Description of Needed Physical Improvements							Urgency of Need (1-5)

HA-WIDE Site:

None

ON-DEMAND Mechanical and Electrical:

ON-DEMAND Building Exterior:

ON-DEMAND Dwelling Units:

None

HA-WIDE Dwelling Equipment:

None

HA-WIDE Interior Common Areas:

None

HA-WIDE Site-Wide Facilities:

None

HA-WIDE Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements N/A

Per Unit Hard Cost N/A

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number FL29-P066-001	Development Name ASHLEY PLAZA	DOFA Date or Construction Date October 30, 1969
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Development Type: Rental <input checked="" type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/> Elderly <input checked="" type="checkbox"/> Mixed <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input checked="" type="checkbox"/>	Number of Buildings 1	Number of Vacant Units 3
Current Bedroom Distribution			1.50%	
0 <u>153</u> 1 <u>46</u> 2 <u>0</u>			Total Current	
3 <u>0</u> 4 <u>0</u> 5 <u>0</u>			Units	
5+ <u>0</u> 1 non dwelling			200	

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:

Security fence
Re-seal and re-stripe parking

2
2

Mechanical and Electrical:

Elevators/ Modernization

2

Building Exterior:

Water sealing / paint building
Close open areas
New roof

2
2
1

Dwelling Units:

Re-tile units floor

3

Dwelling Equipment:

None

Interior Common Areas:

Lobby / new tiles

5

Site-Wide Facilities:

Nondwelling Equipment:

Lobby/ new furnitures

5

Total Preliminary Estimated Hard Cost for Needed Physical Improvements

\$780,000.00

Per Unit Hard Cost

\$3,900.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No

Date Assessment Prepared

10-Jul-97

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <p style="text-align: center; color: red; font-weight: bold;">HIALEAH HOUSING AUTHORITY</p>	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number <p style="text-align: center; color: blue; font-weight: bold;">FL29-P066-002</p>	Development Name <p style="text-align: center; color: blue; font-weight: bold;">HOLLAND HALL</p>	DOFA Date or Construction Date <p style="text-align: right; font-weight: bold;">May 15, 1963</p>
--	---	---

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	0.00%	
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	Total Current	
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	Units	
Section 23, Bond Financed <input type="checkbox"/>			101	

General Description of Needed Physical Improvements	Urgency of Need (1-5)
---	-----------------------

Site:
Re-seal and re-stripe parking

2

Mechanical and Electrical:
Elevators / Modernization
New A/C's units installation

1
1

Building Exterior:

Re-paint the building

New roof

Close open areas

2

2

2

Dwelling Units:

None

Dwelling Equipment:

None

1

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$628,000.00
Per Unit Hard Cost	\$6,217.82

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared	10-Jul-97
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Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

HA Name <p style="text-align: center; color: red; font-weight: bold;">HIALEAH HOUSING AUTHORITY</p>			<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____		
Development Number <p style="text-align: center; color: blue; font-weight: bold;">FL29-P066-003</p>		Development Name <p style="text-align: center; color: blue; font-weight: bold;">VIVIAN VILLAS</p>		DOFA Date or Construction Date <p style="text-align: right; color: black; font-weight: bold;">November 1971</p>	
Development Type: Rental <input checked="" type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution		Number of Vacant Units <p style="text-align: center; color: blue; font-weight: bold;">0</p>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>	0 <u>63</u> 1 <u>37</u> 2 _____		<p style="text-align: center; color: red; font-weight: bold;">0.00%</p>
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	3 _____ 4 _____ 5 _____		Total Current
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	5+ <u>0</u>		Units
Section 23, Bond Financed <input type="checkbox"/>					<p style="text-align: center; color: red; font-weight: bold;">100</p>
General Description of Needed Physical Improvements					Urgency of Need (1-5)

Site:
 Security fence
 Re-seal and re-stripe parking
 Repair water pump

Mechanical and Electrical:
 None

Building Exterior:
 New windows
 Re-tile units

Dwelling Units:
 Finishes / Kitchen cabinets

Dwelling Equipment:
 None

1
2
3

4
4

2

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$468,000.00
Per Unit Hard Cost	\$4,680.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Revision Number ___ 1
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Development Number FL29-P066-004	Development Name HOFFMAN GARDEN	DOFA Date or Construction Date 1970
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Development Type: Occupancy Type: Structure Type: Number of Buildings Number of Vacant Units

Rental	<input checked="" type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>				4			
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input checked="" type="checkbox"/>	Row	<input type="checkbox"/>	Current Bedroom Distribution			2.00%			
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>	0	<u>0</u>	1	<u>34</u>	2	<u>76</u>	Total Current
Mutual Help	<input type="checkbox"/>			Elevator	<input checked="" type="checkbox"/>	3	<u>72</u>	4	<u>14</u>	5	<u>4</u>	Units
Section 23, Bond Financed	<input type="checkbox"/>					5+	<u>0</u>					200
General Description of Needed Physical Improvements												Urgency of Need (1-5)

		ESTIMATED COST	
Site:			
Security fence		\$250,000.00	2
Re-seal and re-stripe parking		\$25,000.00	2
Mechanical and Electrical:			
Install central reverse cycle A/C's		\$175,000.00	1
Elevators/ Modernization		\$90,000.00	2
Building Exterior:			
Re-paint exterior building		\$90,000.00	2
Repair fascia		\$250,000.00	1
Dwelling Units:			
Re-do bathrooms		\$260,000.00	4
Re-tile units floor		\$120,000.00	4
Dwelling Equipment:			
None			
Interior Common Areas:			
None			
Site-Wide Facilities:			
Sewer lines		\$120,000.00	1
Nondwelling Equipment:			
None			

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$1,380,000.00
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Per Unit Hard Cost	\$6,900.00
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Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared	
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Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

HA Name HIALEAH HOUSING AUTHORITY	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number FL29-P066-005	Development Name SEMINOLA VILLAS	DOFA Date or Construction Date _____
--	--	--

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental	Family	Detached/Semi-Detached		0
Turnkey III - Vacant	Elderly	Row	Current Bedroom Distribution	0.00%
Turnkey III - Occupied	Mixed	Walk-Up	0 <u>0</u> 1 <u>8</u> 2 <u>12</u> ¹	Total Current
Mutual Help		Elevator	3 <u>17</u> 4 <u>10</u> 5 <u>3</u>	Units
Section 23, Bond Financed			5+ <u>0</u>	50

General Description of Needed Physical Improvements	Urgency of Need (1-5)
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Site:

Re-seal and re-stripe parking

2

Mechanical and Electrical:

Install central reverse cycle a/c's

1

Building Exterior:

Exterior paint

2

Replace all windows according with Dade County Building Codes

2

Dwelling Units:

Re-do bathrooms

4

Re-tile units floor/installation

4

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements

\$693,980.00

Per Unit Hard Cost

\$13,879.60

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No

Development Has Long-Term Physical and Social Viability

Yes

No

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____		
Development Number FL29-P066-006	Development Name MILANDER MANOR	DOFA Date or Construction Date June 16, 1976		
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	Current Bedroom Distribution 0 <u>56</u> 1 <u>4</u> 2 <u>0</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u> 5+ <u>0</u>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input checked="" type="checkbox"/>	Row <input type="checkbox"/>		Number of Vacant Units 0
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>		
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>		Total Current Units
Section 23, Bond Financed <input type="checkbox"/>				60
General Description of Needed Physical Improvements			Urgency of Need (1-5)	
<p>Site: Re-seal and re-stripe parking</p>			2	
<p>Mechanical and Electrical: Elevators/ Modernization A/C units/ installation</p>			2 1	
<p>Building Exterior: Replace all units windows according with Dade County Codes</p>			1	

Re-paint building

2

Dwelling Units:

Re-roof building

2

Re-tile units floor

4

New kitchen cabinets

2

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements				\$492,690.00
Per Unit Hard Cost				\$8,211.50
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Date Assessment Prepared	10-Jul-97			

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

HA Name HIALEAH HOUSING AUTHORITY		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number FL29-P066-008	Development Name LA ESPERANZA		DOFA Date or Construction Date October 1984
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input checked="" type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input checked="" type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u> 1 <u> 80 </u> 2 <u> 40 </u>
Mutual Help <input type="checkbox"/>		Elevator <input checked="" type="checkbox"/>	3 <u> 0 </u> 4 <u> 0 </u> 5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>
General Description of Needed Physical Improvements			Number of Vacant Units 1
			0.83%
			Total Current Units 120
			Urgency of Need (1-5)

Site:
Re-seal and re-stripe parking

2

Mechanical and Electrical:
Elevators/ Modernization
A/C units/ intallation

3
1

Building Exterior:
Water sealing/ Re-paint the building

2

Dwelling Units:
New kitchen cabinets in the Mid-rise units

2

Dwelling Equipment:
None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements **\$648,900.00**

Per Unit Hard Cost **\$5,407.50**

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared 10-Jul-97

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name **HIALEAH HOUSING AUTHORITY** Original

Revision Number _____

Development Number **FL29-P066-010** Development Name **BRIGHT VILLAS** DOFA Date or Construction Date **1989**

Development Type: Rental <input checked="" type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings	Number of Vacant Units 1
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Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text" value="XX"/>	Row	<input type="text"/>	Current Bedroom Distribution			2.00%			
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>50</u>	4	<u>0</u>	5	<u>0</u>	Units
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					50

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:

Re-seal and re-stripe parking
Install sprinklers system

2
3

Mechanical and Electrical:

Install A/C Central units

1

Building Exterior:

Re-paint building

2

Dwelling Units:

New kitchen cabinets

3

Dwelling Equipment:

Appliances/ New ranges (Five year replacement needs)

2

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$590,200.00
--	---------------------

Per Unit Hard Cost	\$11,804.00
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Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
---	-----	-------------------------------------	----	--------------------------

Date Assessment Prepared	10-Jul-97
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Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

HA Name HIALEAH HOUSING AUTHORITY	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number ____
---	---

Development Number FL29-P066-012	Development Name UNNAMED (PROJECT 12)	DOFA Date or Construction Date November 17, 1989
--	---	--

Development Type: Rental <input checked="" type="checkbox"/>	Occupancy Type: Family <input checked="" type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings Current Bedroom Distribution	Number of Vacant Units 2
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u> 3 <u> 50 </u> 4 <u> 0 </u> 5 <u> 0 </u> 5+ <u> 0 </u>	4.00% Total Current Units 50
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>		
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>		
Section 23, Bond Financed <input type="checkbox"/>				

General Description of Needed Physical Improvements	Urgency of Need (1-5)
---	-----------------------

Site:
Upgrade Landscape

3

Mechanical and Electrical:
Install A/C's central units

1

Building Exterior:
None

Dwelling Units:
New kitchen cabinets

2

Dwelling Equipment:
New ranges (Five year)
New refrigerators (Five year)

3

3

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements				\$395,000.00	
Per Unit Hard Cost				\$7,900.00	
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					10-Jul-97

Source(s) of Information:

Modernization and maintenace personnel
Public Meetings with tenants
Maintenace Reports
Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY			<input type="checkbox"/> Original <input checked="" type="checkbox"/> Revision Number ___ 1		
Development Number FL29-P066-016		Development Name UNNAMED (PROJECT 16)		DOFA Date or Construction Date _____	
Development Type:		Occupancy Type:		Structure Type:	
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>
Section 23, Bond Financed	<input type="checkbox"/>				
Number of Buildings					Number of Vacant Units
					0
Current Bedroom Distribution					0.00%
0	<u>0</u>	1	<u>0</u>	2	<u>0</u>
Total Current					
3	<u>0</u>	4	<u>0</u>	5	<u>0</u>
Units					
5+	<u>0</u>				0
General Description of Needed Physical Improvements					Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p>					

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$1,677,688.00
--	-----------------------

Per Unit Hard Cost	\$0.00
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Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Date Assessment Prepared	
--------------------------	--

Source(s) of Information:

- Modernization and maintenance personnel
- Public Meetings with tenants
- Maintenance Reports
- Consultants

HA Name

HIALEAH HOUSING AUTHORITY

Original

Revision Number ___ 1

Development Number

FL29-P066-020

Development Name

UNAMED (PROJECT20

DOFA Date

or

Construction Date _____

Development Type:

Rental

Turnkey III - Vacant

Turnkey III - Occupied

Mutual Help

Section 23, Bond Financed

Occupancy Type:

Family

Elderly

Mixed

Structure Type:

Detached/Semi-Detached

Row

Walk-Up

Elevator

Number of Buildings

Current Bedroom Distribution

0 0

1 0

2 0

3 0

4 0

5 0

5+ 0

Number of Vacant Units

0

0.00%

Total Current

Units

0

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$0.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Modernization and maintenance personnel
 Public Meetings with tenants
 Maintenance Reports
 Consultants

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001012		Development Name Garfield Heights		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u>	1 <u>0</u>	2 <u>0</u>
					Total Current

Mutual Help Section 23, Bond Financed		Elevator	3 <u>0</u>	4 <u>0</u>	5 <u>0</u>	Units 0
General Description of Needed Physical Improvements						Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p> <p>Dwelling Units: None</p> <p>Dwelling Equipment: None</p> <p>Interior Common Areas: None</p> <p>Site-Wide Facilities: None</p> <p>Nondwelling Equipment: None</p>						

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$19,455,999.00
Per Unit Hard Cost	\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
---	---

Development Number PA28P001013	Development Name Addison Addition	DOFA Date or Construction Date _____
--	---	--

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current Units
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	

General Description of Needed Physical Improvements	Urgency of Need (1-5)
---	-----------------------

Site:
None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$7,093,157.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name <b style="color: red;">HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____		
Development Number <b style="color: blue;">PA28P001014		Development Name <b style="color: blue;">Kelly St. High-Rise			DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:		Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		Current Bedroom Distribution		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>		0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u>		0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>		3 <u> 0 </u> 4 <u> 0 </u> 5 <u> 0 </u>		Total Current
Mutual Help <input type="checkbox"/>	Elevator <input type="checkbox"/>		5+ <u> 0 </u>		Units	
Section 23, Bond Financed <input type="checkbox"/>					0	
General Description of Needed Physical Improvements						Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$6,760,532.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name

HIALEAH HOUSING AUTHORITY

Original

Revision Number _____

Development Number PA28P001015		Development Name Bidwell			DOFA Date or Construction Date _____								
Development Type:		Occupancy Type:		Structure Type:		Number of Buildings		Number of Vacant Units					
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>			0					
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution		0.00%					
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current	
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units	
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					0	
General Description of Needed Physical Improvements											Urgency of Need (1-5)		

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$3,192,886.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001017		Development Name Pressley St. High-Rise		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u>	1 <u>0</u> 2 <u>0</u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u>	4 <u>0</u> 5 <u>0</u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>		0

General Description of Needed Physical Improvements	Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p> <p>Dwelling Units: None</p> <p>Dwelling Equipment: None</p> <p>Interior Common Areas: None</p> <p>Site-Wide Facilities: None</p> <p>Nondwelling Equipment: None</p>	
Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$5,055,120.00
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No

Development Has Long-Term Physical and Social Viability

Yes

No

Date Assessment Prepared

Source(s) of Information:

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ref. Handbook 7485.3

Physical Needs Assessment Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name

HIALEAH HOUSING AUTHORITY

Original

Revision Number _____

Development Number

PA28P001020

Development Name

Homewood North

DOFA Date

or

Construction Date _____

Development Type:

Rental

Occupancy Type:

Family

Structure Type:

Detached/Semi-Detached

Number of Buildings

Number of Vacant Units

0

Turnkey III - Vacant

Elderly

Row

Current Bedroom Distribution

0.00%

Turnkey III - Occupied

Mixed

Walk-Up

0 0

1 0

2 0

Total Current

Mutual Help

Elevator

3 0

4 0

5 0

Units

Section 23, Bond Financed

5+ 0

0

General Description of Needed Physical Improvements

Urgency of
Need (1-5)

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$3,564,947.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY						<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____		
Development Number PA28P001022			Development Name Scattered Sites "22"			DOFA Date or Construction Date _____		
Development Type:		Occupancy Type:		Structure Type:		Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>		Family <input type="checkbox"/>		Detached/Semi-Detached <input type="checkbox"/>		Current Bedroom Distribution		0
Turnkey III - Vacant <input type="checkbox"/>		Elderly <input type="checkbox"/>		Row <input type="checkbox"/>		0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u>		0.00%
Turnkey III - Occupied <input type="checkbox"/>		Mixed <input type="checkbox"/>		Walk-Up <input type="checkbox"/>		3 <u> 0 </u> 4 <u> 0 </u> 5 <u> 0 </u>		Total Current
Mutual Help <input type="checkbox"/>				Elevator <input type="checkbox"/>		5+ <u> 0 </u>		Units
Section 23, Bond Financed <input type="checkbox"/>								0
General Description of Needed Physical Improvements								Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$1,330,035.16
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY		<input type="checkbox"/> Original
		<input type="checkbox"/> Revision Number _____
Development Number PA28P001024	Development Name Manchester Scattered Sites	DOFA Date or Construction Date _____

Development Type:		Occupancy Type:		Structure Type:		Number of Buildings		Number of Vacant Units	0			
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>	Current Bedroom Distribution			0.00%			
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	5+	<u>0</u>					0
Section 23, Bond Financed	<input type="text"/>											

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$0.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001029		Development Name East Hills High-Rise		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>87</u>	1 <u>69</u>	2 <u>1</u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u>	4 <u>0</u>	5 <u>0</u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>		
General Description of Needed Physical Improvements					Urgency of Need (1-5)

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$2,682,048.00
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Per Unit Hard Cost	\$17,083.11
--------------------	--------------------

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared

Source(s) of Information:

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Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name

HIALEAH HOUSING AUTHORITY

Original

Revision Number _____

Development Number

PA28P001031

Development Name

Murray Towers

DOFA Date

or

Construction Date _____

Development Type:

Rental

Occupancy Type:

Family

Structure Type:

Detached/Semi-Detached

Number of Buildings

Number of Vacant Units

0

Turnkey III - Vacant

Elderly

Row

Current Bedroom Distribution

0.00%

Turnkey III - Occupied

Mixed

Walk-Up

0 0 1 0 2 0

Total Current

Mutual Help

Elevator

3 0 4 0 5 0

Units

Section 23, Bond Financed

5+ 0

0

General Description of Needed Physical Improvements

Urgency of
Need (1-5)

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$2,960,692.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name HIALEAH HOUSING AUTHORITY		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001032		Development Name Glen Hazel Heights	
DOFA Date or Construction Date _____			
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u> 15 </u> 4 <u> 0 </u> 5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>
			Number of Vacant Units 0
			0.00%
			Total Current
			Units
			15
General Description of Needed Physical Improvements			Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$1,169,308.40
Per Unit Hard Cost					\$77,953.89
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
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Office of Public and Indian Housing

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HA Name HIALEAH HOUSING AUTHORITY		<input type="checkbox"/> Original	
		<input type="checkbox"/> Revision Number _____	
Development Number PA28P001033	Development Name Bernice Crawley Manor	DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings
			Number of Vacant Units 0

Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution			0.00%			
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					0

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$898,806.00
Per Unit Hard Cost	\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

HA Name HIALEAH HOUSING AUTHORITY		<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001038	Development Name Glen Hazel Homes	DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u> 6 </u> 4 <u> 0 </u> 5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>
General Description of Needed Physical Improvements			Number of Vacant Units 0
			0.00%
			Total Current Units 6
			Urgency of Need (1-5)

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$561,610.72
Per Unit Hard Cost					\$93,601.79
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
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HA Name HIALEAH HOUSING AUTHORITY			<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____											
Development Number PA28P001039		Development Name Scattered Sites "39"		DOFA Date or Construction Date _____										
Development Type:		Occupancy Type:		Structure Type:		Number of Buildings		Number of Vacant Units						
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>			0						
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>	Current Bedroom Distribution		0.00%						
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current		
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units		
Section 23, Bond Financed	<input type="checkbox"/>					5+	<u>0</u>					0		
General Description of Needed Physical Improvements											Urgency of Need (1-5)			
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p>														

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$0.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name

HIALEAH HOUSING AUTHORITY

Original

Revision Number _____

Development Number

PA28P001040

Development Name

Mazza Pavilion

DOFA Date

or

Construction Date _____

Development Type:

Rental

Occupancy Type:

Family

Structure Type:

Detached/Semi-Detached

Number of Buildings

Number of Vacant Units

0

Turnkey III - Vacant

Elderly

Row

Current Bedroom Distribution

0.00%

Turnkey III - Occupied

Mixed

Walk-Up

0 0

1 0

2 0

Total Current

Mutual Help

Elevator

3 0

4 0

5 0

Units

Section 23, Bond Financed

5+ 0

0

General Description of Needed Physical Improvements

Urgency of Need (1-5)

Site:

None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$1,074,572.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001041		Development Name Caliguiri Plaza		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings		Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>			0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u>	1 <u>0</u>	2 <u>0</u>
					Total Current

Mutual Help Section 23, Bond Financed		Elevator	3	4	5	Units
			<u>0</u>	<u>0</u>	<u>0</u>	0
			<u>0</u>			
General Description of Needed Physical Improvements						Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p> <p>Dwelling Units: None</p> <p>Dwelling Equipment: None</p> <p>Interior Common Areas: None</p> <p>Site-Wide Facilities: None</p> <p>Nondwelling Equipment: None</p>						

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$0.00
Per Unit Hard Cost	\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	
Source(s) of Information:	

Physical Needs Assessment
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
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Office of Public and Indian Housing

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HA Name HIALEAH HOUSING AUTHORITY	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
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Development Number PA28P001042	Development Name Scattered Sites "42"	DOFA Date or Construction Date _____
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Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current Units
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	

General Description of Needed Physical Improvements	Urgency of Need (1-5)
---	-----------------------

Site:
None

Mechanical and Electrical:

None

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$30,797.70
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
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Office of Public and Indian Housing

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HA Name <b style="color: red;">HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b style="color: blue;">PA28P001043		Development Name <b style="color: blue;">Flowers Street		DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings		Number of Vacant Units <b style="color: red;">0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		<b style="color: red;">0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u>	1 <u> 0 </u>	2 <u> 0 </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u> 0 </u>	4 <u> 0 </u>	5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>	Total Current Units <b style="color: red;">0	
General Description of Needed Physical Improvements					Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$0.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

HA Name

HIALEAH HOUSING AUTHORITY

Original

Revision Number _____

Development Number PA28P001044		Development Name Finello Pavilion			DOFA Date or Construction Date _____								
Development Type:		Occupancy Type:		Structure Type:		Number of Buildings		Number of Vacant Units					
Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>			0					
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution		0.00%					
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0	<u>0</u>	1	<u>0</u>	2	<u>0</u>	Total Current	
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3	<u>0</u>	4	<u>0</u>	5	<u>0</u>	Units	
Section 23, Bond Financed	<input type="text"/>					5+	<u>0</u>					0	
General Description of Needed Physical Improvements											Urgency of Need (1-5)		

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$1,020,072.00
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
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HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001045		Development Name Morse Gardens		DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/> Turnkey III - Vacant <input type="checkbox"/> Turnkey III - Occupied <input type="checkbox"/> Mutual Help <input type="checkbox"/> Section 23, Bond Financed <input type="checkbox"/>		Occupancy Type: Family <input type="checkbox"/> Elderly <input type="checkbox"/> Mixed <input type="checkbox"/>		Structure Type: Detached/Semi-Detached <input type="checkbox"/> Row <input type="checkbox"/> Walk-Up <input type="checkbox"/> Elevator <input type="checkbox"/>	
				Number of Buildings	
				Current Bedroom Distribution	
				0 <u>0</u> 1 <u>66</u> 2 <u>0</u> 3 <u>0</u> 4 <u>0</u> 5 <u>0</u> 5+ <u>0</u>	
				Number of Vacant Units 0	
				0.00%	
				Total Current Units 66	

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements

\$964,082.00

Per Unit Hard Cost

\$14,607.30

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost

Yes

No

Development Has Long-Term Physical and Social Viability

Yes

No

Date Assessment Prepared

Source(s) of Information:

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facsimile form

HUD-52832 (10/96)

ref. Handbook 7485.3

Physical Needs Assessment
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
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HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number PA28P001046		Development Name Pietragallo Regency		DOFA Date or Construction Date _____	
Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units	
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u>	1 <u> 0 </u>	2 <u> 0 </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u> 0 </u>	4 <u> 0 </u>	5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>		
General Description of Needed Physical Improvements					Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p>					

Building Exterior:

None

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$0.00
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Date Assessment Prepared	
--------------------------	--

Source(s) of Information:	
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HA Name <b style="color: red;">HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b style="color: blue;">PA28P001047		Development Name <b style="color: blue;">Gualtieri Manor		DOFA Date or Construction Date _____	
Development Type: Rental <input type="checkbox"/>	Occupancy Type: Family <input type="checkbox"/>	Structure Type: Detached/Semi-Detached <input type="checkbox"/>	Number of Buildings		Number of Vacant Units <b style="color: blue;">0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution		<b style="color: red;">0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u> 0 </u>	1 <u> 0 </u>	2 <u> 0 </u>
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u> 0 </u>	4 <u> 0 </u>	5 <u> 0 </u>
Section 23, Bond Financed <input type="checkbox"/>			5+ <u> 0 </u>	Total Current Units <b style="color: red;">0	
General Description of Needed Physical Improvements					Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$93,340.25
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared

Source(s) of Information:

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Physical Needs Assessment
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
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HA Name HIALEAH HOUSING AUTHORITY		<input type="checkbox"/> Original
		<input type="checkbox"/> Revision Number _____
Development Number PA28P001050	Development Name Scattered Sites "50"	DOFA Date or Construction Date _____
Development Type:	Occupancy Type:	Structure Type:
		Number of Buildings
		Number of Vacant Units

Rental	<input type="text"/>	Family	<input type="text"/>	Detached/Semi-Detached	<input type="text"/>		0
Turnkey III - Vacant	<input type="text"/>	Elderly	<input type="text"/>	Row	<input type="text"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied	<input type="text"/>	Mixed	<input type="text"/>	Walk-Up	<input type="text"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current
Mutual Help	<input type="text"/>			Elevator	<input type="text"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	Units
Section 23, Bond Financed	<input type="text"/>					5+ <u>0</u>	0
General Description of Needed Physical Improvements							Urgency of Need (1-5)

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$166,362.09
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost Yes No

Development Has Long-Term Physical and Social Viability Yes No

Date Assessment Prepared _____
 Source(s) of Information: _____

Physical Needs Assessment
 Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name **HIALEAH HOUSING AUTHORITY** Original
 Revision Number _____

Development Number **PA28P001051** Development Name **Scattered Sites "51"** DOFA Date or Construction Date _____

Development Type:	Occupancy Type:	Structure Type:	Number of Buildings	Number of Vacant Units
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>		0
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	0.00%
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 <u>0</u> 1 <u>0</u> 2 <u>0</u>	Total Current
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <u>0</u> 4 <u>0</u> 5 <u>0</u>	Units
Section 23, Bond Financed <input type="checkbox"/>			5+ <u>0</u>	0

General Description of Needed Physical Improvements _____ Urgency of Need (1-5) _____

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:
None

Nondwelling Equipment:
None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$166,362.09
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Date Assessment Prepared	
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Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY				<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____			
Development Number PA28P001052		Development Name Scattered Sites "52"		DOFA Date or Construction Date _____			
Development Type:	<input type="checkbox"/>	Occupancy Type:	<input type="checkbox"/>	Structure Type:	<input type="checkbox"/>	Number of Buildings	Number of Vacant Units 0
Rental	<input type="checkbox"/>	Family	<input type="checkbox"/>	Detached/Semi-Detached	<input type="checkbox"/>		
Turnkey III - Vacant	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Row	<input type="checkbox"/>	0.00%	
Turnkey III - Occupied	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Walk-Up	<input type="checkbox"/>	Total Current	
Mutual Help	<input type="checkbox"/>			Elevator	<input type="checkbox"/>	Units	
Section 23, Bond Financed	<input type="checkbox"/>					0	
General Description of Needed Physical Improvements							Urgency of Need (1-5)
<p>Site: None</p> <p>Mechanical and Electrical: None</p> <p>Building Exterior: None</p>							

Dwelling Units:

None

Dwelling Equipment:

None

Interior Common Areas:

None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$166,362.09
Per Unit Hard Cost	\$0.00

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Date Assessment Prepared	
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Source(s) of Information:	
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HA Name <p style="text-align: center; color: red; font-weight: bold;">HIALEAH HOUSING AUTHORITY</p>	<input type="checkbox"/> Original <input type="checkbox"/> Revision Number _____
--	---

Development Number <p style="text-align: center; color: blue; font-weight: bold;">PA28P001057</p>	Development Name <p style="text-align: center; color: blue; font-weight: bold;">Scattered Sites "57"</p>	DOFA Date or Construction Date _____
--	---	--

Development Type: Rental <input style="width: 40px;" type="text"/>	Occupancy Type: Family <input style="width: 40px;" type="text"/>	Structure Type: Detached/Semi-Detached <input style="width: 40px;" type="text"/>	Number of Buildings	Number of Vacant Units <p style="text-align: center; color: blue; font-weight: bold;">0</p>
Turnkey III - Vacant <input style="width: 40px;" type="text"/>	Elderly <input style="width: 40px;" type="text"/>	Row <input style="width: 40px;" type="text"/>	Current Bedroom Distribution	<p style="text-align: center; color: red; font-weight: bold;">0.00%</p>
Turnkey III - Occupied <input style="width: 40px;" type="text"/>	Mixed <input style="width: 40px;" type="text"/>	Walk-Up <input style="width: 40px;" type="text"/>	0 <u> 0 </u> 1 <u> 0 </u> 2 <u> 0 </u>	Total Current
Mutual Help <input style="width: 40px;" type="text"/>		Elevator <input style="width: 40px;" type="text"/>	3 <u> 0 </u> 4 <u> 0 </u> 5 <u> 0 </u>	Units
Section 23, Bond Financed <input style="width: 40px;" type="text"/>			5+ <u> 0 </u>	<p style="text-align: center; color: red; font-weight: bold;">0</p>

General Description of Needed Physical Improvements	Urgency of Need (1-5)
---	-----------------------

Site:
None

Mechanical and Electrical:
None

Building Exterior:
None

Dwelling Units:
None

Dwelling Equipment:
None

Interior Common Areas:
None

Site-Wide Facilities:

None

Nondwelling Equipment:

None

Total Preliminary Estimated Hard Cost for Needed Physical Improvements					\$166,362.09
Per Unit Hard Cost					\$0.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date Assessment Prepared					
Source(s) of Information:					

Management Needs Assessment
 Comprehensive Grant Program (CGP)

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

OMB No. 2577-0157 (exp. 7/31/98)

HA Name HIALEAH HOUSING AUTHORITY	<input checked="checked" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
General Description of Management/Operations Needs	Urgency of Need (1-5)	Preliminary Estimated HA-Wide Cost
<p>1) STAFF TRAINING: Continuation of on-going programs to educate and train personnel in Procurement Management, Cost Estimating, Occupancy, Building Construction, and site-bades asset management Est. \$15,000/Year X 5</p> <p>2) MANAGEMENT IMPROVEMENTS STRATEGY: Softwares, upgrades to improve efficiency and office automation needs. Est. \$15,000/Year X 5</p>	<p>2</p> <p>2</p>	<p>\$75,000.00</p> <p>\$75,000.00</p>

Total Preliminary Estimated HA-Wide Cost	
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	\$75,000.00
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Date Assessment Prepared	
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	10-Jul-97
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Source(s) of Information:

Assesment of needs performed through a technical grant

**Executive Summary of
Preliminary Estimated Costs**

Physical and Management/
Operations Needs
Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**

Office of Public and Indian Housing

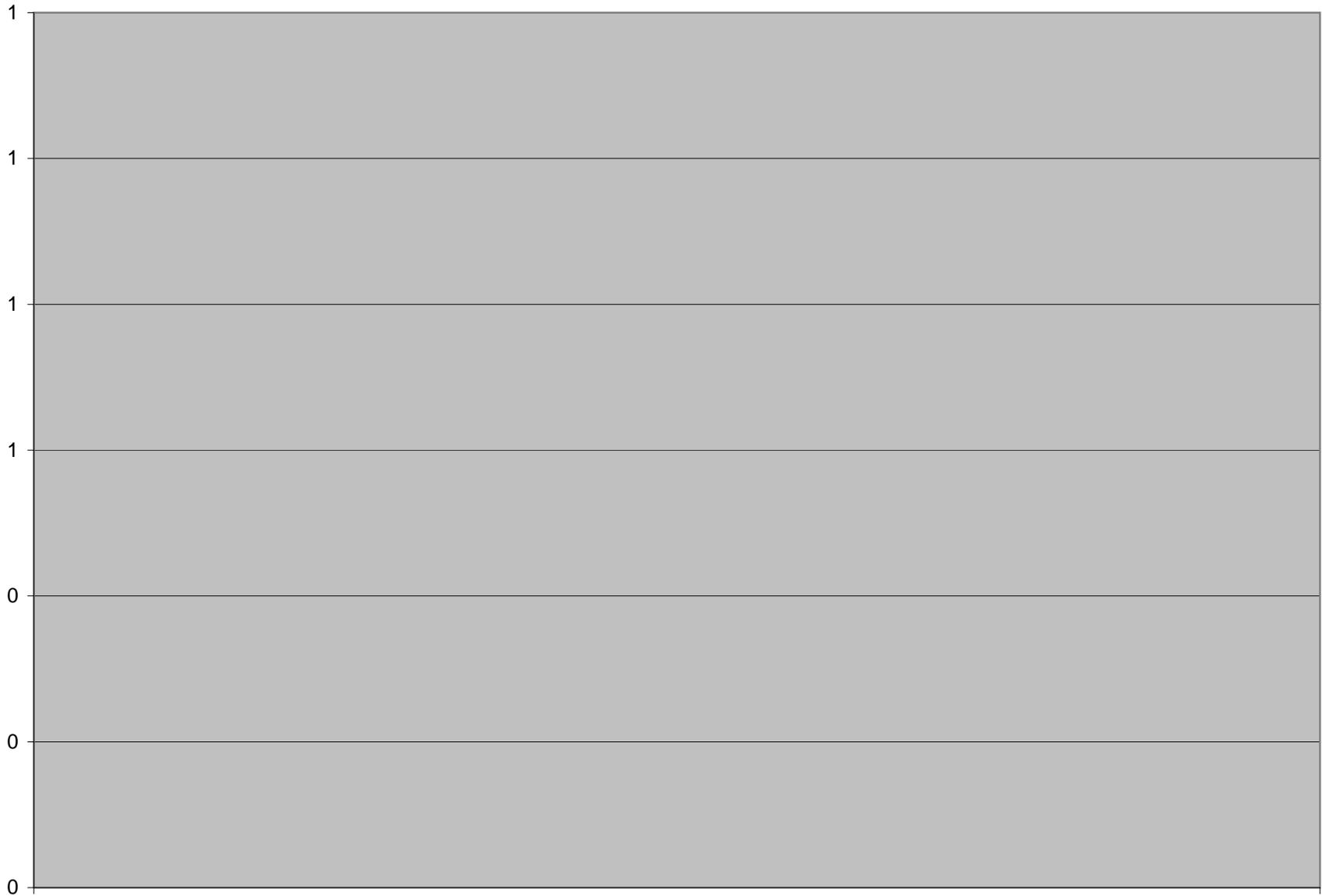
OMB No. 2577-0157 (exp. 7/31/98)

HA Name				Federal Fiscal Year		
HIALEAH HOUSING AUTHORITY				1998		
Development Number/ Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long Term Viability Y/N	Percentage of Vacant Units	
0	0	200	\$780,000.00	\$3,900.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$693,980.00	\$13,879.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
0	0	0	\$0.00	\$0.00	Y	0.00%
FL29-P066-016 UNNAMED (PROJECT 16)						
FL29-P066-020 UNNAMED (PROJECT 20)						
Total Preliminary Estimated HA-Wide Cost					\$1,473,980.00	
Total Preliminary Estimated Cost for HA-Wide Management/Operations Need					\$0.00	
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment					\$0.00	
Total Preliminary Estimated Cost for HA-Wide Administration					\$150,000.00	
Total Preliminary Estimated Cost for HA-Wide Other					\$150,000.00	
Grand Total of HA Needs					\$1,773,980.00	

Signature of Executive Director
MARIA M. ROCA

Date

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Annual Statement /Performance and Evaluation Report

U. S. Department of Housing
and Urban Development

Capital Fund Proram (CFP)

Part I: Summary

Office of Public and Indian Housing

HA Name HIALEAH HOUSING AUTHORITY	Comprehensive Grant Number FL14P06650104	FFY of Grant Approval 2004
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Original Annual Statement Reserve for Disaster/Emergencies Revised Annual Statement/Revision Number 4 Performance and Evaluation Report for Program Year Ending _____
8/24/2004 **24-Oct-06**

Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost	
			Original	Revised	Obligated	Expended
Total Non-CGP Funds						
1	1406	O & M	\$0.00	\$0.00	\$0.00	\$0.00
2	1408	Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
3	1410	Administration	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00
4	1411	Audit	\$0.00	\$0.00	\$0.00	\$0.00
5	1415	Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
6	1430	Fees and Costs	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
7	1440	Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
8	1450	Site Improvement	\$443,822.00	\$444,162.00	\$444,162.00	\$444,162.00
9	1460	Dwelling Structures	\$49,338.00	\$49,338.00	\$49,338.00	\$49,338.00
10	1465.1	Dwelling Equipment-Nonexpendable	\$686,092.00	\$685,752.00	\$685,752.00	\$685,752.00
11	1470	Nondwelling Structures	\$61,065.00	\$61,065.00	\$61,065.00	\$61,065.00
12	1475	Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
13	1485	Demolition	\$0.00	\$0.00	\$0.00	\$0.00
14	1495.1	Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
15	1490	Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1498	Mod Used for Development	\$0.00	\$0.00	\$0.00	\$0.00
17	1502	Contingency (may not exceed 8% of 19)	\$0.00	\$0.00	\$0.00	\$0.00
18	Amount of Annual Grant		\$1,350,317.00	\$1,350,317.00	\$1,350,317.00	\$1,350,317.00
19	Amount of line 19 Related to LBP Activities					
20	Amount of line 19 Related to Section 504 Compliance					
21	Amount of line 19 Related to Security					
22	Amount of line 19 Related to Energy Conservation					

Alex Morales, Executive Director

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)			
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development	Number/ Name	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended		
HA-Wide Mgmt. Improvmts		1) STAFF TRAINING: Continuation of program to educate and train personnel procurement, cost estimating, occupan	1406 1408 " "						
		'Building Construction,and site-based management.	" "						
		2) MANAGEMENT IMPROVMTS STR softwares, upgrades to improve efficiency and office automation needs	"						
HA-Wide Admin.		Funding for Staff @ no more than10% of the annual grant amount	1410	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00		
HA-Wide Fees and Costs		A & E services @ no more than 7% of annual grant	1430	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00		
HA-Wide		Nonroutine vacancy prep.	1460						
"		Nonroutine PM repairs	1460						
"		Appliances	1465						
"		Vehicle replacement	1475						
"		Demolition (specify location[s])	1485						
"		Relocation expenses	1495.1						
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement				Page 1 of 13		form HUD-52837 (10/96)			
(2) To be completed for the Performance and Evaluation Report						ref Handbook 7485.3			

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)		
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		
							2004	
Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
FL29-P066 001	1.-Site:	1450						
ASHLEY PLAZA			Total Site:					
	2.-Mechanical and Electrical:	1460						
			Total M&E:					
	3.-Building Exterior:	1460						
			Total B.E.:					
	4.-Dwelling Units:	1460						
			Total DUs:					
	5.-Dwelling Equipment:	1465.1						
			Total D.E.:					
	6.-Interior Common Areas:	1470						
	New Tile \$27,065.00			\$27,065.00	\$27,065.00	\$27,065.00	\$27,065.00	
			Total ICAs:					
	7.-Site-Wide Facilities:	1470						
			Total SWFs:					
	8.-Nondwelling Equipment:	1475						
			Total NDE:					
Total,			Project Total:	\$27,065.00	\$27,065.00	\$27,065.00	\$27,065.00	

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

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report						U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)	
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)	
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended		
FL29-P066 002	1.-Site:	1450							
HOLLAND HALL			Total Site:						
	2.-Mechanical and Electrical:	1460							
			Total M&E:						
	3.-Building Exterior:	1460							
			Total B.E.:						
	4.-Dwelling Units:	1460							
			Total DUs:						
	5.-Dwelling Equipment:								
	Replace A/C Units	1465.1		\$74,992.00	\$74,992.00	\$74,992.00	\$74,992.00		
			Total D.E.:						
	6.-Interior Common Areas:	1470							
			Total ICAs:						
	7.-Site-Wide Facilities:	1470							
			Total SWFs:						
	8.-Nondwelling Equipment:	1475							
			Total NDE:						
Total,			Project Total:	\$74,992.00	\$74,992.00	\$74,992.00	\$0.00		

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

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

U. S. Department of Housing and Urban Development

OMB Approval No. 2577-0157 (7/31/98)

Capital Fund Proram (CFP)

Part II: Supporting Pages

Office of Public and Indian Housing

2004

Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
FL29-P066 003 VIVIAN VILLAS	1.-Site:	1450						
			Total Site:					
	2.-Mechanical and Electrical:	1460						
			Total M&E:					
	3.-Building Exterior:	1460						
			Total B.E.:					
	4.-Dwelling Units:	1460						
			Total DUs:					
	5.-Dwelling Equipment:	1465.1						
			Total D.E.:					
	6.-Interior Common Areas:	1470						
			Total ICAs:					
	7.-Site-Wide Facilities:	1470						
			Total SWFs:					
	8.-Nondwelling Equipment:	1475						
			Total NDE:					
Total,			Project Total:					

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

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)		
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		2004
Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
FL29-P066 005	1.-Site:	1450						
SEMINOLA VILLAS			Total Site:					
	2.-Mechanical and Electrical:	1460						
			Total M&E:					
	3.-Building Exterior:	1460						
			Total B.E.:					
	4.-Dwelling Units:	1460						
			Total DUs:					
	5.-Dwelling Equipment:	1465.1						
			Total D.E.:					
	6.-Interior Common Areas:	1470						
			Total ICAs:					
	7.-Site-Wide Facilities:	1470						
			Total SWFs:					
	8.-Nondwelling Equipment:	1475						
			Total NDE:					
Total,			Project Total:					

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

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report

**U. S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0157 (7/31/98)

Capital Fund Proram (CFP)

Part II: Supporting Pages

Office of Public and Indian Housing

2004

Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
FL29-P066 006	1.-Site:	1450						
MILANDER MANOR/ Warehouse			Total Site:					
	2.-Mechanical and Electrical:	1460						
			Total M&E:					
	3.-Building Exterior:	1460						
			Total B.E.:					
	4.-Dwelling Units:	1460						
			Total DUs:					
	5.-Dwelling Equipment: Replace Appliances, Range & Refrigerator	1465.1		\$32,100.00	\$31,760.00	\$31,760.00	\$31,760.00	
			Total D.E.:					
	6.-Interior Common Areas:	1470						
			Total ICAs:					
	7.-Site-Wide Facilities:	1470						
			Total SWFs:					
	8.-Nondwelling Equipment:	1475						
			Total NDE:					
Total,			Project Total:	\$32,100.00	\$31,760.00	\$31,760.00	\$31,760.00	

Annual Statement /Performance and Evaluation Report						U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)	
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development Number/ Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
				Original	Revised	Funds Obligated	Funds Expended		
FL-29-P066 4	1.-Site: Trash Enclosures, New Parking, Remove / Replace Fences, New Lighting	1450		\$339,505.00	\$444,162.00	\$444,162.00	\$444,162.00		
HOFFMAN GARDENS			Total Site:						
	2.-Mechanical and Electrical:	1460							
			Total M&E:						
	3.-Building Exterior:	1460							
			Total B.E.:						
	4.-Dwelling Units:	1460							
			Total DUs:						
	5.-Dwelling Equipment: Installation of Central A.C.	1465.1		\$579,000.00	\$579,000.00	\$579,000.00	\$579,000.00		
			Total D.E.:						
	6.-Interior Common Areas:	1470							
			Total ICAs:						
	7.-Site-Wide Facilities:	1470							
			Total SWFs:						
	8.-Nondwelling Equipment:	1475							
			Total NDE:						
Total,			Project Total:	\$918,505.00	\$1,023,162.00	\$1,023,162.00	\$1,023,162.00		

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

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report						U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)	
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development Number/	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended		
FL29-P066	1.-Site:								
008	Parking Lot, Fencing, Security Improveme	1450		\$104,317.00	\$0.00	\$0.00	\$0.00		
LA	(Moved to 2005)		Total Site:						
ESPERANZA									
	2.-Mechanical and Electrical:								
		1460							
			Total M&E:						
	3.-Building Exterior:								
		1460							
			Total B.E.:						
	4.-Dwelling Units:								
	Interior Paint	1460		\$42,135.00	\$42,135.00	\$42,135.00	\$42,135.00		
	Townhouses		Total DUs:						
	5.-Dwelling Equipment:								
		1465.1							
			Total D.E.:						
	6.-Interior Common Areas:								
		1470							
			Total ICAs:						
	7.-Site-Wide Facilities:								
		1470							
			Total SWFs:						
	8.-Nondwelling Equipment:								
		1475							
			Total NDE:						
Total,			Project Total:	\$146,452.00	\$42,135.00	\$42,135.00	\$42,135.00		

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

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)		
Capital Fund Proram (CFP)		Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
FL29-P066 12 Project 12	Site:	1450						
			Total Site:					
	Mechanical and Electrical:	1460						
			Total M&E:					
	Building Exterior:	1460						
			Total B.E.:					
	Dwelling Units:							
	Replace Door Seals	1460						
			Total DUs:					
	Dwelling Equipment:	1465.1						
			Total D.E.:					
	Interior Common Areas:	1470						
			Total ICAs:					
	Site-Wide Facilities:	1470						
			Total SWFs:					
	Nondwelling Equipment:	1475						
			Total NDE:					
Total,			Project Total:					

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

(2) To be completed for the Performance and Evaluation Report

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)		
Capital Fund Proram (CFP)		Part II: Supporting Pages			Office of Public and Indian Housing		2004	
Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
FL29-P066 16 Project 16	Site:	1450						
			Total Site:					
	Mechanical and Electrical:	1460						
			Total M&E:					
	Building Exterior:	1460						
			Total B.E.:					
	Dwelling Units:	1460						
			Total DUs:					
	Dwelling Equipment:	1465.1						
			Total D.E.:					
	Interior Common Areas:	1470						
			Total ICAs:					
	Site-Wide Facilities:	1470						
			Total SWFs:					
	Nondwelling Equipment:	1475						
			Total NDE:					
Total,			Project Total:					
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement				Page 11 of 13		form HUD-52837 (10/96)		
(2) To be completed for the Performance and Evaluation Report						ref Handbook 7485.3		

Annual Statement /Performance and Evaluation Report				U. S. Department of Housing and Urban Development		OMB Approval No. 2577-0157 (7/31/98)		
Capital Fund Proram (CFP)			Part II: Supporting Pages			Office of Public and Indian Housing		
						2004		
Development Number/ Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
FL29-P066 20	Site:	1450						
RUTH A. TINSMAN			Total Site:					
	Mechanical and Electrical:	1460						
			Total M&E:					
	Building Exterior: Security Improvements	1460		\$7,203.00	\$7,203.00	\$7,203.00	\$7,203.00	
			Total B.E.:					
	Dwelling Units:	1460						
			Total DUs:					
	Dwelling Equipment:	1465.1						
			Total D.E.:					
	Interior Common Areas: Paint Common Areas	1470		\$34,000.00	\$34,000.00	\$34,000.00	\$34,000.00	
			Total ICAs:					
	Site-Wide Facilities:	1470						
			Total SWFs:					
	Nondwelling Equipment:	1475						
			Total NDE:					
Total,			Project Total:	\$41,203.00	\$41,203.00	\$41,203.00	\$41,203.00	
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement				Page _12_ of _13_		form HUD-52837 (10/96)		
(2) To be completed for the Performance and Evaluation Report						ref Handbook 7485.3		

NAHRO

Capital Fund Manager ©

I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *CFP MANAGER© Capital Fund Management Software*. This product is designed to be used with Excel© Version 5.0 or higher or Lotus 1-2-3© for Windows, Version 3 or higher.

CFP MANAGER© helps you plan for the future and saves you hours of valuable staff time, by facilitating the preparation of the CFP portion of the Annual Plan, the CFP Performance and Evaluation ("P&E") report, which also goes along with the Annual Plan, and all the forms required under the program. It is a powerful **planning tool**, which helps you answer "WHAT IF" questions: to simulate various Capital Fund grant levels and capital and management improvement "investment" strategies. It can help you develop contingency plans to cope with the uncertainties we now face. In just a few keystrokes, you can "try on" various versions of your capital budget. It also facilitates Revised Annual Statements and Replacement Housing Factor (RHF) submittals.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, contact Dennis Mobley at:

Cell: (678) 612-3286
Page: (800) 317-8579
Voice: (404) 584-7985
Fax: (404) 584-7786
E-mail: Dmobley671@aol.com

After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.

Step 1: Install

- 1) DOWNLOAD *NAHRO CFP MANAGER©* USING YOUR E-MAIL SOFTWARE, AND BE AWARE INTO WHICH "FOLDER" YOUR E-MAIL PROGRAM PUTS DOWNLOADED FILES
- 2) GET YOUR EXCEL© OR LOTUS© PROGRAM UP AND RUNNING.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER INTO WHICH THE CFP MANAGER© FILE WAS DOWNLOADED, AND OPEN THE FILE WITH EXCEL© OR LOTUS© (THE FILE IS NAMED NCFP101.XLS FOR EXCEL© USERS, NCFP101.WK4 FOR LOTUS© USERS).
- 4) CLICK ON "FILE", "SAVE AS", AND CREATE YOUR FIRST WORKING COPY OF THE FILE. GIVE IT A NEW FILE NAME SUCH AS FY2002A, ETC. YOU MAY WANT TO SAVE THIS FILE INTO A TOTALLY DIFFERENT FOLDER FROM THE ORIGINAL DOWNLOADED VERSION. (MANY PEOPLE USE "MY DOCUMENTS" OR SIMILAR FOLDERS FOR THIS PURPOSE).

This product has been designed as one (1) spreadsheet file with multiple worksheets, including "Annual Statement" and "Five-Year Action Plan" forms, including enough Part II forms for thirty (30) developments! The product can be used for the Annual Performance and Evaluation (P & E) report as well as for budgeting.

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I n s t r u c t i o n s (c o n t ' d .)

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

To move from one worksheet to another, simply click on the labeled "file folders" on the computer screen (labelled "Annual_Part I", etc.)

We have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed because they have formulae embedded in them.

However, users may override information in any cell (at their own peril). This is in the spirit of making NAHRO's spreadsheet-based planning tools as flexible as possible, to suit your particular needs. We are always open to your suggestions on additional product ideas, or on improving existing products. (Feel free to call Technical Support in this regard).

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NAHRO CFP MANAGER© Software Print Settings

Worksheet	Print Range	Orientation
Annual Statement Part I	A1..N44	Landscape
Annual Statement Part II	[Various]	"
Annual Statement Part III	A1..L40	"
Five-Year Action Plan Part I	A1..M26	"
Five-Year Action Plan Part II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

Step 2: Start Planning and Reporting!

Annual Statement /Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)				Part I: Summary	
PHA Name: Hialeah Housing Authority		Grant Type and Number Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005	
<input type="checkbox"/> Original Annual Statement 7/26/2005		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 6) 3/18/08	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	\$138,400.00	\$138,400.00	\$138,400.00	\$138,400.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$58,663.94	\$58,663.94	\$58,663.94	\$54,398.77
8	1440 Site Acquisition				
9	1450 Site Improvement	\$349,317.00	\$67,206.70	\$67,206.70	\$67,206.70
10	1460 Dwelling Structures	\$527,884.60	\$847,618.16	\$819,591.16	\$331,504.79
11	1465.1 Dwelling Equipment-Nonexpendable	\$50,525.00	\$50,525.00	\$50,525.00	\$50,525.00
12	1470 Nondwelling Structures	\$37,623.16	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$38,797.30	\$38,797.30	\$38,797.30	\$38,797.30
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Cost				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	\$183,485.00	\$183,484.90	\$183,484.90	\$183,484.90
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,384,696.00	\$1,384,696.00	\$1,356,669.00	\$864,317.46
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security -- Soft Costs				
25	Amount of line 21 Related to Security -- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OPERATIONS		1406						
HA-Wide Mgmt. Improvmts	1) Item 1 2) Item 2 3) Item 3	1408 " "						
			Total 1408					
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$138,400.00	\$138,400.00	\$138,400.00	\$138,400.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$58,663.94	\$58,663.94	\$58,663.94	\$54,398.77	
HA-Wide	Nonroutine vacancy prep.	1460						
"	Nonroutine PM repairs	1460						
"	Appliances	1465						
"	Vehicle replacement	1475						
"	Demolition (specify location[s])	1485						
"	Relocation expenses	1495.1						

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 1 ASHLEY PLAZA	Site:	1450	Total Site:					
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior:	1460	Total B.E.:					
	Dwelling Units:	1460	Total DUs:					
	Dwelling Equipment: Replace A/C Units	1465.1	Total D.E.:	\$23,275.00	\$23,275.00	\$23,275.00	\$23,275.00	
	Interior Common Areas: Dining Room Reservations (Moved to 2007)	1470	Total ICAs:	\$37,623.16	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities:	1470	Total SWFs:					
	Nondwelling Equipment:	1475	Total NDE:					
	Total,		Project Total:	\$60,898.16	\$23,275.00	\$23,275.00	\$23,275.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 2 HOLLAND HALL	Site:	1450	Total Site:					
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior: Window Replacement	1460	Total B.E.:	\$221,268.00	\$221,268.00	\$221,268.00	\$62,289.70	
	Dwelling Units: Bathroom Renovations Moved from 2007	1460	Total DUs:	\$0.00	\$146,608.07	\$146,608.07	\$0.00	
	Dwelling Equipment:	1465.1	Total D.E.:					
	Interior Common Areas:	1470	Total ICAs:					
	Site-Wide Facilities:	1470	Total SWFs:					
	Nondwelling Equipment:	1475	Total NDE:					
	Total,		Project Total:		\$221,268.00	\$367,876.07	\$367,876.07	\$62,289.70

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 3 VIVIAN VILLAS	Site:	1450	Total Site:					
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior:	1460	Total B.E.:					
	Dwelling Units:	1460	Total DUs:					
	Dwelling Equipment: Replace A/C Units	1465.1	Total D.E.:	\$27,250.00	\$27,250.00	\$27,250.00	\$27,250.00	
	Interior Common Areas:	1470	Total ICAs:					
	Site-Wide Facilities:	1470	Total SWFs:					
	Nondwelling Equipment:	1475	Total NDE:					
	Total,		Project Total:	\$27,250.00	\$27,250.00	\$27,250.00	\$27,250.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 4 HOFFMAN GARDENS	Site:	1450	Total Site:					
	Mechanical and Electrical: Exterior Renovations	1460	Total M&E:	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00	
	Building Exterior:	1460	Total B.E.:					
	Dwelling Units:	1460	Total DUs:					
	Dwelling Equipment:	1465.1	Total D.E.:					
	Interior Common Areas:	1470	Total ICAs:					
	Site-Wide Facilities:	1470	Total SWFs:					
	Nondwelling Equipment:	1475	Total NDE:					
	Total,		Project Total:		\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 5 SEMINOLA VILLAS	Site:	1450	Total Site:					
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior:	1460	Total B.E.:					
	Dwelling Units:	1460	Total DUs:					
	Dwelling Equipment:	1465.1	Total D.E.:					
	Interior Common Areas:	1470	Total ICAs:					
	Site-Wide Facilities:	1470	Total SWFs:					
	Nondwelling Equipment:	1475	Total NDE:					
	Total,		Project Total:		\$0.00			

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 6 MILANDER MANOR	Site:	1450	Total Site:					
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior:	1460	Total B.E.:					
	Dwelling Units: Bathroom Renovations Difference moved to 2003	1460	Total DUs:	\$179,017.90	\$169,616.39	\$169,616.39	\$169,616.39	
	Dwelling Equipment:	1465.1	Total D.E.:					
	Interior Common Areas:	1470	Total ICAs:					
	Site-Wide Facilities:	1470	Total SWFs:					
	Nondwelling Equipment: Mailbox Replacement	1475	Total NDE:	\$1,747.00	\$1,747.00	\$1,747.00	\$1,747.00	
Total,		Project Total:	\$180,764.90	\$171,363.39	\$171,363.39	\$171,363.39		

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 8 LA ESPERANZA	Site: Parking Lot Improvements and Landscape & Irrigation (Moved to 2007)	1450	Total Site:	\$290,602.10	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior: Handrail Replacements (Moved to 2007)	1460	Total B.E.:	\$30,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460	Total DUs:					
	Dwelling Equipment:	1465.1	Total D.E.:					
	Interior Common Areas:	1470	Total ICAs:					
	Site-Wide Facilities:	1470	Total SWFs:					
	Nondwelling Equipment:	1475	Total NDE:					
	Total,		Project Total:		\$320,602.10	\$0.00	\$0.00	\$0.00

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 10 BRIGHT VILLAS	Site: Landscaping & Irrigation	1450	Total Site:	\$35,625.00	\$35,098.00	\$35,098.00	\$35,098.00	
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior:	1460	Total B.E.:					
	Dwelling Units: Cabinet Replacement Moved from 2003	1460	Total DUs:	\$17,850.10	\$17,850.10	\$17,850.10	\$17,850.10	
	Dwelling Equipment: Interior Paint (Moved from 2003)	1465.1	Total D.E.:	\$45,000.00	\$47,000.00	\$47,000.00	\$47,000.00	
	Interior Common Areas:	1470	Total ICAs:					
	Site-Wide Facilities:	1470	Total SWFs:					
	Nondwelling Equipment: Recreation Area Improvements	1475	Total NDE:	\$37,050.30	\$37,050.30	\$37,050.30	\$37,050.30	
Total,		Project Total:		\$135,525.40	\$136,998.40	\$136,998.40	\$136,998.40	

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 12 DALE G. BENNETT	Site: Landscaping & Irrigation	1450		\$20,340.00	\$29,358.70	\$29,358.70	\$29,358.70	
			Total Site:					
	Mechanical and Electrical:	1460						
			Total M&E:					
	Building Exterior:	1460						
			Total B.E.:					
	Dwelling Units:	1460						
			Total DUs:					
	Dwelling Equipment:	1465.1						
			Total D.E.:					
Interior Common Areas:	1470							
		Total ICAs:						
Site-Wide Facilities:	1470							
		Total SWFs:						
Nondwelling Equipment:	1475							
		Total NDE:						
Total,		Project Total:		\$20,340.00	\$29,358.70	\$29,358.70	\$29,358.70	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:				
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 16 PROJECT 16	Site: Landscaping & Irrigation	1450	Total Site:	\$2,750.00	\$2,750.00	\$2,750.00	\$2,750.00		
	Mechanical and Electrical:	1460	Total M&E:						
	Building Exterior: Security Improvements	1460	Total B.E.:	\$14,748.60	\$14,748.60	\$14,748.60	\$14,748.60		
	Dwelling Units:	1460	Total DUs:						
	Dwelling Equipment:	1465.1	Total D.E.:						
	Interior Common Areas:	1470	Total ICAs:						
	Site-Wide Facilities:	1470	Total SWFs:						
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,		Project Total:		\$17,498.60	\$17,498.60	\$17,498.60	\$17,498.60	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 20 RUTH A. TINSMAN	Site:	1450	Total Site:					
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior:	1460	Total B.E.:					
	Dwelling Units: Bathroom Renovations Moved from 2008	1460	Total DUs:	\$0.00	\$210,527.00	\$182,500.00	\$0.00	
	Dwelling Equipment:	1465.1	Total D.E.:					
	Interior Common Areas:	1470	Total ICAs:					
	Site-Wide Facilities:	1470	Total SWFs:					
	Nondwelling Equipment:	1475	Total NDE:					
	Total,		Project Total:		\$0.00			

Annual Statement /Performance and Evaluation Report
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Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650105 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 21 PROJECT 21	Site:	1450	Total Site:					
	Mechanical and Electrical:	1460	Total M&E:					
	Building Exterior:	1460	Total B.E.:					
	Dwelling Units:	1460	Total DUs:					
	Dwelling Equipment:	1465.1	Total D.E.:					
	Interior Common Areas:	1470	Total ICAs:					
	Site-Wide Facilities:	1470	Total SWFs:					
	Nondwelling Equipment:	1475	Total NDE:					
	Total,		Project Total:		\$0.00			



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I n s t r u c t i o n s

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Page: (800) 317-8579
Voice: (404) 584-7985
Fax: (404) 584-7786
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Annual Statement Part III	A1..L40	"
Five-Year Action Plan Part I	A1..M26	"
Five-Year Action Plan Part II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

Step 2: Start Planning and Reporting!

Annual Statement /Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)				Part I: Summary	
PHA Name: Hialeah Housing Authority		Grant Type and Number Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006	
<input checked="" type="checkbox"/> Original Annual Statement 6/29/2006		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) 3/18/08	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$120,000.00	\$120,000.00	\$120,000.00	\$120,000.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$50,000.00	\$50,000.00	\$50,000.00	\$850.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$74,576.15	\$74,876.15	\$74,876.15	\$74,600.15
10	1460 Dwelling Structures	\$514,921.85	\$558,338.09	\$441,921.79	\$330,120.04
11	1465.1 Dwelling Equipment-Nonexpendable	\$116,580.00	\$116,530.00	\$116,530.00	\$116,530.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$445,000.00	\$440,363.76	\$256,868.86	\$256,868.86
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,321,078.00	\$1,360,108.00	\$1,060,196.80	\$898,969.05
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security -- Soft Costs				
25	Amount of line 21 Related to Security -- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OPERATIONS		1406		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Mgmt. Improvmts	1) Item 1 2) Item 2 3) Item 3	1408 " "		\$0.00	\$0.00	\$0.00	\$0.00	
			Total 1408	\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$120,000.00	\$120,000.00	\$120,000.00	\$120,000.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$50,000.00	\$50,000.00	\$50,000.00	\$850.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$116,850.00	\$116,530.00	\$116,530.00	\$116,530.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name: Hialeah Housing Authority		Grant Type and Number Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 1 ASHLEY PLAZA	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Hurricane Security Area (Moved from 2003)	1460						
			Total B.E.:	\$51,200.00	\$94,130.24	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$51,200.00	\$94,130.24	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006				
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 2 HOLLAND HALL	Site: Landscaping and irrigation improvements (Urban Plaza)	1450	Total Site:	\$57,576.15	\$57,576.15	\$57,576.15	\$57,576.15		
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Units: Bathroom Renovations Moved From 2007	1460	Total DUs:	\$0.00	\$12,158.91	\$12,158.91	\$12,158.91		
	Dwelling Equipment: Replace Appliances, Range & Refrigerator	1465.1	Total D.E.:	\$58,580.00	\$58,555.00	\$58,555.00	\$58,555.00		
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,			Project Total:	\$116,156.15	\$128,290.06	\$128,290.06	\$128,290.06	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 3 VIVIAN VILLAS	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Bathroom Renovations	1460						
			Total DUs:	\$338,610.97	\$326,452.06	\$309,166.00	\$303,716.00	
	Dwelling Equipment: Replace Appliances, Range & Refrigerator	1465.1						
			Total D.E.:	\$58,000.00	\$57,975.00	\$57,975.00	\$57,975.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		Project Total:		\$396,610.97	\$384,427.06	\$367,141.00	\$361,691.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 4 HOFFMAN GARDENS	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 5 SEMINOLA VILLAS	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		Project Total:		\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 6 MILANDER MANOR	Site: Parking Improvements	1450						
			Total Site:	\$13,800.00	\$13,800.00	\$13,800.00	\$13,524.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Window Replacement	1460						
			Total B.E.:	\$114,148.00	\$114,148.00	\$114,148.00	\$7,796.25	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$127,948.00	\$127,948.00	\$127,948.00	\$21,320.25	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 8 LA ESPERANZA	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		Project Total:		\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 10 BRIGHT VILLAS	Site:	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Door Replacement	1460	Total DUs:	\$5,962.88	\$6,448.88	\$6,448.88	\$6,448.88	
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
	Total,		Project Total:	\$5,962.88	\$6,448.88	\$6,448.88	\$6,448.88	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 12 DALE G. BENNETT	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 16 PROJECT 16	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: New Fence (Moved from 2003)	1460						
			Total B.E.:	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$5,000.00	\$5,000.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 20 RUTH A. TINSMAN	Site: Parking Lot Improvements Disabled Drop Off	1450						
			Total Site:	\$3,200.00	\$3,500.00	\$3,500.00	\$3,500.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		Project Total:		\$3,200.00	\$3,500.00	\$3,500.00	\$3,500.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2006			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650106 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 21 PROJECT 21	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	



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NAHRO

Capital Fund Manager ©

I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *CFP MANAGER© Capital Fund Management Software*. This product is designed to be used with Excel© Version 5.0 or higher or Lotus 1-2-3© for Windows, Version 3 or higher.

CFP MANAGER© helps you plan for the future and saves you hours of valuable staff time, by facilitating the preparation of the CFP portion of the Annual Plan, the CFP Performance and Evaluation ("P&E") report, which also goes along with the Annual Plan, and all the forms required under the program. It is a powerful **planning tool**, which helps you answer "WHAT IF" questions: to simulate various Capital Fund grant levels and capital and management improvement "investment" strategies. It can help you develop contingency plans to cope with the uncertainties we now face. In just a few keystrokes, you can "try on" various versions of your capital budget. It also facilitates Revised Annual Statements and Replacement Housing Factor (RHF) submittals.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, contact Dennis Mobley at:

Cell: (678) 612-3286
Page: (800) 317-8579
Voice: (404) 584-7985
Fax: (404) 584-7786
E-mail: Dmobley671@aol.com

After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.

Step 1: Install

- 1) DOWNLOAD *NAHRO CFP MANAGER©* USING YOUR E-MAIL SOFTWARE, AND BE AWARE INTO WHICH "FOLDER" YOUR E-MAIL PROGRAM PUTS DOWNLOADED FILES
- 2) GET YOUR EXCEL© OR LOTUS© PROGRAM UP AND RUNNING.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER INTO WHICH THE CFP MANAGER© FILE WAS DOWNLOADED, AND OPEN THE FILE WITH EXCEL© OR LOTUS© (THE FILE IS NAMED NCFP101.XLS FOR EXCEL© USERS, NCFP101.WK4 FOR LOTUS© USERS).
- 4) CLICK ON "FILE", "SAVE AS", AND CREATE YOUR FIRST WORKING COPY OF THE FILE. GIVE IT A NEW FILE NAME SUCH AS FY2002A, ETC. YOU MAY WANT TO SAVE THIS FILE INTO A TOTALLY DIFFERENT FOLDER FROM THE ORIGINAL DOWNLOADED VERSION. (MANY PEOPLE USE "MY DOCUMENTS" OR SIMILAR FOLDERS FOR THIS PURPOSE).

This product has been designed as one (1) spreadsheet file with multiple worksheets, including "Annual Statement" and "Five-Year Action Plan" forms, including enough Part II forms for thirty (30) developments! The product can be used for the Annual Performance and Evaluation (P & E) report as well as for budgeting.

NAHRO

Capital Fund Manager ©

I n s t r u c t i o n s (c o n t ' d .)

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

To move from one worksheet to another, simply click on the labeled "file folders" on the computer screen (labelled "Annual_Part I", etc.)

We have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed because they have formulae embedded in them.

However, users may override information in any cell (at their own peril). This is in the spirit of making NAHRO's spreadsheet-based planning tools as flexible as possible, to suit your particular needs. We are always open to your suggestions on additional product ideas, or on improving existing products. (Feel free to call Technical Support in this regard).

For best printing results, use a LASER printer, and print each worksheet separately by **highlighting each one in turn**. First, "Set Print Area" from the "File" menu. On "Page Setup", use "Fit to 1 Page Tall by 1 Wide", and use *landscape* orientation. Use the following ranges where appropriate.

NAHRO CFP MANAGER© Software Print Settings

Worksheet	Print Range	Orientation
Annual Statement Part I	A1..N44	Landscape
Annual Statement Part II	[Various]	"
Annual Statement Part III	A1..L40	"
Five-Year Action Plan Part I	A1..M26	"
Five-Year Action Plan Part II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

Step 2: Start Planning and Reporting!

Annual Statement /Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)				Part I: Summary	
PHA Name: Hialeah Housing Authority		Grant Type and Number Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007	
<input checked="" type="checkbox"/> Original Annual Statement 8/28/2007		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 - 3/18/08)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$140,469.00	\$140,469.00	\$63,372.44	\$63,372.44
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$50,000.00	\$50,000.00	\$5,393.68	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$283,866.24	\$362,851.15	\$0.00	\$0.00
10	1460 Dwelling Structures	\$350,000.00	\$233,391.93	\$132,331.81	\$3,524.90
11	1465.1 Dwelling Equipment-Nonexpendable	\$140,000.00	\$140,000.00	\$102,343.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$37,623.16	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$440,363.76	\$440,363.76	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,404,699.00	\$1,404,699.00	\$303,440.93	\$66,897.34
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security -- Soft Costs				
25	Amount of line 21 Related to Security -- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OPERATIONS		1406		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Mgmt. Improvmts	1) Item 1 2) Item 2 3) Item 3	1408 " "		\$0.00	\$0.00	\$0.00	\$0.00	
			Total 1408	\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$140,469.00	\$140,469.00	\$63,372.44	\$0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$50,000.00	\$50,000.00	\$5,393.68	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$140,000.00	\$140,000.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 1 ASHLEY PLAZA	Site: Parking Lot Improvements	1450						
			Total Site:	\$30,000.00	\$30,000.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: Appliance Replacement	1465.1						
			Total D.E.:	\$80,000.00	\$80,000.00	\$73,008.00	\$0.00	
Interior Common Areas: Dining Room Renovations (Moved from 2005)	1470							
		Total ICAs:	\$0.00	\$37,623.16	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		Project Total:		\$110,000.00	\$147,623.16	\$73,008.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007				
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 2 HOLLAND HALL	Site: Parking Lot Improvements	1450	Total Site:	\$20,000.00	\$20,000.00	\$0.00	\$0.00		
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Units: Bathroom Renovations	1460	Total DUs:	\$350,000.00	\$191,233.02	\$120,172.90	\$3,524.90		
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,			Project Total:	\$370,000.00	\$211,233.02	\$120,172.90	\$3,524.90	

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

PHA Name:		Grant Type and Number		Federal FY of Grant: 2007					
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 3 VIVIAN VILLAS	Site: Parking Lot Improvements \$20,000	1450	Total Site:	\$20,000.00	\$20,000.00	\$0.00	\$0.00		
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Units: Bathroom Renovations (Moved from 2006)	1460	Total DUs:	\$0.00	\$12,158.91	\$12,158.91	\$0.00		
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,			Project Total:	\$20,000.00	\$32,158.91	\$12,158.91	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007				
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 4 HOFFMAN GARDENS	Site:	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00		
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Units:	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007				
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 5 SEMINOLA VILLAS	Site:	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00		
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Units:	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 6 MILANDER MANOR	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 8 LA ESPERANZA	Site: Parking lot, lighting, security, irrigation and landscape improvements	1450						
			Total Site:	\$63,866.24	\$142,761.15	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Handrail Replacement (Moved from 2005)	1460						
			Total B.E.:	\$0.00	\$30,000.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: Appliance Replacement	1465.1						
			Total D.E.:	\$60,000.00	\$60,000.00	\$29,335.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		Project Total:		\$123,866.24	\$232,761.15	\$29,335.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant:				
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 10 BRIGHT VILLAS	Site: Parking Lot Improvements	1450	Total Site:	\$30,000.00	\$30,000.00	\$0.00	\$0.00		
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Units:	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,		Project Total:		\$30,000.00	\$30,000.00	\$0.00	\$0.00	

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 12 DALE G. BENNETT	Site: Parking Lot Improvements	1450						
			Total Site:	\$30,000.00	\$30,000.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		Project Total:		\$30,000.00	\$30,000.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007				
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 16 PROJECT 16	Site: Parking Lot Improvements	1450	Total Site:	\$30,000.00	\$30,000.00	\$0.00	\$0.00		
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Units:	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,			Project Total:	\$30,000.00	\$30,000.00	\$0.00	\$0.00	

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PHA Name:		Grant Type and Number			Federal FY of Grant:			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 20 RUTH A. TINSMAN	Site: Parking Lot Improvements	1450						
			Total Site:	\$60,000.00	\$60,000.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		Project Total:		\$60,000.00	\$60,000.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2007			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650107 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 21 PROJECT 21	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	



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NAHRO

Capital Fund Manager ©

I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *CFP MANAGER© Capital Fund Management Software*. This product is designed to be used with Excel© Version 5.0 or higher or Lotus 1-2-3© for Windows, Version 3 or higher.

CFP MANAGER© helps you plan for the future and saves you hours of valuable staff time, by facilitating the preparation of the CFP portion of the Annual Plan, the CFP Performance and Evaluation ("P&E") report, which also goes along with the Annual Plan, and all the forms required under the program. It is a powerful **planning tool**, which helps you answer "WHAT IF" questions: to simulate various Capital Fund grant levels and capital and management improvement "investment" strategies. It can help you develop contingency plans to cope with the uncertainties we now face. In just a few keystrokes, you can "try on" various versions of your capital budget. It also facilitates Revised Annual Statements and Replacement Housing Factor (RHF) submittals.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, contact Dennis Mobley at:

Cell: (678) 612-3286
Page: (800) 317-8579
Voice: (404) 584-7985
Fax: (404) 584-7786
E-mail: Dmobley671@aol.com

After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.

Step 1: Install

- 1) DOWNLOAD *NAHRO CFP MANAGER©* USING YOUR E-MAIL SOFTWARE, AND BE AWARE INTO WHICH "FOLDER" YOUR E-MAIL PROGRAM PUTS DOWNLOADED FILES
- 2) GET YOUR EXCEL© OR LOTUS© PROGRAM UP AND RUNNING.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER INTO WHICH THE CFP MANAGER© FILE WAS DOWNLOADED, AND OPEN THE FILE WITH EXCEL© OR LOTUS© (THE FILE IS NAMED NCFP101.XLS FOR EXCEL© USERS, NCFP101.WK4 FOR LOTUS© USERS).
- 4) CLICK ON "FILE", "SAVE AS", AND CREATE YOUR FIRST WORKING COPY OF THE FILE. GIVE IT A NEW FILE NAME SUCH AS FY2002A, ETC. YOU MAY WANT TO SAVE THIS FILE INTO A TOTALLY DIFFERENT FOLDER FROM THE ORIGINAL DOWNLOADED VERSION. (MANY PEOPLE USE "MY DOCUMENTS" OR SIMILAR FOLDERS FOR THIS PURPOSE).

This product has been designed as one (1) spreadsheet file with multiple worksheets, including "Annual Statement" and "Five-Year Action Plan" forms, including enough Part II forms for thirty (30) developments! The product can be used for the Annual Performance and Evaluation (P & E) report as well as for budgeting.

NAHRO

Capital Fund Manager ©

I n s t r u c t i o n s (c o n t ' d .)

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

To move from one worksheet to another, simply click on the labeled "file folders" on the computer screen (labelled "Annual_Part I", etc.)

We have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed because they have formulae embedded in them.

However, users may override information in any cell (at their own peril). This is in the spirit of making NAHRO's spreadsheet-based planning tools as flexible as possible, to suit your particular needs. We are always open to your suggestions on additional product ideas, or on improving existing products. (Feel free to call Technical Support in this regard).

For best printing results, use a LASER printer, and print each worksheet separately by **highlighting each one in turn**. First, "Set Print Area" from the "File" menu. On "Page Setup", use "Fit to 1 Page Tall by 1 Wide", and use *landscape* orientation. Use the following ranges where appropriate.

NAHRO CFP MANAGER© Software Print Settings

Worksheet	Print Range	Orientation
Annual Statement Part I	A1..N44	Landscape
Annual Statement Part II	[Various]	"
Annual Statement Part III	A1..L40	"
Five-Year Action Plan Part I	A1..M26	"
Five-Year Action Plan Part II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

Step 2: Start Planning and Reporting!

Annual Statement /Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)				Part I: Summary	
PHA Name: Hialeah Housing Authority		Grant Type and Number Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008	
<input checked="" type="checkbox"/> Original Annual Statement Proposed		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$140,000.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$50,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$293,236.24	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$380,000.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$127,000.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$440,363.76	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,430,600.00	\$0.00	\$0.00	\$0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security -- Soft Costs				
25	Amount of line 21 Related to Security -- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OPERATIONS		1406		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Mgmt. Improvmts	1) Item 1 2) Item 2 3) Item 3	1408 " "		\$0.00	\$0.00	\$0.00	\$0.00	
			Total 1408	\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$140,000.00	\$0.00	\$0.00	\$0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$50,000.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$0.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name: Hialeah Housing Authority		Grant Type and Number Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 1 ASHLEY PLAZA	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Interior Paint	1460						
			Total DUs:	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Interior Common Areas: Repainting	1470							
		Total ICAs:	\$40,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total,			Project Total:	\$140,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 2 HOLLAND HALL	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Interior Paint	1460						
			Total DUs:	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Interior Common Areas: Repainting \$30,000 Mailbox Replacement \$2,000	1470							
		Total ICAs:	\$32,000.00	\$0.00	\$0.00	\$0.00	\$0.00	
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total,			Project Total:	\$82,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008				
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 3 VIVIAN VILLAS	Site:	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00		
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior: Interior Paint	1460	Total DUs:	\$50,000.00	\$0.00	\$0.00	\$0.00		
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas: Repainting	1470	Total D.E.:	\$35,000.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,			Project Total:	\$85,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 4 HOFFMAN GARDENS	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 5 SEMINOLA VILLAS	Site:	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Interior Paint	1460	Total DUs:	\$50,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: Repainting	1470	Total D.E.:	\$65,000.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
	Total,		Project Total:	\$115,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 6 MILANDER MANOR	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Exterior Paint	1460						
			Total B.E.:	\$30,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Interior Paint	1460						
			Total DUs:	\$35,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas: Repainting	1470							
		Total D.E.:	\$20,000.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$85,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008				
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 8 LA ESPERANZA	Site: Parking lot, Landscaping, paving and courtyard improvements (Moved from 2005)	1450	Total Site:	\$293,236.24	\$0.00	\$0.00	\$0.00		
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Units:	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,		Project Total:		\$293,236.24	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 10 BRIGHT VILLAS	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 12 DALE G. BENNETT	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008				
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 16 PROJECT 16	Site:	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00		
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Units:	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,		Project Total:		\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 20 RUTH A. TINSMAN	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:		\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2008			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650108 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 21 PROJECT 21	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	



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NAHRO

Capital Fund Manager ©

I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *CFP MANAGER© Capital Fund Management Software*. This product is designed to be used with Excel© Version 5.0 or higher or Lotus 1-2-3© for Windows, Version 3 or higher.

CFP MANAGER© helps you plan for the future and saves you hours of valuable staff time, by facilitating the preparation of the CFP portion of the Annual Plan, the CFP Performance and Evaluation ("P&E") report, which also goes along with the Annual Plan, and all the forms required under the program. It is a powerful **planning tool**, which helps you answer "WHAT IF" questions: to simulate various Capital Fund grant levels and capital and management improvement "investment" strategies. It can help you develop contingency plans to cope with the uncertainties we now face. In just a few keystrokes, you can "try on" various versions of your capital budget. It also facilitates Revised Annual Statements and Replacement Housing Factor (RHF) submittals.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, contact Dennis Mobley at:

Cell: (678) 612-3286
Page: (800) 317-8579
Voice: (404) 584-7985
Fax: (404) 584-7786
E-mail: Dmobley671@aol.com

After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.

Step 1: Install

- 1) DOWNLOAD *NAHRO CFP MANAGER©* USING YOUR E-MAIL SOFTWARE, AND BE AWARE INTO WHICH "FOLDER" YOUR E-MAIL PROGRAM PUTS DOWNLOADED FILES
- 2) GET YOUR EXCEL© OR LOTUS© PROGRAM UP AND RUNNING.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER INTO WHICH THE CFP MANAGER© FILE WAS DOWNLOADED, AND OPEN THE FILE WITH EXCEL© OR LOTUS© (THE FILE IS NAMED NCFP101.XLS FOR EXCEL© USERS, NCFP101.WK4 FOR LOTUS© USERS).
- 4) CLICK ON "FILE", "SAVE AS", AND CREATE YOUR FIRST WORKING COPY OF THE FILE. GIVE IT A NEW FILE NAME SUCH AS FY2002A, ETC. YOU MAY WANT TO SAVE THIS FILE INTO A TOTALLY DIFFERENT FOLDER FROM THE ORIGINAL DOWNLOADED VERSION. (MANY PEOPLE USE "MY DOCUMENTS" OR SIMILAR FOLDERS FOR THIS PURPOSE).

This product has been designed as one (1) spreadsheet file with multiple worksheets, including "Annual Statement" and "Five-Year Action Plan" forms, including enough Part II forms for thirty (30) developments! The product can be used for the Annual Performance and Evaluation (P & E) report as well as for budgeting.

NAHRO Capital Fund Manager ©

I n s t r u c t i o n s (c o n t ' d .)

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

To move from one worksheet to another, simply click on the labeled "file folders" on the computer screen (labelled "Annual_Part I", etc.)

We have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed because they have formulae embedded in them.

However, users may override information in any cell (at their own peril). This is in the spirit of making NAHRO's spreadsheet-based planning tools as flexible as possible, to suit your particular needs. We are always open to your suggestions on additional product ideas, or on improving existing products. (Feel free to call Technical Support in this regard).

For best printing results, use a LASER printer, and print each worksheet separately by **highlighting each one in turn**. First, "Set Print Area" from the "File" menu. On "Page Setup", use "Fit to 1 Page Tall by 1 Wide", and use *landscape* orientation. Use the following ranges where appropriate.

NAHRO CFP MANAGER© Software Print Settings

Worksheet	Print Range	Orientation
Annual Statement Part I	A1..N44	Landscape
Annual Statement Part II	[Various]	"
Annual Statement Part III	A1..L40	"
Five-Year Action Plan Part I	A1..M26	"
Five-Year Action Plan Part II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

Step 2: Start Planning and Reporting!

Annual Statement /Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)				Part I: Summary	
PHA Name: Hialeah Housing Authority		Grant Type and Number Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:		Federal FY of Grant: 2009	
<input checked="" type="checkbox"/> Original Annual Statement Proposed		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$100,000.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$50,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$200,000.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$501,500.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$44,000.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$114,000.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$440,363.76	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,449,863.76	\$0.00	\$0.00	\$0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security -- Soft Costs				
25	Amount of line 21 Related to Security -- Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
OPERATIONS		1406		\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Mgmt. Improvmts	1) Item 1 2) Item 2 3) Item 3	1408 " "		\$0.00	\$0.00	\$0.00	\$0.00	
			Total 1408	\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide Admin	Funding for PHA Staff @ 10% of the annual grant amount in accordance with approved salary allocation plan	1410		\$100,000.00	\$0.00	\$0.00	\$0.00	
HA-Wide Fees and Costs	A & E services @ 7% of the annual grant amount, based on actual scope of design work	1430		\$50,000.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Nonroutine vacancy prep.	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Nonroutine PM repairs	1460		\$0.00	\$0.00	\$0.00	\$0.00	
"	Appliances	1465		\$44,000.00	\$0.00	\$0.00	\$0.00	
"	Vehicle replacement	1475		\$0.00	\$0.00	\$0.00	\$0.00	
"	Demolition (specify location[s])	1485		\$0.00	\$0.00	\$0.00	\$0.00	
"	Relocation expenses	1495.1		\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 1 ASHLEY PLAZA	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 2 HOLLAND HALL	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Exterior Paint	1460						
			Total B.E.:	\$55,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$55,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 3 VIVIAN VILLAS	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Exterior Paint	1460						
			Total DUs:	\$35,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas:	1470						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment: Replace Mailboxes	1475							
		Total NDE:	\$2,000.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$37,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009				
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
FL29-P066 4 HOFFMAN GARDENS	Site:	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00		
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00		
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Units:	1460	Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
	Total,			Project Total:	\$0.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 5 SEMINOLA VILLAS	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:		\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: Replace Appliances	1465.1						
			Total D.E.:	\$30,000.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total D.E.:		\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		Project Total:		\$30,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 6 MILANDER MANOR	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460						
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Re-Tile Units	1460						
			Total DUs:	\$80,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$80,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 8 LA ESPERANZA	Site: Parking lot, Landscaping, paving and courtyard improvements (Moved from 2005)	1450	Total Site:	\$200,000.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Interior Paint - Elderly Units	1460	Total DUs:	\$50,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1	Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Nondwelling Equipment: Mailbox Replacement \$2,000 Elevator Renovations \$110,000	1475	Total NDE:	\$112,000.00	\$0.00	\$0.00	\$0.00	
	Total,		Project Total:	\$362,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 10 BRIGHT VILLAS	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Exterior Paint	1460						
			Total B.E.:	\$35,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$35,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 12 DALE G. BENNETT	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Exterior Paint	1460						
			Total B.E.:	\$35,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units:	1460						
			Total DUs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,		Project Total:		\$35,000.00	\$0.00	\$0.00	\$0.00	

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

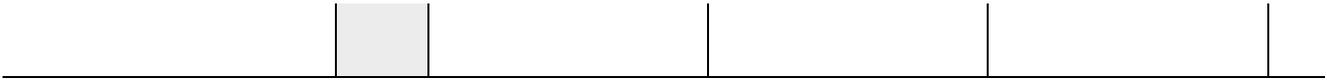
PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 16 PROJECT 16	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Exterior Paint \$46,000 Hurricane Panels \$20,000	1460						
			Total B.E.:	\$66,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Interior Paint	1460						
			Total DUs:	\$42,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$108,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 20 RUTH A. TINSMAN	Site:	1450						
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460						
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: Paint Exterior	1460						
			Total B.E.:	\$35,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Paint Units	1460						
			Total DUs:	\$59,000.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment:	1465.1						
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
Interior Common Areas:	1470							
		Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00		
Site-Wide Facilities:	1470							
		Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00		
Nondwelling Equipment:	1475							
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total,			Project Total:	\$94,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name:		Grant Type and Number			Federal FY of Grant: 2009			
Hialeah Housing Authority		Capital Fund Program Grant No. FL14P06650109 Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
FL29-P066 21 PROJECT 21	Site:	1450	Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical:	1460	Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior:	1460	Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: Paint Units	1460	Total DUs:	\$9,500.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: Replace Appliances	1465.1	Total D.E.:	\$14,000.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas:	1470	Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities:	1470	Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Nondwelling Equipment:	1475	Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00	
	Total,		Project Total:	\$23,500.00	\$0.00	\$0.00	\$0.00	



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Chapter 16

COMMUNITY SERVICE

[24 CFR Part 960 Subpart F and 24 CFR 903.7(l)]

INTRODUCTION

IMPORTANT NOTICE

The community service requirement was suspended for Federal Fiscal Year 2002, for all developments except HOPE VI developments (Department of Veteran Affairs and Housing and Urban Development, and Independent Agencies Appropriation Act, 2002, at Section 432). The requirement has been reinstated for Federal fiscal year 2003.

A. REQUIREMENT

Each adult resident of the PHA shall:

Contribute 8 hours per month of community service (not including political activities) within the community in which that adult resides; or

Participate in an economic self-sufficiency program (defined below) for 8 hours per month; or

Perform 8 hours per month of combined activities (community service and economic self-sufficiency program)

B. EXEMPTIONS

The PHA shall provide an exemption from the community service requirement for any individual who:

Is 62 years of age or older;

Is a blind or disabled individual, as defined under section 216[i][1] or 1614 of the Social Security Act, and who is unable to comply with this section, or is a primary caretaker of such individual;

Is engaged in a work activity as defined in section 407[d] of the Social Security Act;

Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program; or

Is in a family receiving assistance under a State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such program.

The PHA will re-verify exemption status annually except in the case of an individual who is 62 years of age or older.

The PHA will permit residents to change exemption status during the year if status changes.

C. DEFINITION OF ECONOMIC SELF-SUFFICIENCY PROGRAM

For purposes of satisfying the community service requirement, participating in an economic self-sufficiency program is defined, in addition to the exemption definitions described above, by HUD as: Any program designed to encourage, assist, train or facilitate economic independence of assisted families or to provide work for such families.

These economic self-sufficiency programs can include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The PHA will give residents the greatest choice possible in identifying community service opportunities.

The PHA will consider a broad range of self-sufficiency opportunities.

D. ANNUAL DETERMINATIONS

For each public housing resident subject to the requirement of community service, the PHA shall, at least 30 days before the expiration of each lease term, review and determine the compliance of the resident with the community service requirement.

Such determination shall be made in accordance with the principles of due process and on a nondiscriminatory basis.

The PHA will verify compliance annually. If qualifying activities are administered by an organization other than the PHA, the PHA will obtain verification of family compliance from such third parties.

Family members will not be permitted to self-certify that they have complied with community service requirements.

E. NONCOMPLIANCE

If the PHA determines that a resident subject to the community service requirement has not complied with the requirement, the PHA shall notify the resident of such noncompliance, and that:

The determination of noncompliance is subject to the administrative grievance procedure under the PHA's Grievance Procedures; and

Unless the resident enters into an agreement to comply with the community service requirement, the resident's lease will not be renewed, and

The PHA may not renew or extend the resident's lease upon expiration of the lease term and shall take such action as is necessary to terminate the tenancy of the household, unless the PHA enters into an agreement, before the expiration of the lease term, with the resident providing for the resident to cure any noncompliance with the community service requirement, by participating in an economic self-sufficiency program for or contributing to community service as many additional hours as the resident needs to comply in the aggregate with such requirement over the 12-month term of the lease.

The head of household and the noncompliant adult must sign the agreement to cure.

Ineligibility for Occupancy for Noncompliance

The PHA shall not renew or extend any lease, or provide any new lease, for a dwelling unit for any household that includes an adult member who was subject to the community service requirement and failed to comply with the requirement.

F. PHA RESPONSIBILITY

The PHA will ensure that all community service programs are accessible for persons with disabilities.

The PHA will ensure that:

The conditions under which the work is to be performed are not hazardous;

The work is not labor that would be performed by the PHA's employees responsible for essential maintenance and property services; or

The work is not otherwise unacceptable.

HIALEAH HOUSING AUTHORITY'S

DECONCENTRATION POLICY

It is the policy of the Hialeah Housing Authority to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments.

Towards this end, upon examination of the Waiting List, the next eligible family's Income Limit will determine the development in which the family will be housed, if more than vacant unit of the size required by the family is available. We will accomplish this in a uniform and non-discriminating manner.

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

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

RESOLUTION 99-16

Resolution of the Board of Commissioners to Adopt a Policy of Deconcentration for the Public Housing Program.

WHEREAS, Public Housing Authorities in accordance with the Quality of Housing and work Responsibility Act of 1998, are prohibited from concentrating Low Income Families in Public Housing, and

WHEREAS, Public Housing Authorities are required by this Act to Develop a policy designed to provide for deconcentration of poverty and income mixing, and

WHEREAS, The Hialeah Housing Authority in accordance with this requirement has developed a policy herein (see attached) and have made changes to its admissions policy.

THEREFORE , BE IT RESOLVED by the Board of Commissioners of the Hialeah Housing Authority , hereby adopts this Resolution.

PASSED and Adopted this 5th day of August 1999.

HIALEAH HOUSING AUTHORITY

Julio Ponce, Chairman

ATTEST:

Maria M. Roca, Secretary

Chapter 10

PET POLICY – ELDERLY/DISABLED PROJECTS

[24 CFR Part 5, Subpart C]

INTRODUCTION

PHAs have discretion to decide whether or not to develop policies pertaining to the keeping of pets in public housing units. This Chapter explains the PHA's policies on the keeping of pets and any criteria or standards pertaining to the policy for elderly/disabled projects. The rules adopted are reasonably related to the legitimate interest of this PHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest of the PHA.

The purpose of this policy is to establish the PHA's policy and procedures for ownership of pets in elderly and disabled units and to ensure that no applicant or resident is discriminated against regarding admission or continued occupancy because of ownership of pets. It also establishes reasonable rules governing the keeping of common household pets.

A. STANDARDS FOR PETS

Pet rules will not be applied to animals that assist persons with disabilities.

Persons With Disabilities

To be excluded from the pet policy, the resident/pet owner must certify:

- That there is a person with disabilities in the household;**
- That the animal has been trained to assist with the specified disability; and**
- That the animal actually assists the person with the disability.**

Types of Pets Allowed

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

Tenants are not permitted to have more than one *type* of pet.

1. **Birds**

**Maximum number - two
Must be enclosed in a cage at all times**

2. **Fish**

Maximum aquarium size - 25 gallons

B. PETS TEMPORARILY ON THE PREMISES

Pets that are not owned by a tenant will not be allowed.

Residents are prohibited from feeding or harboring stray animals.

C. PET AREA RESTRICTIONS

Pets must be maintained within the resident's unit.

D. NOISE

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

E. CLEANLINESS REQUIREMENTS

The resident/pet owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

F. PET CARE

No pet (excluding fish) shall be left unattended in any apartment for a period in excess of 24 hours.

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

G. RESPONSIBLE PARTIES

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

H. PET RULE VIOLATION NOTICE

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

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

That the resident/pet owner has 3 days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;

That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

I. NOTICE FOR PET REMOVAL

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

The Notice shall contain:

A brief statement of the factual basis for the PHA's determination of the Pet Rule that has been violated;

The requirement that the resident /pet owner must remove the pet within 3 days of the notice; and

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

J. TERMINATION OF TENANCY

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

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

K. PET REMOVAL

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. Includes pets who are poorly cared for or have been left unattended for over 24 hours.

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

L. EMERGENCIES

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

Chapter 11

PET POLICY – GENERAL OCCUPANCY (FAMILY) PROJECTS

[24 CFR Part 960, Subpart G]

INTRODUCTION

This Chapter explains the PHA's policies on the keeping of pets in general occupancy projects and any criteria or standards pertaining to the policy. The rules adopted are reasonably related to the legitimate interest of this PHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest of the PHA.

This policy does not apply to animals that are used to assist, support or provide service to persons with disabilities, or to service animals that visit public housing developments.

A. ANIMALS THAT ASSIST, SUPPORT OR PROVIDE SERVICE TO PERSONS WITH DISABILITIES

The resident/pet owner will be required to qualify animals (for exclusion from the pet policy) that assist, support or provide service to persons with disabilities.

Pet rules will not be applied to animals that assist, support or provide service to persons with disabilities. This exclusion applies to both service animals and companion animals as reasonable accommodation for persons with disabilities. This exclusion applies to such animals that reside in public housing and that visit these developments.

B. STANDARDS FOR PETS

Types of Pets Allowed

No types of pets other than the following may be kept by a resident. The following types and qualifications are consistent with applicable State and local law.

1. Birds

- * Maximum number - two
- * Must be enclosed in a cage at all times

2. Fish

Maximum aquarium size - 25 gallons

C. PETS TEMPORARILY ON THE PREMISES

Excluded from the premises are all animals and/or pets not owned by residents, except for service animals.

Residents are prohibited from feeding or harboring stray animals.

D. PET RULE VIOLATION NOTICE

Residents who violate these rules are subject to:

Mandatory removal of the pet from the premises within 3 days of notice by the Housing Authority; or if for a threat to health and safety, removal within 24 hours of notice.

Lease termination proceedings.

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

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

That the resident/pet owner has 3 days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;

That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

E. NOTICE FOR PET REMOVAL

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

The Notice shall contain:

A brief statement of the factual basis for the PHA's determination of the Pet Rule that has been violated;

The requirement that the resident/ pet owner must remove the pet within 3 days of the notice; and

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

F. TERMINATION OF TENANCY

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

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

G. PET REMOVAL

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. This includes pets who are poorly cared for or have been left unattended for over 24 hours.

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

H. EMERGENCIES

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

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

This Pet Policy will be incorporated by reference into the Dwelling Lease signed by the resident, and therefore, violation of the above Policy will be grounds for termination of the lease.

Hialeah Housing Authority
Public Housing Conversion
Assessment
For the Annual Plan Year Ending
December 31, 2009

a. How many of the PHA's developments are subject to the required initial assessments?

Seven (7)

b. How many of the PHA's developments are not subject to the required initial assessments based on exemptions?

Six (6)

c. How many assessments were conducted for the PHA's covered developments?

Seven (7)

d. Identify PHA developments that may be appropriate for conversion based on the required initial assessments?

There are no developments that are appropriate for conversion for the FYE 2009.

d. If the PHA has not completed the required initial assessments, describe the status of these assessments?

All required assessments have been completed.

Complexes NOT Subject to Section 202 Conversion

Vernon Ashley Plaza	200 units	FL066-001
Evelyn Holland Hall	101 units	FL066-002
Vivian Villas	100 units	FL066-003
Henry Milander Manor	60 units	FL066-006
La Esperanza	80 units	FL066-008
Ruth A. Tinsman Pavilion	100 units	FL066-020

Complexes Subject to Section 202 Conversion

Hoffman Gardens	200 units	FL066-004
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Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

Donald F. Scott 50 units FL066-005

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

La Esperanza 53 units FL066-008

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

James H. Bright Villas 50 units FL066-010

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

Dale G. Bennett 50 units FL066-012

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

Project 16 60 units FL066-016

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

Project 21 14 units FL066-021

Conversion is inappropriate for the following reasons:

- a. it is less costly to operate the complex, on a per unit/month basis, than Section 8 Housing Choice Vouchers, and,
- b. occupancy in the complex remains at or above 97% of the available units.

Conclusion: Based on the Hialeah Housing Authority's initial conversion assessment, there are no complexes meeting the criteria for Section 202 conversions during 2009.

Cost and per unit information can be reviewed on the attached financial statements.

**HIALEAH HOUSING AUTHORITY
COMPARISON OF PH VS S8 VOUCHER PER MONTH UNIT COSTS
FOR THE ANNUAL PLAN YEAR ENDING DECEMBER 31, 2009**

PUBLIC HOUSING

PH Total Costs	5,653,520
CFP Total Costs	1,666,512
Drug Grants	0
Divided by:	
Unit Months	<u>13,262</u>
Monthly PH unit Costs	<u>552</u>

SECTION 8

Section 8 Total Costs	27,490,855
Divided by:	
Unit Months	<u>38,939</u>
Monthly S8 unit Costs	<u>706</u>

Notes:

1. All costs are based on the FYE December 31, 2007 audited filed FASS financial statements.
2. CFP includes hard/soft costs & depreciation.
3. PH & S8 costs include depreciation of existing assets & operating transfers out.

**HIALEAH HOUSING AUTHORITY
CAPITAL FUND PROGRAM
PROJECTED TOTAL EXPENSES
FOR THE YEAR ENDING DECEMBER 31, 2009**

EXPENSES

ADMINISTRATIVE

Administrative salaries	85,171
Auditing fees	-
Compensated absences	-
Employee benefits – administrative	28,093
Other operating – administrative	341

TENANT SERVICES

Tenant services – salaries	-
Employee benefits - tenant services	-
Tenant services – other	-

UTILITIES

Water	-
Electricity	-
Gas	-
Other utility expense	-

ORDINARY MAINTENANCE & OPERATION

Labor	-
Materials and other	2,598
Contract costs	4,302
Employee benefits – maintenance	-

PROTECTIVE SERVICES

Labor	-
Contract costs	-

GENERAL EXPENSES

Insurance	-
Other general expenses	-
Payments in lieu of taxes	-
Bad debt - tenant rents	-
Bad debt – other	-
Interest expense	-

TOTAL OPERATING EXPENSES

120,505

Extraordinary Maintenance	313,268
Capital Fund Hard Costs	783,187
Depreciation expense/Operating transfers	449,552

TOTAL EXPENSES

1,666,512

**HIALEAH HOUSING AUTHORITY
PUBLIC HOUSING
PROJECTED TOTAL EXPENSES
FOR THE YEAR ENDING DECEMBER 31, 2009**

EXPENSES

ADMINISTRATIVE

911	Administrative salaries	248,230
912	Auditing fees	7,548
914	Compensated absences	-
915	Employee benefits – administrative	77,089
916	Other operating – administrative	257,977

TENANT SERVICES

921	Tenant services – salaries	164,091
923	Employee benefits - tenant services	80,215
924	Tenant services – other	40,954

UTILITIES

931	Water	86,069
932	Electricity	186,502
933	Gas	11,905
938	Other utility expense	100,276

ORDINARY MAINTENANCE & OPERATION

941	Labor	469,536
942	Materials and other	189,066
943	Contract costs	566,310
945	Employee benefits – maintenance	200,848

PROTECTIVE SERVICES

951	Labor	-
952	Contract costs	14,040

GENERAL EXPENSES

961	Insurance	500,724
962	Other general expenses	774,917
963	Payments in lieu of taxes	257,181
964	Bad debt - tenant rents	27,956
966	Bad debt – other	-
967	Interest expense	142,982

969	TOTAL OPERATING EXPENSES	4,404,416
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971	Extraordinary Maintenance	149,636
973	Housing assistance payments	-
974	Depreciation expense	1,099,468

900	TOTAL EXPENSES	5,653,520
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**HIALEAH HOUSING AUTHORITY
VOUCHER PROGRAM
TOTAL HAP, ADMIN FEE AND AUDIT EXPENSE COSTS
FOR THE YEAR ENDING DECEMBER 31, 2009**

EXPENSES

ADMINISTRATIVE

General Expenses

Auditing fees

Housing assistance payments

Operating transfers

2,992,239

23,576,584

922,032

TOTAL EXPENSES

27,490,855

Total unit months

38,939

Hialeah Housing Authority

Resident Advisory Board

<p>Donald F. Scott Villas</p> <p>N/A</p>	<p>Milander Manor</p> <p>Lucina Valido 815 West 75 Street Apt. 103 Hialeah, FL 33014</p>
<p>Hoffman Gardens</p> <p>Mirta Fernandez 985 West 75th Street Apt. D Hialeah, FL 33014</p>	<p>Ruth A. Tinsman Pavilion</p> <p>Lucia Rodriguez 6545 West 24 Avenue Apt. 408 Hialeah, FL 33016</p>
<p>Holland Hall</p> <p>Emilia Molina 555 East 1st Avenue Apt. 710 Hialeah, FL 33010</p>	<p>Vernon Ashley Plaza</p> <p>Zayda De La Cruz 70 East 7 Street Apt. 202 Hialeah, FL 33010</p>
<p>La Esperanza</p> <p>Alicia Perez 1770 West 44 Place Apt. 213 Hialeah, FL 33012</p>	<p>Vivian Villas</p> <p>Armantina Suero 4650 West 12 Avenue Apt. 304 Hialeah, FL 33012</p>

Hialeah Housing Authority

Resident Commissioner

Ms. Alicia Perez was appointed by the Mayor of the City of Hialeah to the Hialeah Housing Authority Board of Commissioners on May 18, 2004.

HIALEAH HOUSING AUTHORITY
Board of Commissioners

Commissioners	Swearing In Date	Date of Appointment	Term Expiration
Ruth A. Tinsman <i>Chairperson</i>	December 8, 1995	June 14, 2005	February 14, 2009
Father Jose Luis Paniagua	November 28, 2005	November 8, 2005	February 14, 2008
Benjamin Alvarez <i>Vice-Chairman</i>	March 20, 2003	June 14, 2005	February 14, 2009
Anita Wydra	May 25, 2004	May 18, 2004	February 14, 2007
Alicia Perez	May 25, 2004	May 18, 2004	February 14, 2007