

1.0	PHA Information PHA Name: <u>DeLand Housing Authority</u> PHA Code: <u>FL072</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2009</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____ Number of HCV units: <u>749</u>																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) – <i>N/A</i>																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 5%;">PH</th> <th style="width: 5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. – <i>N/A – Annual Plan</i>																										
5.1	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 for the next five years: - <i>N/A – Annual Plan</i>																										
5.2	Goals and Objectives. Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. – <i>N/A – Annual Plan</i>																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: LINDA – LET ME KNOW IF ANY OF THESE CHANGED – BELOW ELEMENTS LISTED IN INSTRUCTIONS <ul style="list-style-type: none"> • <u>Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures:</u> <i>No revisions since DHA’s prior plan submission.</i> • <u>Financial Resources:</u> <i>No revisions since DHA’s prior plan submission.</i> • <u>Rent Determination:</u> <i>No revisions since DHA’s prior plan submission.</i> • <u>Operation and Management:</u> <i>No revisions since DHA’s prior plan submission.</i> • <u>Grievance Procedures:</u> <i>No revisions since DHA’s prior plan submission.</i> • <u>Designated Housing for Elderly and Disabled Families:</u> <i>No revisions since DHA’s prior plan submission.</i> • <u>Community Service and Self Sufficiency:</u> <i>No revisions since DHA’s prior plan submission.</i> • <u>Safety and Crime Protection:</u> <i>No revisions since DHA’s prior plan submission.</i> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <ul style="list-style-type: none"> • <i>Main administrative office of the PHA</i> • <i>Administrative office, City of DeLand</i> • <i>Main administrative office of Volusia County</i> 																										

7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>(a) Hope VI – N/A</p> <p>Mixed Finance: <i>We now are actively pursuing available financing for the replacement of the 200 Public Housing Units with a number, yet to be determined. The DHA has selected a developer through the RFQ process. By Resolution 2008-01 the DHA Board Members approved the C.E.O./Executive Director to pursue negotiations and enter into a contract with Picerne Affordable Development LLC to develop mixed finance units for the Authority. The total number of units and bedroom size to be built will be determined once all the fund sources have been defined. DHA is planning on a three story elevator building for the elderly (Laurel Villa) and is still working on the details for the family units (Laurel Court).</i></p> <ul style="list-style-type: none"> • <i>Currently we are pursuing the funding for our Mixed-Income Units by applying for the 2009 Florida Housing Finance 9% Tax Credit which is due in May 2009, as well as having the developer apply for the Volusia County SHIP money.</i> • <i>DHA is planning to use some of our Capital Fund money we have designated for replacement of our former Public Housing Units.</i> • <i>American Recovery and Reinvestment Act Capital Funds (ARRA) that DHA will receive in 2009 will also be used to replace units.</i> • <i>We may have no other option than to consider some Bond financing, although we would prefer not to do so.</i> <p><i>DHA will work to secure funds from all available sources to pay for the construction and all of the other associated costs with building the development. No definite forecast can be given at this point in time. We are building block buildings, no stick construction. This is more expensive, but we have a better chance during the hurricane season and will receive better insurance rates.</i></p> <p>Demolition and Relocation: <i>Completed.</i></p> <p>Conversion of Public Housing: <i>N/A</i></p> <p>Homeownership Programs: <i>N/A</i></p> <p>Project Based Vouchers: <i>Redevelopment activities related to the demolition and new construction of Oakland Terrace warrant a portion of project-based vouchers to ensure overall financial feasibility of the development, especially for our low-income residents.</i></p> <p><i>The DeLand Housing Authority will consider utilizing the allowable maximum number of project-based vouchers at the redevelopment Oakland Terrace Development site, which is located in Census Tract 906.</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. – <i>See Attachments A through D.</i></p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. – <i>See Attachment E.</i></p>
8.3	<p>Capital Fund Financing Program (CFFP). – N/A</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. – <i>Not due at this time (High Performer - will be provided with the Annual Plan submitted with next 5-Year Plan as required).</i></p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. – <i>Not due at this time (High Performer - will be provided with the Annual Plan submitted with next 5-Year Plan as required).</i></p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested. – <i>Not due at this time (High Performer - will be provided with the Annual Plan submitted with next 5-Year Plan as required).</i></p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p>

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) – <i>Sent separately.</i> (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) – <i>Sent separately.</i> (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) – <i>Sent separately.</i> (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) – <i>Sent separately.</i> (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) – <i>Sent separately.</i> (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. <i>N/A – no Public Housing units.</i> (g) Challenged Elements – <i>None.</i> (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) <ul style="list-style-type: none"> <i>Attachment A – FL29R072501-09</i> <i>Attachment B – FL29S072501-09</i> <i>Attachment C – FL29R072501-08</i> <i>Attachment D – FL29P072-501-07</i> (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <ul style="list-style-type: none"> <i>Attachment E</i> (j) <i>DHA VAWA Policy Included in 2009 Annual Agency Plan – Attachment F</i>
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ATTACHMENT A – FL29R072501-09

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

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

Part I: Summary						
PHA Name: DELAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL29R072501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds	0.00				
2	1406 Operations (may not exceed 20% of line 21) ³	0.00				
3	1408 Management Improvements	0.00				
4	1410 Administration (may not exceed 10% of line 21)	36,773.00				
5	1411 Audit	0.00				
6	1415 Liquidated Damages	0.00				
7	1430 Fees and Costs	0.00				
8	1440 Site Acquisition	0.00				
9	1450 Site Improvement	0.00				
10	1460 Dwelling Structures	0.00				
11	1465.1 Dwelling Equipment—Nonexpendable	0.00				
12	1470 Non-dwelling Structures	0.00				
13	1475 Non-dwelling Equipment	0.00				
14	1485 Demolition	0.00				
15	1492 Moving to Work Demonstration	0.00				
16	1495.1 Relocation Costs	0.00				
17	1499 Development Activities ⁴	330,964.00				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

ATTACHMENT A – FL29R072501-09

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

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

Part I: Summary					
PHA Name: DELAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: FL29R072501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0.00			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00			
19	1501 Contingency (may not exceed 8% of line 20)	0.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	367,737.00			
21	Amount of line 20 Related to LBP Activities	0.00			
22	Amount of line 20 Related to Section 504 Activities	0.00			
23	Amount of line 20 Related to Security - Soft Costs	0.00			
24	Amount of line 20 Related to Security - Hard Costs	0.00			
25	Amount of line 20 Related to Energy Conservation Measures	0.00			
Signature of Executive Director /C.E.O.  Linda A. McDonnell, PHM		Date 4/2/09	Signature of Public Housing Director		Date

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ATTACHMENT B – FL29S072501-09

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

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

Part I: Summary						
PHA Name: DELAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: (ARRA Capital Funds) FL29S072501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds	0.00				
2	1406 Operations (may not exceed 20% of line 21) ³	0.00				
3	1408 Management Improvements	0.00				
4	1410 Administration (may not exceed 10% of line 21)	46,548.00				
5	1411 Audit	0.00				
6	1415 Liquidated Damages	0.00				
7	1430 Fees and Costs	0.00				
8	1440 Site Acquisition	0.00				
9	1450 Site Improvement	0.00				
10	1460 Dwelling Structures	0.00				
11	1465.1 Dwelling Equipment—Nonexpendable	0.00				
12	1470 Non-dwelling Structures	0.00				
13	1475 Non-dwelling Equipment	0.00				
14	1485 Demolition	0.00				
15	1492 Moving to Work Demonstration	0.00				
16	1495.1 Relocation Costs	0.00				
17	1499 Development Activities ⁴	418,934.00				

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ATTACHMENT B – FL29PS072501-09

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

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

Part I: Summary					
PHA Name: DELAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: (ARRA Capital Funds) FL29S072501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0.00			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00			
19	1502 Contingency (may not exceed 8% of line 20)	0.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	465,482.00			
21	Amount of line 20 Related to LBP Activities	0.00			
22	Amount of line 20 Related to Section 504 Activities	0.00			
23	Amount of line 20 Related to Security - Soft Costs	0.00			
24	Amount of line 20 Related to Security - Hard Costs	0.00			
25	Amount of line 20 Related to Energy Conservation Measures	0.00			
Signature of Executive Director /C.E.O.  Linda A. McDonnell, PHM		Date 4/2/09		Signature of Public Housing Director Date	

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ATTACHMENT B – FL29PS072501-09

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

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

Part II: Supporting Pages								
PHA Name: DELAND HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: FL29S072501-09 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
FL072 PHA-Wide	Administration	1410		46,548.00				
	SUBTOTAL 1410 ACCOUNT			46,548.00				
FL072 PHA-Wide	Development Activities	1499		418,934.00				
	SUBTOTAL 1499 ACCOUNT			465,482.00				
				465,482.00				
	GRAND TOTAL							

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ATTACHMENT C – FL29R072501-08

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

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

Part I: Summary						
PHA Name: DELAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL29R072501-08 Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval: 2008	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/08 <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 dated 1/2/09) <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds	0.00	0.00	0.00	0.00	
2	1406 Operations (may not exceed 20% of line 21) ³	0.00	0.00	0.00	0.00	
3	1408 Management Improvements	0.00	0.00	0.00	0.00	
4	1410 Administration (may not exceed 10% of line 21)	0.00	36,773.00	36,773.00	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	0.00	0.00	0.00	0.00	
8	1440 Site Acquisition	0.00	0.00	0.00	0.00	
9	1450 Site Improvement	0.00	0.00	0.00	0.00	
10	1460 Dwelling Structures	0.00	0.00	0.00	0.00	
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00	
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00	
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00	
14	1485 Demolition	0.00	0.00	0.00	0.00	
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00	
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00	
17	1499 Development Activities ⁴	367,737.00	330,964.00	330,964.00	29,844.19	

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

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

Part I: Summary					
PHA Name: DELAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: FL29R072501-08 Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval: 2008			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 dated 1/2/09) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	367,737.00	367,737.00	367,737.00	29,844.19
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00
Signature of Executive Director /C.E.O.		Date 4/2/09		Signature of Public Housing Director	
 Linda A. McDonnell, PHM				Date	

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ATTACHMENT C – FL29R072501-08

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

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

Part II: Supporting Pages								
PHA Name: DELAND HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): No Replacement Housing Factor Grant No: FL29R072501-08			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
FL072 – PHA-Wide	Administration	1410		0.00	36,773.00	36,773.00	0.00	Pending
	SUBTOTAL – 1410 ACCOUNT			0.00	36,773.00	36,773.00	0.00	
FL072 - PHA-Wide	Development Activities	1499		367,737.00	330,964.00	330,964.00	29,844.19	In progress
	SUBTOTAL – 1499 ACCOUNT			367,737.00	330,964.00	330,964.00	29,844.19	
	GRAND TOTAL			367,737.00	367,737.00	367,737.00	29,844.19	

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.

ATTACHMENT D – FL29P072501-07

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

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

Part I: Summary						
PHA Name: DELAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: FL29P072501-07 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval: 2007	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/08 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds	0.00	0.00	0.00	0.00	
2	1406 Operations (may not exceed 20% of line 21) ³	313,573.00	313,573.00	313,573.00	313,573.00	
3	1408 Management Improvements	0.00	0.00	0.00	0.00	
4	1410 Administration (may not exceed 10% of line 21)	34,841.00	34,841.00	34,841.00	14,520.00	
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	0.00	0.00	0.00	0.00	
8	1440 Site Acquisition	0.00	0.00	0.00	0.00	
9	1450 Site Improvement	0.00	0.00	0.00	0.00	
10	1460 Dwelling Structures	0.00	0.00	0.00	0.00	
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00	
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00	
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00	
14	1485 Demolition	0.00	0.00	0.00	0.00	
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00	
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00	
17	1499 Development Activities ⁴	0.00	0.00	0.00	0.00	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

ATTACHMENT D – FL29P072501-07

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

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

Part I: Summary					
PHA Name: DELAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: FL29P072501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/08 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	348,414.00	348,414.00	348,414.00	328,093.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00
Signature of Executive Director /C.E.O.		Date 4/2/09		Signature of Public Housing Director	
 Linda A. McDonnell, PHM				Date	

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

ATTACHMENT D – FL29P072501-07

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

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

Part II: Supporting Pages								
PHA Name: DELAND HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: FL29P072501-07 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
FL072 PHA-Wide	Operations	1406		313,573.00	313,573.00	313,573.00	313,573.00	Complete
	SUBTOTAL – 1406 ACCOUNT			313,573.00	313,573.00	313,573.00	313,573.00	
FL072 PHA-Wide	Administration	1410		34,841.00	34,841.00	34,841.00	14,520.00	In progress
	SUBTOTAL – 1499 ACCOUNT			34,841.00	34,841.00	34,841.00	14,520.00	
	GRAND TOTAL			348,414.00	348,414.00	348,414.00	328,093.00	

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.

ATTACHMENT E – 5-YEAR ACTION PLAN

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary						
PHA Name/Number DELAND HOUSING AUTHORITY / FL072		Locality (City/County & State) DELAND / VOLUSIA COUNTY / FLORIDA			<input checked="" type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name <i>FL072 Laurel Court/Laurel Villas</i>	Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2 FFY <u>2010</u>	Work Statement for Year 3 FFY <u>2011</u>	Work Statement for Year 4 FFY <u>2012</u>	Work Statement for Year 5 FFY <u>2013</u>
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		36,773.00	36,773.00	36,773.00	36,773.00
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development		330,964.00	330,964.00	330,964.00	330,964.00
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		367,737.00	367,737.00	367,737.00	367,737.00
L.	Total Non-CFP Funds					
M.	Grand Total		367,737.00	367,737.00	367,737.00	367,737.00

ATTACHMENT F

DELAND HOUSING AUTHORITY VAWA POLICY

DELAND HOUSING AUTHORITY HAS ADOPTED THE BELOW POLICY IN ACCORDANCE WITH THE VIOLENCE AGAINST WOMEN AND DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005:

3-III.G. PROHIBITION AGAINST DENIAL OF ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING [Pub.L. 109-162]

The Violence Against Women Reauthorization Act of 2005 (VAWA) prohibits denial of admission to an otherwise qualified applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking. Specifically, Section 606(1) of VAWA adds the following provision to Section 8 of the U.S. Housing Act of 1937, which lists contract provisions and requirements for the housing choice voucher program:

- That an applicant or participant is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate reason for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission.

Definitions

As used in VAWA:

- The term domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
- The term *dating violence* means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - The length of the relationship
 - The type of relationship
 - The frequency of interaction between the persons involved in the relationship

- The term *stalking* means:
 - To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or
 - To place under surveillance with the intent to kill, injure, harass, or intimidate another person; and
 - In the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (1) that person, (2) a member of the immediate family of that person, or (3) the spouse or intimate partner of that person.
- The term *immediate family member* means, with respect to a person:
 - A spouse, parent, brother or sister, or child of that person, or an individual to whom that person stands in the position or place of a parent; or
 - Any other person living in the household of that person and related to that person by blood and marriage.

Notification and Victim Documentation

PHA Policy

The PHA acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial under the PHA's policies. Therefore, if the PHA makes a determination to deny admission to an applicant family, the PHA will include in its notice of denial a statement of the protection against denial provided by VAWA and will offer the applicant the opportunity to provide documentation affirming that the cause of the unfavorable history is that a member of the applicant family is or has been a victim of domestic violence, dating violence, or stalking.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking, and

One of the following:

A police or court record documenting the actual or threatened abuse, or

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The applicant must submit the required documentation with her or his request for an informal review (see section 16-III.D) or must request an extension in writing at that time. If the applicant so requests, the PHA will grant an extension of 10 business days, and will postpone scheduling the applicant's informal review until after it has received the documentation or the extension period has elapsed. If after reviewing the documentation provided by the applicant the PHA determines the family is eligible for assistance, no informal review will be scheduled and the PHA will proceed with admission of the applicant family.

Perpetrator Removal or Documentation of Rehabilitation

PHA Policy

In cases where an applicant family includes the perpetrator as well as the victim of domestic violence, dating violence, or stalking, the PHA will proceed as above but will require, in addition, either (a) that the perpetrator be removed from the applicant household and not reside in the assisted housing unit or (b) that the family provide documentation that the perpetrator has successfully completed, or is successfully undergoing, rehabilitation or treatment.

If the family elects the second option, the documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from whom the perpetrator has sought or is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation was successfully completed or is progressing successfully. The victim and perpetrator must also sign or attest to the documentation. This additional documentation must be submitted within the same time frame as the documentation required above from the victim.

PHA Confidentiality Requirements

All information provided to the PHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared database nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.