

<b>PHA 5-Year and Annual Plan</b>		<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>		<b>OMB No. 2577-0226 Expires 4/30/2011</b>	
<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Crowley Housing Authority</u> PHA Code: <u>LA 029</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/2009</u>				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>350</u> Number of HCV units: <u>400</u>				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  N/A				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  N/A				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: To identify ARRA grant funding. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Copies are available at Administration Office.				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>See attached 2009 Annual Statement, 2009 Stimulus Performance and Evaluation Report; 2008 Performance and Evaluation Report; 2007 Performance and Evaluation Report; 2006 Performance and Evaluation Report and 2005 Performance and Evaluation Report</b>				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>See attached 2009-2013 Capital Fund Program Five-Year Action Plan</b>				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A				
<b>9.0</b>	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. See Attached				

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> See Attached</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</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. See Attached</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” See Attached</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(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)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

**10.0**

See attached VAWA Policy

(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan.  
No comments

(g) Challenged Elements  
No elements of the plan were challenged.

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>LA48P029501-09</u>		<b>FFY of Grant:</b> <u>2009</u> <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	40,000			
10	1460 Dwelling Structures	415,000			
11	1465.1 Dwelling Equipment—Nonexpendable	16,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	25,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	6,888			
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	552,888			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

<b>Part I: Summary</b>					
PHA Name: Crowley Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>LA48P029501-09</u>		Replacement Housing Factor Grant No:  FFY of Grant: <u>2009</u> FFY of Grant Approval:	
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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date <u>7/14/2009</u>		Signature of Public Housing Director  Date	

<b>Part II: Supporting Pages</b>								
PHA Name: Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P029501-09 Replacement Housing Factor Grant No:			CFFP (Yes/No): No		<b>Federal FFY of Grant:</b> <b>2009</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
HA Wide	A. A/ E Services	1430	100%	35,000				
Fees & Cost	B. Consultant fees	1430	100%	15,000				
	<b>Sub total</b>			<b>50,000</b>				
LA 29-1 Carver Village	A. Perform interior renovations including replace floor tile, interior doors, water heater, renovate bathrooms & kitchen, replace HVAC & lighting	1460	13 Units	415,000				
	B. Replace appliances	1465.1	20 pair	16,000				
	C. Relocation	1495.1	1 EA	6,888				
	D. Sidewalk and Drainage			40,000				
	<b>Sub total</b>			<b>477,888</b>				
HA Wide Non-dwelling Equipment	Replace maintenance vehicle	1470	1 EA	25,000				
	<b>Sub total</b>			<b>25,000</b>				
	<b>Grand Total</b>			<b>552,888</b>				

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Crowley Housing Authority					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
LA 29-1, Carver Village	9/30/11		9/30/13		
HA Wide	9/30/11		9/30/13		

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

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

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

<b>Part I: Summary</b>						
PHA Name/Number Crowley Housing Authority/LA 29		Locality (City/County & State) Crowley/Acadia Parish/Louisiana			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal	Annual Statement	466,000	467,888	467,888	417,888
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		36,888	35,000	35,000	85,000
E.	Administration					
F.	Other		50,000	50,000	50,000	50,000
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		552,888	552,888	552,888	552,888
L.	Total Non-CFP Funds					
M.	Grand Total		552,888	552,888	552,888	552,888

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number Crowley Housing Authority/LA 29		Locality (City/County & State) Crowley/Acadia Parish/Louisiana			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
		Annual Statement				
	LA 29-1					
	LA 29-2		208,000			
	LA 29-3		258,000			
	LA 29-4			208,000		
	LA 29-5			248,000		
	LA 29-6			11,888	467,888	417,888
	HA Wide Non-dwelling		36,888	35,000	35,000	85,000

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010			Work Statement for Year: 3 FFY 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	<b>LA 29-2</b>			<b>LA 29-4</b>		
Annual	A. Comp MOD exterior & interiors; replace roofs, doors, windows, siding, renovate baths & kitchens, floors, lights, interior doors, HVAC & DHW heaters, sidewalks, drainage	4 units	200,000	A. Comp MOD exterior & interiors; replace roofs, doors, windows, siding, renovate baths & kitchens, floors, lights, interior doors, HVAC & DHW heaters, sidewalks, drainage	4 units	200,000
Statement	B. Replace appliances	10 Pair	8,000	B. Replace appliances	10 Pair	8,000
	<b>Subtotal</b>		<b>208,000</b>	<b>Subtotal</b>		<b>208,000</b>
	<b>LA 29-3</b>			<b>LA 29-5</b>		
	A. Comp MOD exterior & interiors; replace roofs, doors, windows, siding, renovate baths & kitchens, floors, lights, interior doors, HVAC & DHW heaters, sidewalks, drainage	5 units	250,000	A. Comp MOD exterior & interiors; replace roofs, doors, windows, siding, renovate baths & kitchens, floors, lights, interior doors, HVAC & DHW heaters, sidewalks, drainage	5 units	240,000
	B. Replace appliances	10 Pair	8,000	B. Replace appliances	10 Pair	8,000
	<b>Subtotal</b>		<b>258,000</b>	<b>Subtotal</b>		<b>248,000</b>
				<b>LA 29-6</b>		
				Demo building	1 Bldg	11,888
				<b>Subtotal</b>		<b>11,888</b>
	<b>HA Wide Non-dwelling Equipment</b>			<b>HA Wide Non-dwelling Equipment</b>		
	A. Replace maintenance vehicles	1 EA	25,000	A. Replace maintenance vehicles	1 EA	25,000
	B. Replace office equipment	LS	11,888	B. Office Equipment	LS	10,000
	<b>Subtotal</b>		<b>36,888</b>	<b>Subtotal</b>		<b>35,000</b>
	Subtotal of Estimated Cost		\$502,888	Subtotal of Estimated Cost		\$502,888







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

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

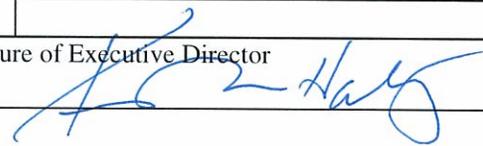
<b>Part I: Summary</b>					
<b>PHA Name:</b> Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>LA48S029501-09</u>		<b>FFY of Grant:</b> <u>2009</u> <b>FFY of Grant Approval:</b> <u>2009</u>	
Replacement Housing Factor Grant No:					
<b>Type of Grant</b> <input 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: 3/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	68,360		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000		0.00	0.00
10	1460 Dwelling Structures	620,615		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	5,872		0.00	0.00
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	699,847		0.00	0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

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

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

Part I: Summary					
<b>PHA Name:</b> Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: LA48S029501-09		Replacement Housing Factor Grant No:	
				<b>FFY of Grant:</b> 2009	
				<b>FFY of Grant Approval:</b> 2009	
<b>Type of Grant</b> <input 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: 3/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date 7/14/2009		Signature of Public Housing Director Date	

<b>Part II: Supporting Pages</b>								
PHA Name: Crowley Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48S029501-09 Replacement Housing Factor Grant No:			CFPP (Yes/No): No		Federal FFY of Grant: <b>2009</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
HA Wide	A/ E Services	1430	100%	68,360		0.00	0.00	0% Complete
Fees & Cost	<b>Sub total</b>			<b>68,360</b>		<b>0.00</b>	<b>0.00</b>	
LA 029-34	Replace front and rear ext. door	1460	20 units	13,500		0.00	0.00	0% Complete
	Replace porch columns	1460	20 units	1,650		0.00	0.00	0% Complete
	Replace windows & screens	1460	20 units	33,100		0.00	0.00	0% Complete
	Replace fascia & soffit	1460	20 units	23,650		0.00	0.00	0% Complete
	Replace sheetrock walls, ceiling& paint	1460	20 units	48,500		0.00	0.00	0% Complete
	Replace vinyl tile over existing	1460	20 units	56,800		0.00	0.00	0% Complete
	Install electric smoke detectors	1460	20 units	2,350		0.00	0.00	0% Complete
	Replace kitchen cabinets & tops	1460	20 units	112,500		0.00	0.00	0% Complete
	Install SS sinks, faucets & trim	1460	20 units	4,850		0.00	0.00	0% Complete
	Replace interior doors & frames	1460	20 units	24,850		0.00	0.00	0% Complete
	Install water heaters	1460	20 units	7,450		0.00	0.00	0% Complete
	Replace all bath fixtures	1460	20 units	18,460		0.00	0.00	0% Complete
	Install man-make marble tub surrounds	1460	20 units	8,875		0.00	0.00	0% Complete
	Install heat-vent-lite in bathrooms	1460	20 units	2,350		0.00	0.00	0% Complete
	Replace lit fixtures	1460	20 units	10,650		0.00	0.00	0% Complete
	Install central heat & air	1460	20 units	112,500		0.00	0.00	0% Complete
	Upgrade electrical system	1460	20 units	25,000		0.00	0.00	0% Complete
	Reroof	1460	20 units	55,000		0.00	0.00	0% Complete
	Paint Exterior	1460	20 units	20,000		0.00	0.00	0% Complete
	Convert "0" BR Duplex to "1" Br Single	1460	1 bldg.	38,580		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>620,615</b>				

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Crowley Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48S029501-09 Replacement Housing Factor Grant No:			CFFP (Yes/No): No		Federal FFY of Grant: <b>2009</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
	Replace Sewer line one site	1450	350 feet	5,000		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>5,000</b>				
	Resident relocation	1495	5 units	5,872		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>5,872</b>		<b>0.00</b>	<b>0.00</b>	
	<b>Grand Total</b>			<b>699,847</b>		<b>0.00</b>	<b>0.00</b>	

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Crowley Housing Authority					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
LA 29-3A	3/17/10		3/17/12		
HA Wide	3/17/10		3/17/12		

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>LA48P029501-08</u>		<b>FFY of Grant:</b> <u>2008</u> <b>FFY of Grant Approval:</b> <u>2008</u>	
Type of Grant <input 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: 3/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	452,888			
11	1465.1 Dwelling Equipment—Nonexpendable			0.00	0.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	50,000		0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	552,888		0.00	0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

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

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

<b>Part I: Summary</b>					
PHA Name: Crowley Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: LA48P029501-08		Replacement Housing Factor Grant No:	
				FFY of Grant: <b>2008</b>	
				FFY of Grant Approval: <b>2008</b>	
Type of Grant					
<input 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: 3/31/09				<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
		7/14/2009			

<b>Part II: Supporting Pages</b>								
PHA Name: Crowley Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48P029501-08 Replacement Housing Factor Grant No:			CFFP (Yes/No): No		Federal FFY of Grant: <b>2008</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
HA Wide	A. A/ E Services	1430	100%	35,000		0.00	0.00	0% Complete
Fees & Cost	B. Consultant fees	1430	100%	15,000		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>50,000</b>		<b>0.00</b>	<b>0.00</b>	
LA 29-3	Complete Comp MOD activities	1460	15 Units	452,888		0.00	0.00	0% Complete
	<b>Subtotal</b>			<b>452,888</b>		<b>0.00</b>	<b>0.00</b>	
HA Wide Non-dwelling Equipment	A. Replace maintenance vehicle	1475	2 EA	50,000		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>50,000</b>		<b>0.00</b>	<b>0.00</b>	
	<b>Grand Total</b>			<b>552,888</b>		<b>0.00</b>	<b>0.00</b>	

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Crowley Housing Authority					Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
LA 29-3	6/12/10		6/12/12		
HA Wide	6/12/10		6/12/12		

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>LA48P029501-07</u>		<b>FFY of Grant:</b> <u>2007</u> <b>FFY of Grant Approval:</b> <u>2007</u>	
Type of Grant <input 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: 3/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	436,382		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	46,200		0.00	0.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	25,000		0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	557,582		0.00	0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

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

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

Part I: Summary					
<b>PHA Name:</b> Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: LA48P029501-07		Replacement Housing Factor Grant No: <b>FFY of Grant:</b> 2007 <b>FFY of Grant Approval:</b> 2007	
<b>Type of Grant</b> <input 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: 3/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date 7/14/2009		Signature of Public Housing Director Date	

<b>Part II: Supporting Pages</b>								
PHA Name: Crowley Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48P029501-07 Replacement Housing Factor Grant No:			CFFP (Yes/No): No		Federal FFY of Grant: <b>2007</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
HA Wide Fees & Cost	A. A/E Services	1430	100%	35,000		0.00	0.00	0% Complete
	B. Consulting services	1430	100%	15,000		0.00	0.00	0% Complete
	<b>Subtotal</b>			<b>50,000</b>		<b>0.00</b>	<b>0.00</b>	
LA 29-1 Carver	Replace appliances	1465.1	11 pair	7,700		0.00	0.00	0% Complete
	<b>Subtotal</b>			<b>7,700</b>		<b>0.00</b>	<b>0.00</b>	
LA 29-2 Old Rhone	Replace appliances	1465.1	11 pair	7,700		0.00	0.00	0% Complete
	<b>Subtotal</b>			<b>7,700</b>		<b>0.00</b>	<b>0.00</b>	
LA 29-3 New Rhone/Cannan	Replace appliances	1465.1	11 pair	7,700		0.00	0.00	0% Complete
	<b>Subtotal</b>			<b>7,700</b>		<b>0.00</b>	<b>0.00</b>	
LA 29-4 Kennedy/Edwards	Replace appliances	1465.1	11 pair	7,700		0.00	0.00	0% Complete
	<b>Subtotal</b>			<b>7,700</b>		<b>0.00</b>	<b>0.00</b>	

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: Crowley Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48P029501-07 Replacement Housing Factor Grant No:			CFFP (Yes/No): No		Federal FFY of Grant: <b>2007</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
LA 29-5 Bayou Bend/ Elderly Rhone	A. Upgrade remaining units at Bayou Bend	1460	3 Units	75,000		0.00	0.00	0% Complete
	B. Comp MOD Elderly Rhone & convert 4 0-BR to 2 1-BR units	1460	8 Units	361,382		0.00	0.00	0% Complete
	C. Replace appliances	1465.1	11 pair	7,700		0.00	0.00	0% Complete
	<b>Subtotal</b>			<b>444,082</b>		<b>0.00</b>	<b>0.00</b>	
LA 29-6 Westwood/ Fernwood	Replace appliances	1465.1	11 pair	7,700		0.00	0.00	0% Complete
	<b>Subtotal</b>			<b>7,700</b>		<b>0.00</b>	<b>0.00</b>	
HA Wide Nondwelling Equipment	Replace maintenance vehicle	1475	1 EA	25,000		0.00	0.00	0% Complete
	<b>Subtotal</b>			<b>25,000</b>		<b>0.00</b>	<b>0.00</b>	
	<b>Grand Total</b>			<b>557,582</b>		<b>0.00</b>	<b>0.00</b>	

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Crowley Housing Authority					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	9/12/09		9/12/11		
LA 29-1	9/12/09		9/12/11		
LA 29-2	9/12/09		9/12/11		
LA 29-3	9/12/09		9/12/11		
LA 29-4	9/12/09		9/12/11		
LA 29-5	9/12/09		9/12/11		
LA 29-6	9/12/09		9/12/11		

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

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

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

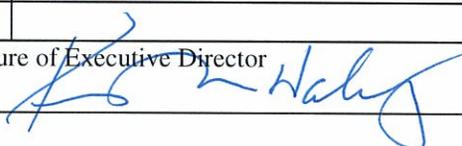
<b>Part I: Summary</b>					
<b>PHA Name:</b> Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>LA48P029501-06</u>		<b>FFY of Grant:</b> <u>2006</u> <b>FFY of Grant Approval:</b> <u>2006</u>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09 <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	54,470	60,618.00	22,878.00	11,855.00
8	1440 Site Acquisition				
9	1450 Site Improvement	143,201	157,304.00	11,843.00	11,843.00
10	1460 Dwelling Structures	360,000	330,545.00	78,379.41	52,467.75
11	1465.1 Dwelling Equipment—Nonexpendable		9,204.00	9,204.00	9,204.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	557,671	557,671.00	122,304.41	85,369.75
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: LA48P029501-06		Replacement Housing Factor Grant No:	
				<b>FFY of Grant:</b> 2006 <b>FFY of Grant Approval:</b> 2006	
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date 7/14/2009		Signature of Public Housing Director Date	

<b>Part II: Supporting Pages</b>								
PHA Name: Crowley Housing Authority		Grant Type and Number Capital Fund Program Grant No: LA48P029501-06 Replacement Housing Factor Grant No:			CFFP (Yes/No): No		Federal FFY of Grant: <b>2006</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sup>2</sup>	
HA Wide Fees & Cost	A. A/E Services	1430	100%	37,740.00	37,740.00	0.00	0.00	0% Complete
	B. Consulting services	1430	100%	16,730.00	22,878.00	22,878.00	11,855.00	52% Complete
	<b>Subtotal</b>			<b>54,470.00</b>	<b>60,618.00</b>	<b>22,878.00</b>	<b>11,855.00</b>	
LA 29-1 Carver Village	A. Comp MOD units	1460	10 units	329,542.34	254,425.59	0.00	0.00	0% Complete
	B. Site & utility improvements	1450	LS	143,201.00	143,201.00	0.00	0.00	0% Complete
	<b>Subtotal</b>			<b>472,743.34</b>	<b>397,626.59</b>	<b>0.00</b>	<b>0.00</b>	
LA 29-3	A. Comp MOD units	1460	1 unit	25,911.66	25,911.66	25,911.66	0.00	0% Complete
	<b>Subtotal</b>			<b>25,911.66</b>	<b>25,911.66</b>	<b>25,911.66</b>	<b>0.00</b>	
HA Wide	A. Replace sidewalks & water line	1450	LS	0.00	14,103.00	14,103.00	14,103.00	Complete
	B. Complete interior MOD	1460	LS	4,546.00	50,207.75	50,207.75	50,207.75	Complete
	C. Replace appliances	1465.1	12 pair	0.00	9,204.00	9,204.00	9,204.00	Complete
	<b>Subtotal</b>			<b>4,546.00</b>	<b>73,514.75</b>	<b>73,514.75</b>	<b>73,514.75</b>	
	<b>Grand Total</b>			<b>557,671.00</b>	<b>557,671.00</b>	<b>122,304.41</b>	<b>85,369.75</b>	

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Crowley Housing Authority					Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
LA 29-1 Carver Village	10/17/09		10/17/11		
HA Wide	10/17/09		10/17/11		
LA 29-3	10/17/09		10/17/11		

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>LA48P029501-05</u>		<b>FFY of Grant:</b> <u>2005</u> <b>FFY of Grant Approval:</b> <u>2005</u>	
Replacement Housing Factor Grant No:					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	55,112	16,930	16,930.00	9,057.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	459,164	547,316	547,316.00	286,399.66
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	50,000	0.00	0.00	0.00
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	564,276	564,246.00	564,246.00	295,456.66
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: LA48P029501-05			<b>Replacement Housing Factor Grant No:</b>	<b>FFY of Grant:</b> <u>2005</u> <b>FFY of Grant Approval:</b> <u>2005</u>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/09 <input type="checkbox"/> Final Performance and Evaluation Report						
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>		
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>	
Signature of Executive Director 		Date 7/14/2009		Signature of Public Housing Director Date		

<b>Part II: Supporting Pages</b>								
PHA Name: Crowley Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: LA48P029501-05 Replacement Housing Factor Grant No:				CFFP (Yes/No): No <b>Federal FFY of Grant: 2005</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide Fees & Cost	A. A/E Services	1430	100%	38,182	6,148.00	6,148.00	3,132.00	51% Complete
	B. Consulting fees	1430	100%	16,930	10,782.00	10,782.00	5,925.00	55% Complete
	<b>Subtotal</b>			<b>55,112</b>	<b>16,930.00</b>	<b>16,930.00</b>	<b>9,057.00</b>	
LA 29-1 Carver Village	A. Demolish 2 buildings	1485	2 Bldg	50,000	0	0	0	Delete
	<b>Subtotal</b>			<b>50,000</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
LA 29-3	A. Comp MOD units	1460	12 units	459,164	547,346.00	547,346.00	286,399.66	52% Complete
	<b>Subtotal</b>			<b>459,164</b>	<b>547,346.00</b>	<b>547,346.00</b>	<b>286,399.66</b>	
	<b>Grand Total</b>			<b>564,276</b>	<b>564,276</b>	<b>564,276</b>	<b>295,456.66</b>	

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Crowley Housing Authority					Federal FFY of Grant: 2005
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
LA 29-1 Carver Village	11/17/08	12/31/07	11/17/10		
HA Wide	11/17/08	12/31/07	11/17/10		
LA 29-3	11/17/08	12/31/07	11/17/10		

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

## 9.0 Housing Needs

### 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.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	18	5	5	5	3	3	2
Income >30% but <=50% of AMI	75	5	5	5	3	3	2
Income >50% but <80% of AMI	4	4	4	4	3	3	2
Elderly	25	5	4	3	2	3	4
Families with Disabilities	67	5	4	4	4	3	4
Race/Ethnicity W	238	5	5	5	3	3	2
Race/Ethnicity B	175	5	5	5	3	3	2
Race/Ethnicity H	4	5	5	5	3	3	2
Race/Ethnicity							

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: 2000-2005
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset  
2000
- 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	218		58
Extremely low income <=30% AMI	138	63	
Very low income (>30% but <=50% AMI)	78	36	
Low income (>50% but <80% AMI)	2	1	
Families with children	99	45	
Elderly families	34	16	
Families with Disabilities	85	39	
Race/ethnicity Black	147	67	
Race/ethnicity White	71	33	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	123	56	24
2 BR	52	24	11
3 BR	37	17	23
4 BR	6	3	0
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance  
 Public Housing  
 Combined Section 8 and Public Housing  
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	285		78
Extremely low income <=30% AMI	136	48	
Very low income (>30% but <=50% AMI)	97	34	
Low income (>50% but <80% AMI)	52	18	
Families with children	192	67	
Elderly families	13	5	
Families with Disabilities	56	20	
Race/ethnicity White	119	42	
Race/ethnicity Black	166	58	
Race/ethnicity Hispanic	0	0	
Race/ethnicity Indian	0	0	

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

If yes:

How long has it been closed (# of months)?

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

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes

## 9.1. Strategy for Addressing Needs

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

### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

- Funding constraints  
 Staffing constraints  
 Limited availability of sites for assisted housing  
 Extent to which particular housing needs are met by other organizations in the community  
 Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA  
 Influence of the housing market on PHA programs  
 Community priorities regarding housing assistance  
 Results of consultation with local or state government  
 Results of consultation with residents and the Resident Advisory Board  
 Results of consultation with advocacy groups  
 Other: (list below)

## **10.0 Additional Information.**

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

The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of previous Capital funds and the proper application of our public housing policies.

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

Capital funds have been utilized to provide modernization of our property and our FY 2009 application will continue that effort plus the 2009 ARRA stimulus grant.

The CHA intends to submit a Demolition application to remove part of one development and an entire second development. In addition, the CHA plans to submit a Designated Housing Plan to identify portions of 3 developments as housing for the elderly only.

PHA has implemented local preferences to improve the living environment in addition to our modernization efforts.

The implementation of a family pet policy has provided the opportunity for residents to enjoy pets within a regulated environment. In addition, PHA has reinstated its Community Service program and it has been discussed with residents and each adult member of every household.

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

**(b) Significant Amendment and Substantial Deviation/Modification.  
Provide the PHA’s definition of “significant amendment” and  
“substantial deviation/modification”**

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

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

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

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

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

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

## **PART III: DENIAL OF ADMISSION**

### **3-III.A. OVERVIEW**

A family that does not meet the eligibility criteria discussed in Parts I and II, must be denied admission.

In addition, HUD requires or permits the PHA to deny admission based on certain types of current or past behaviors of family members as discussed in this part. The PHA's authority in this area is limited by the Violence against Women Reauthorization Act of 2005 (VAWA), which expressly prohibits the denial of admission to an otherwise qualified applicant on the basis that the applicant is or has been the victim of domestic violence, dating violence, or stalking.

This part covers the following topics:

- Required denial of admission
- Other permitted reasons for denial of admission
- Screening
- Criteria for deciding to deny admission
- Prohibition against denial of admission to victims of domestic violence, dating violence, or stalking
- Notice of eligibility or denial

### **3-III.B. REQUIRED DENIAL OF ADMISSION [24 CFR 960.204]**

PHAs are required to establish standards that prohibit admission of an applicant to the public housing program if they have engaged in certain criminal activity or if the PHA has reasonable cause to believe that a household member's current use or pattern of use of illegal drugs, or current abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.

Where the statute requires that the PHA prohibit admission for a prescribed period of time after some disqualifying behavior or event, the PHA may choose to continue that prohibition for a longer period of time [24 CFR 960.203(c)(3)(ii)].

### **3-III.F. 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 607(2) of VAWA adds the following provision to Section 6 of the U.S. Housing Act of 1937, which lists contract provisions and requirements for the public housing program:

Every contract for contributions shall provide that . . . the public housing agency shall not deny admission to the project to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission, and that nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, or stalking.

#### **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 on the basis of an unfavorable history, 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

One of the following:

A police or court record documenting the actual or threatened abuse

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 hearing (see section 14-I.B) 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 hearing 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 hearing 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 public 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.