

**PHA Plans**  
**Streamlined Annual**  
**Version**

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

OMB No. 2577-0226  
(exp. 08/31/2009)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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**Streamlined Annual PHA Plan**  
**For Fiscal Year: 2009**

**PHA Name:**  
**Somerville Housing Authority**

Amendment 2009  
ARRA Funded  
Conventional Development with Rehabilitation Activities  
(see page 7 of 74)

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Somerville Housing Authority      **PHA Number:** MA031

**PHA Fiscal Year Beginning:** (mm/yyyy) 04/2009

**PHA Programs Administered:**

**Public Housing and Section 8**       **Section 8 Only**       **Public Housing Only**  
 Number of public housing units: 421      Number of S8 units:      Number of public housing units:  
 Number of S8 units: 1043

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

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

**PHA Plan Contact Information:**

Name: Paul Mackey      Phone: 617-625-1152  
 TDD: 617-628-8889      Email (if available): paulm@sha-web.org

**Public Access to Information**

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

PHA's main administrative office       PHA's development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.       Yes       No.

If yes, select all that apply:

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

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

Main business office of the PHA       PHA development management offices  
 Other: www.sha-web.org

**Streamlined Annual PHA Plan**  
**Fiscal Year 2009**  
[24 CFR Part 903.12(c)]

**Table of Contents**

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

**A. PHA PLAN COMPONENTS**

- 1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**
- 2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**
- 3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. **Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.**
- 6. Supporting Documents Available for Review
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- 8. Capital Fund Program 5-Year Action Plan

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, Certification for a Drug-Free Workplace;**

**Form HUD-50071, Certification of Payments to Influence Federal Transactions; and**

**Form SF-LLL & SF-LLL a, Disclosure of Lobbying Activities.**

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

**A. Site-Based Waiting Lists-Previous Year Applies to Public Housing ONLY**

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year**

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?
2.  Yes  No: Are any or all of the PHA’s site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

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

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

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

5.  Yes  No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:  
*The Somerville Housing Authority intends to finalize the inclusion of the Mystic Activity Center (MAC) under the Annual Contributions Contract. The MAC serves SHA residents with a variety of programs and services.*

**REVISION: July 28, 2009-October 23, 2009.**

**SHA intends to convert the following properties from State-Aided to Federal-Aided utilizing the Conventional Development with Rehabilitation method authorized under 24 CFR 941.102 (a) (1).**

- 1. Ciampa Manor 27 College Ave, Somerville MA. A (53) one-bedroom elderly building.**
- 2. Properzi Manor 13-25 Warren Ave, Somerville MA. A (110) one-bedroom elderly building.**

**SHA has convened the Resident Advisory Board and held a Public Hearing and 10 day comment period. SHA has met and scheduled additional meetings with building residents.**

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description: Housing Choice Voucher Program (HCVP)

a. Size of Program

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

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

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

1. Must have fully repaid debt to SHA or any other Housing Authority;
2. Must not have defaulted on a mortgage securing debt to purchase a home;
3. Must not have family member who has present ownership interest in unit at the commencement of home ownership assistance.

c. What actions will the PHA undertake to implement the program this year (list)?

1. Hold homeownership classes;
2. Work thru FSS Program to identify qualified candidates.

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

#### **4. Use of the Project-Based Voucher Program**

##### **Intent to Use Project-Based Assistance**

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

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- low utilization rate for vouchers due to lack of suitable rental units  
 access to neighborhoods outside of high poverty areas  
 other (describe below:)

SHA is engaged in an overall strategy to increase affordable housing. Somerville is a densely populated city and current market conditions and zoning restrictions create challenges for large scale development. SHA will support affordable housing opportunities where supported by the local jurisdiction. Voucher utilization will be consistent with our 5-year plan and will not exceed 20% of allocation.

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts): non-specific

### **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (provide name here) **City of Somerville**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.  
 The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.  
 The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.  
 Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)  
 Other: (list below)

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

1. Strengthen, support and expand the capacity of Somerville's nonprofit affordable housing providers to develop and manage housing.
2. Update and revise the City's Inclusionary Housing Ordinance.
3. Continue to support and finance large, multi-family housing developments.
4. Educate the Somerville community, including public officials, on the importance of providing affordable housing.

- 5. Support the Comprehensive Permit Process and extend terms of affordability
- 6. Continue to support and expand the First Time Homebuyer's Program and Down Payment Assistance.

## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not	Annual Plan: Rent

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X		
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G).	Annual Plan: Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	<input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

**PLEASE NOTE:**

- AMP 1 refers to Mystic View family development.  
 AMP 2 refers to (3) Federal Elderly buildings namely;
1. Weston Manor: 15 Weston Ave
  2. Highland Gardens: 114 Highland Ave
  3. Brady Towers: 252 Medford Street

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>					
<b>Part I: Summary</b>					
PHA Name: SOMERVILLE HOUSING AUTHORITY		Grant Type and Number MA06P03150109 Capital Fund Program Grant No: Replacement Housing Factor Grant No:		Federal FY of Grant: 2009	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	157801			
3	1408 Management Improvements	90,000			
4	1410 Administration	78900			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000			
10	1460 Dwelling Structures	327303			
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures	40,000			
13	1475 Nondwelling Equipment	45,000			
14	1485 Demolition				
15	1490 Replacement Reserve				

PHA Name:  
HA Code:

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>					
<b>Part I: Summary</b>					
PHA Name: SOMERVILLE HOUSING AUTHORITY		Grant Type and Number MA06P03150109 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2009
XX <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/>					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	789004			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	65,000			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150109 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
31-1 a	AE Fees	1430		5,000				
31-1 b	Kitchen/Bath-phase 3	1460		52303				
31-1c	Exterior Elec Receptacles	1460		5000				
31-1d	Exterior landscaping of bldgs	1450		5000				
31-1e	Energy conserve measures-water Lighting-insulation	1460		1,000				
31-1f	Boiler rm improvement	1460		5000				
31-1g	Exterior canopy Imp	1460		10000				
31-1h	Upgrade exterior lighting	1460		5000				
31-2a	AE Fees	1430		5,000				
31-2b	Energy conserve measures-water Lighting-	1460		1000				
31-2c	Energy conserve meas-insulation	1460		1,000				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150109 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2009		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
31-2d	Replace boilers	1460		10000				
31-2e	New Roof	1460		20000				
31-2f	Replace windows & balcony doors	1460		10,000				
31-2g	Boiler rm Imp	1460		10,000				
31-2h	Renovate vestibule	1460		10000				
31-2i	Waterproof bldg	1460		10,000				
31-2j	Upgrade exterior lighting	1460		10,000				
31-2k	Landscape	1450		10,000				
31-3a	AE Fees	1430		5,000				
31-3 b	Boiler Room Repl & Imp	1460		10,000				
31-3c	Common area vent upgrade	1460		10,000				
31-3d	Structural repairs to balconies	1460		10,000				
31-3e	New Roof	1460		20,000				
31-3f	Energy conserve meas – lighting-water-insulation	1460		1,000				
31-3g	Replace windows	1460		10,000				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150109 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2009		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
31-3h	Waterproof exterior bldg	1460		10,000				
31-3i	Upgrade exterior lighting	1460		5000				
31-3j	Landscape	1450		5000				
31-7a	AE Fees	1430		5,000				
31-7b	Boiler rm Repl & Imp	1460		5000				
31-7d	Landscape	1450		5000				
31-7d	New Roof	1460		30,000				
31-7e	Ventilation	1460		5000				
31-7f	Energy conserve measures-water-heat-light-insulation	1460		1000				
31-7g	Replace windows	1460		10,000				
31-7h	Front canopy Imp	1460		5000				
31-7i	Exterior lighting upgrade	1460		5000				
31-7j	Replace generator	1460		5000				
Amp 1	OPERATIONS	1406		80478				
Amp 2	Operations	1406		77323				
Amp 1	SITE IMPROVEMENTS	1450		15300				
Amp 2	Site Improvements	1450		14700				

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

PHA Name: SOMERVILLE HOUSING AUTHORITY		Grant Type and Number MA06P03150109 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2009			
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Amp 1	Upgrades Computers/Equip	1475		15,000				
Amp 1	Office Equip	1408		2550				
Amp 2	Office Equip	1408		2450				
Amp 1	Maint truck	1475		15300				
Amp 2	Maint truck	1475		14700				
Amp 1	Staff Training	1408		10,200				
Amp 2	Staff Training	1408		9800				
Amp 1	MAC Improvements & Renovations***	1470		40,000				
		1408						
Amp 1	Activity Center Coor	1408		25,000				
Amp 1	HTVN Subscription	1408		7,000				
Amp 1	Resident & Youth Training Activities	1408		15,300				
Amp 2	Resident Training Activities	1408		14,700				
Amp 1	Asset based conv – ongoing	1408		1530				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150109 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2009		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Amp 2	Asset based conv – ongoing	1408		1470				
HAW 1	Mod Dept Salaries & Benes	1410		78900				
Total				789004				

\*\*\* Mystic Activity Center: The Somerville Housing Authority intends to finalize the inclusion of the Mystic Activity Center site under the Annual Contributions Contract. SHA acknowledges that funds may not be used until inclusion process and HUD approval is complete.

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150209 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2009	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
31-1 a	9-30-2011			9-30-2012				
31-1b	“			“				
31-1 c	“			“				
31-1 d	“			“				
31-1 e	“			“				
31-1f	“			“				
31-1 g	“			“				
31-1 h	“			“				
31-2 a	“			“				
31-2 b	“			“				
31-2 c	“			“				
31-2 d	“			“				
31-2e	“			“				
31-2f	“			“				
31-2g								
31-3 a	“			“				
31-3 b	“			“				
31/3 c	“			“				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150209 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2009	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
31-3 d	'			'				
31-3 e	"1			"				
31-3f	"			"				
31-3g	"			"				
31-3h	"			"				
31-3i								
31-7 a	"			"				
31-7 b	"			"				
31-7 c	"			"				
31-7 d	"			"				
31-7 e	"			"				
31-7f	"			"				
31-7g	"			"				
31-7h	"			"				
31-7i	"			"				
Amp 1	"			"				
Amp 2	"			"				
Amp 1	"			'				
Amp 2	"			"				
Amp 1	"			'				
Amp 2	"			"				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150209 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2009	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
Amp 1	“			“				
Amp 2	“			“				
Amp 1	“			“				
Amp 2	“			“				
Amp 1	“			“				

### Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Somerville Housing Authority		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1			
Development Number/Name/H A-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2010 PHA FY: 2010	Work Statement for Year 3 FFY Grant: 2011 PHA FY: 2011	Work Statement for Year 4 FFY Grant: 2012 PHA FY: 2012	Work Statement for Year 5 FFY Grant: 2013 PHA FY: 2013
<i>31-1 Mystic River</i>	Annual State ment	85,000	125,000	105,000	105,000
31-2 Highland Gardens		36,000	25,000	25,000	25,000
31-3 Brady Towers		17,000	35,000	11,000	11,000
<i>31-7 Weston Manor</i>		192,000	145,000	189,000	189,000
CFP Funds Listed for 5-year planning		\$330,000	\$330,000	\$330,000	\$330,000
Replacement Housing Factor Funds					

PHA Name:  
HA Code:

Streamlined Annual Plan for Fiscal Year 2009

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Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year: 2 FFY Grant: 20010 PHA FY: 2010			Activities for Year: 3 FFY Grant: 2011 PHA FY: 2011		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	<i>31-1 Mystic View</i>	<i>Kitchen-bath phase 5</i>	67,000	<i>31-1 Mystic River</i>	<i>Kitchen-bath phase 5</i>	82000
Annual Statement		<i>Landscape</i>	10000		<i>Landscape</i>	20000
					<i>Parking lots</i>	15,000
		Energy Cons measures-reduce water consump	1000		Exterior receptacles	5000
		Energy consrv meas- insulation & weatherstripping	1000		Energy Cons measures-reduce water consump	1000
		Energy consrv meas-common area lighting	1000		Energy consrv meas- insulation & weatherstripping	1000
		Exterior recepacles	5000		Energy consrv meas-common area lighting	1000
		31-2 Highland Gardens	Repair structural problems of balconies w loose concrete	5000	31-2 Highland Gardens	Boiler Rm. Improvements

		Energy consrv meas – replace boilers & dhw	1000			
		New roof	23000		New roof	17000
		Boiler rm Improvements	5000			
		Energy consrv meas-common area lighting	1000		Repair structural problems of balconies w loose concrete	5000
		Energy consrv meas- insulation & weatherstripping	1000		Energy consrv meas – replace boilers & dhw	1000
					Energy consrv meas-common area lighting	1000
	31-3 Brady Towers	Boiler Improvements	1000	31-3 Brady Towers	Boiler room	7000
		Repair structural problems of balconies w loose concrete	5000		Replace Roof	25000
		New roof	10000		Repair structural problems of balconies w loose concrete	1000
					Energy consrv meas-common area lighting	1000

		Energy consrv meas-common area lighting	1000		Energy consrv meas- insulation & weatherstripping	1000
	31-7 Weston Manor			31-7 Weston Manor	Boiler Room	20000
		Landscape	15000		Landscape	20000
		New roof	144000		New roof	72000
		Ventilation	10000		Ventilation	5000
		Energy Cons measures-reduce water consump	1000		Energy Cons measures-reduce water consump	5,000
		Energy consrv meas-common area lighting	1000		Energy consrv meas-common area lighting	2,000
		Energy consrv meas- convert electric heat to gas	10,000		Energy consrv meas- convert electric heat to gas	10,000
		Energy consrv meas – install cogen system	10000		Energy consrv meas – install cogen system	10,000
		Energy consrv meas- insulation & weatherstripping	1000		Energy consrv meas- insulation & weatherstripping	1,000
Total CFP Estimated Cost			330,000			\$330,000

Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year: 4 FFY Grant: 2012 PHA FY: 2012			Activities for Year: 5 FFY Grant: 2013 PHA FY: 2013		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<i>31-1 Mystic View</i>	<i>Roofs</i>	47,000	<i>31-1 Mystic View</i>	<i>Landscape</i>	50,000
	<i>Exterior receptacles</i>	5,000		<i>Parking lots</i>	22,000
	Landscape	50,000			
	Energy Cons measures-reduce water consump	1,000		Energy Cons measures-reduce water consump	1,000
	Energy consrv meas- insulation & weatherstripping	1,000		Energy consrv meas- insulation & weatherstripping	1,000
	Energy consrv meas-common area lighting	1,000		Energy consrv meas-common area lighting	1,000
				Boiler rooms	30000
31-2 Highland Gardens	Repair structural problems of balconies w loose concrete	15,000	31-2 Highland Gardens	Repair structural problems of balconies w loose concrete	15,000
	Boiler room	8,000		Parking lot	8,000

	Energy consrv meas – replace boilers & dhw	1,000		Energy consrv meas – replace boilers & dhw	1,000
	Energy consrv meas-common area lighting	1,000		Energy consrv meas-common area lighting	1,000
31-3 Brady Towers			31-3 Brady Towers		
	Repair structural problems of balconies w loose concrete	9,000		Repair structural problems of balconies w loose concrete	9,000
	Energy consrv meas-common area lighting & apts	1,000		Parking lot	1,000
	Energy consrv meas- insulation & weatherstripping	1,000		Energy consrv meas- insulation & weatherstripping	1,000
31-7 Weston Manor			31-7 Weston Manor	Roof Replacement	116,000
	New roof	126000		Parking Lot	30,000
	Boiler room	20000		Boiler room	20,000
	Landscape	20000			
	Energy Cons measures-reduce water consump	1,000		Energy Cons measures-reduce water consump	1,000
	Energy consrv meas-common area lighting	1,000		Energy consrv meas-common area lighting	1,000

PHA Name:  
 HA Code:

	Energy consrv meas- convert electric heat to gas	10,000		Energy consrv meas- convert electric heat to gas	10,000
	Energy consrv meas- insulation & weatherstripping	1000		Energy consrv meas- insulation & weatherstripping	1000
	Energy consrv meas – install cogen system	10,000		Energy consrv meas – install cogen system	10,000
Total CFP Estimated Cost		\$330,000			\$330,000

PHA Name:  
HA Code:

Streamlined Annual Plan for Fiscal Year 2009

Annual Statement/Performance and Evaluation Report  
 Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program  
 Expires 4/30/2011

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

MB No. 2577-0226

<b>Part I: Summary</b>					
<b>PHA Name: MA031 Somerville Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP: MA06S03150109			<b>FFY of Grant: ARRA 2009 FFY of Grant Approval:</b>
<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 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
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)	100,194	100,194		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000	50,000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	851,752	465,752		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>		386,000		

<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

PHA Name:  
HA Code:

Annual Statement/Performance and Evaluation Report  
Urban Development Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program  
**Expires 4/30/2011**

U.S. Department of Housing and  
Office of Public and Indian Housing  
OMB No. 2577-0226

<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<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 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
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)	1,001,946			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<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.

PHA Name:  
HA Code:

Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Office of Public and Indian Housing Capital Fund Financing Program

OMB No. 2577-0226

Expires 4/30/2011

<b>Part II: Supporting Pages</b>								
PHA Name:			<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant:</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>	
AMP 1	Landscaping	1450		105,000	105,000			
AMP 2	Landscaping			50,000	0			
Highland Gardens	Landscaping	1450			16,667			
Brady Towers	Landscaping	1450			16,667			
Weston Manor	Landscaping	1450			16,666			
AMP 1	Kitchens & Baths	1460		215,000	215,000			
AMP 1	Entry Roofs	1460		256,752	95,752			
Proposed AMP 2	Development: Development with Rehab of Properzi Manor, 13-25 Warren Ave (110 one-bedroom units) and Ciampa Manor, 27 College Ave (53 one-bedroom units)	1499			386,000			
AMP 1	A/E Fees	1430		25,500	25,500			
AMP 2	A/E Fees	1430		24,500	0			
Highland Garden	A/E Fees	1430			8,167			







PHA Name:  
HA Code:


<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 and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I:  
Summary**

PHA Name: SOMERVILLE HOUSING AUTHORITY	Grant Type and Number MA06P03150108 Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
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Original Annual Statement  Reserve for Disasters/ Emergencies   
**XX**  Performance and Evaluation Report for Period Ending: 9-30-2008  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	158,310		0	0
3	1408 Management Improvements	90,000		0	0
4	1410 Administration	79,155		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	60,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000		0	0
10	1460 Dwelling Structures	359,085		0	0
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures			0	0
13	1475 Nondwelling Equipment	15,000		0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: SOMERVILLE HOUSING AUTHORITY</b>		<b>Grant Type and Number MA06P03150108</b>			<b>Federal FY of Grant: 2008</b>
		Capital Fund Program Grant No:			
		Replacement Housing Factor Grant No:			
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 9-30-2008</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	791,550		0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	116,000		0	0

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHA Name: SOMERVILLE</b> <b>HOUSING AUTHORITY</b>			<b>Grant Type and Number MA06P03150108</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2008		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
31-1 a	AE Fees	1430		15,000		0	0	
31-1 b	Kitchen/Bath-phase 3	1460		168,085		0	0	
31-1c	Exterior Elec Receptacles	1460		10,000		0	0	
31-1d	Exterior landscaping of bldgs	1450		10,000		0	0	
31-1e	Energy conserve measures-water	1460		20,000		0	0	
31-1f	Energy conserve meas-insulation	1460		10,000		0	0	
31-2a	AE Fees	1430		15,000		0	0	
31-2c	Energy conserve measures-water	1460		10,000		0	0	
31-2d	Energy conserve meas-insulation	1460		1,000		0	0	
						0	0	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150108 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2008		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
31-3a	AE Fees	1430		15,000		0	0	
31-3 b	Boiler Room Repl & Imp	1460		10,000		0	0	
31-3c	Hallway Imp	1460		5,000		00	0	
31-3d	Structural repairs to balconies	1460		10,000		0	0	
31-3e	New Roof	1460		10,000		0	0	
31-3f	Energy conserve meas – lighting	1460		5000		0	0	
31-7a	AE Fees	1430		15,000		0	0	
31-7b	Boiler rm Repl & Imp	1460		5,000		0	0	
31-7d	Landscape	1450		10,000		0	0	
31-7d	New Roof	1460		10,000		0	0	
31-7e	Ventilation	1460		10,000		0	0	
31-7f	Energy conserve measures-water	1460		5000		0	0	
31-7g	Energy consrv meas-ch heat	1460		50,000		0	0	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150108 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2008		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Amp 1	OPERATIONS	1406		80,738		0	0	
Amp 2	Operations	1406		77,572		0	0	
Amp 1	SITE IMPROVEMENTS	1450		15,000		0	0	
Amp 2	Site Improvements	1450		15,000		0	0	
Amp 1	Upgrades Computers/Equip	1475		15000		0	0	
						0	0	
Amp 1	Office Equip	1408		2550		0	0	
Amp 2	Office Equip	1408		2450		0	0	
Amp 1	Staff Training	1408		10,200		0	0	
Amp 2	Staff Training	1408		9800		0	0	
						0	0	
						0	0	
Amp 1	Activity Center Coor	1408		25,000		0	0	
Amp 1	HTVN Subscription	1408		7,000		0	0	
Amp 1	Resident & Youth Training Activities	1408		15,300		0	0	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150108 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2008		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Amp 2	Resident Training Activities	1408		14,700		0	0	
Amp 1	Asset based conv – ongoing	1408		1530		0	0	
Amp 2	Asset based conv – ongoing	1408		1470		0	00	
HAW 1	Mod Dept Salaries & Benes	1410		79,155		0	0	
Total				79,550		0	0	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150207 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
31-1 a	9-30-2010			9-30-2011				
0	“			“				
31-1 c	“			“				
31-1 d	“			“				
31-1 e	“			“				
31-1f	“			“				
31-1 g	“			“				
31-1 h	“			“				
31-2 a	“			“				
31-2 b	“			“				
31-2 c	“			“				
31-2 d	“			“				
31-3 a	“			“				
31-3 b	“			“				
31/3 c	“			“				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150207 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
31-3 d	'			'				
31-3 e	"1			"				
31-7 a	"			"				
31-7 b	"			"				
31-7 c	"			"				
31-7 d	"			"				
31-7 e	"			"				
HAW a	"			"				
HAW b	"			"				
HAW c	"			'				
HAW d	"			"				
HAW e	"			'				
HAW f	"			"				
HAW g	"			"				
HAW h	"			"				
HAW I	"			"				
HAW j	"			"				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150207 Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HAW k	“			“			

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part I: Summary</b>		
PHA Name: SOMERVILLE HOUSING AUTHORITY	Grant Type and Number MA06P03150107 Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9-30-08 <input type="checkbox"/> Final Performance and Evaluation Report		

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	149,991		149,991	149,991
3	1408 Management Improvements	110,000		61,894	61,894
4	1410 Administration	74,995		57,566	57,566
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000		0	0
10	1460 Dwelling Structures	329,970		8,562	8,562
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures			0	0
13	1475 Nondwelling Equipment	15,000		12,474	12,474
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	749,956		290,487	290,487
22	Amount of line 21 Related to LBP Activities				

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>					
<b>Part I: Summary</b>					
<b>PHA Name: SOMERVILLE HOUSING AUTHORITY</b>		<b>Grant Type and Number MA06P03150107</b>		<b>Federal FY</b>	
		Capital Fund Program Grant No:		<b>of Grant:</b>	
		Replacement Housing Factor Grant No:		<b>2007</b>	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 9-30-08</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	40000		28,196	28,196

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150107 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
31-1 a	AE Fees	1430		10,000		0	0	
31-1 b	Kitchen/Bath-phase 3	1460		214,970		8562	8562	
31-1c	Exterior Elec Receptacles	1460		10,000		0	0	
31-1d	Exterior landscaping of bldgs	1450		10,000		0	0	
31-2a	AE Fees	1430		10,000		0	0	
31-2b	Boiler rm Rep & Imp	1460		5,000		0	0	
31-2c	Balcony-loose concrete	1460		10,000		0	0	
31-2d	New Roof	1460		10,000		0	0	
31-3a	AE Fees	1430		10,000		0	0	
31-3 b	Boiler Room Repl & Imp	1460		10,000		0	0	
31-3c	Hallway Imp	1460		5,000		0	0	
31-3d	Balcony-loose concrete	1460		10,000		0	0	
31-3e	New Roof	1460		10,000		0	0	
31-7a	AE Fees	1430		10,000		0	0	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150107 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
31-7b	Boiler rm Repl & Imp	1460		5,000		0	0	
31-7d	Landscape	1460		10,000		0	0	
31-7d	New Roof	1460		10,000		0	0	
31-7e	Ventilation	1460		10,000		0	0	
Amp 1	Operations	1406		76495		76495	76495	
Amp 2	Operations	1406		73496		73496	73496	
31-1	Site Improvements	1450		7500		0	0	
31-2	Site Improvements	1450		7500				
31-3	Site Improvements	1450		7500				
31-7	Site Improvements	1450		7500				
Amp 1	Upgrades Computers/Equip	1475		15000				
						12,474	12,474	
Amp1	Office Equip	1408		2550		0	0	
Amp2	Office Equip	1408		2450				
Amp 1	Staff Training	1408		10200		3266	3266	
Amp 2	Staff Training	1408		9800		3139	3139	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150107 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
Amp1	Energy Consv Studies	1408		10200		14,378	14,378	
Amp2	Energy Consv Studies	1408		9800		13,818	13,818	
Amp 1	Activity Center Coor	1408		25,000		5191	5191	
Amp 1	HTVN Subscription	1408		7,000		0	0	
Amp 1	Resident & Youth Training Activities	1408		15300		9269	9269	
Amp 2	Resident Training Activities	1408		14700		8813	8813	
Amp 1	Asset Based convesion-ongoing	1408		1530		2010	2010	
Amp 2	Asset Based convesion-ongoing	1408		1470		2010	2010	
HAW 1	Mod Dept Salaries & Benes	1410		74,995		57,566	57,566	
Total				749,956		290,487	290,487	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150207 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
31-1 a	9-30-2009			9-30-2010				
31-1 b	“			“				
31-1 c	“			“				
31-1 d	“			“				
31-1 e	“			“				
31-1f	“			“				
31-1 g	“			“				
31-1 h	“			“				
31-2 a	“			“				
31-2 b	“			“				
31-2 c	“			“				
31-2 d	“			“				
31-3 a	“			“				
31-3 b	“			“				
31/3 c	“			“				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150207 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
31-3 d	'			'				
31-3 e	"1			"				
31-7 a	"			"				
31-7 b	"			"				
31-7 c	"			"				
31-7 d	"			"				
31-7 e	"			"				
HAW a	"			"				
HAW b	"			"				
HAW c	"			'				
HAW d	"			"				
HAW e	"			'				
HAW f	"			"				
HAW g	"			"				
HAW h	"			"				
HAW I	"			"				
HAW j	"			"				

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part III: Implementation Schedule**

PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150207 Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HAW k	“			“			

**CAPITAL FUND PROGRAM TABLES START HERE**

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

PHA Name: SOMERVILLE HOUSING AUTHORITY		Grant Type and Number MA06P03150106 Capital Fund Program Grant No: Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/>				
9-30-08				
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: XX <input type="checkbox"/> Final Performance and Evaluation Report				

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	142,327		142,327	142,327
3	1408 Management Improvements	120,000		145,479	145,479
4	1410 Administration	77,185		77,185	77,185
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000		6,130	6,130
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000		37,374	37,374
10	1460 Dwelling Structures	213,147		72,451	72,451
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures	164,187		272,826	272,826
13	1475 Nondwelling Equipment	25,000		18,074	18,074
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	771,846		771,846	771,846
22	Amount of line 21 Related to LBP Activities				

PHA Name:  
HA Code:

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>					
<b>Part I: Summary</b>					
<b>PHA Name:</b> SOMERVILLE HOUSING AUTHORITY		<b>Grant Type and Number</b> MA06P03150106		<b>Federal FY</b>	
		Capital Fund Program Grant No:		<b>of Grant:</b>	
		Replacement Housing Factor Grant No:		<b>2006</b>	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/>					
9-30-08					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input checked="" type="checkbox"/> <b>XX</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	60000		30458	30458

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150106 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
31-1 a	AE Fees	1430		5,000		6,130	6,130	
31-1 b	Kitchen/Bath-phase 3	1460		43147		55,572	55,572	
31-1c	Exterior Elec Receptacles	1460		10,000				
31-1d	Exterior painting of bldgs	1460		100,000		16,879	16,879	
31-1e	Maint Vehicle Garage	1470		154,187		272,826	272,826	
31-2a	AE Fees	1430		5,000				
31-2b	Boiler rm Rep & Imp	1460		10,000				
31-2c	TV master Ant	1460		10,000				
31-3a	AE Fees	1430		5,000				
31-3 b	Boiler Room Repl & Imp	1460		20,000				
31-2c	Hallway Imp	1460		10,000				
31-7a	AE Fees	1430		5,000				
31-7b	Boiler rm Repl & Imp	1460		10,000				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>										
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150106 Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2006			
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.		Quantity		Total Estimated Cost		Total Actual Cost	Status of Work	
						Original	Revised	Funds Obligated		Funds Expended
HAW a	OPERATIONS	1406				142,327		142,327	142,327	
HAW b	SITE IMPROVEMENTS	31	1450	1		10,000		37,374	37,374	
HAW c	Admin Bldg Imp	1470				10,000				
HAW d	Upgrades Computers/Equip	1475				25,000		18,074	18,074	
HAW e	Office Equip	1408				10,000		8842	8842	
HAW f	Board & Staff Training	1408				25,000				
	Nahro Conferences-Miscell Housing Issues – Exec Director-Commissioners – Senior Staff	1408						28422	28422	
	Leo Dauwer Training-Miscell Housing Issues- Exec Dir-Sr Staff- Commissioners	1408						11431	11431	
HAW g	Energy Consv Studies	1408				20,000		30458	30458	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: SOMERVILLE HOUSING AUTHORITY			Grant Type and Number MA06P03150106 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HAW h	Activity Center Coor	1408		25,000		16146	16146	
HAW I	HTVN Subscription	1408		7,000		2500	2500	
HAW j	Resident & Youth Training Activities	1408		30,000		40,779	40,779	
HAWk	Asset based conversion	1408		3000		6901	6901	
HAW l	Mod Dept Salaries & Benes	1410		77,185		77,185	77,185	
Total				771,846		771,846	771,846	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150206 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2006	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
31-1 a	9-30-2008			9-30-2009				
31-1 b	“			“				
31-1 c	“			“				
31-1 d	“			“				
31-1 e	“			“				
31-1f	“			“				
31-1 g	“			“				
31-1 h	“			“				
31-2 a	“			“				
31-2 b	“			“				
31-2 c	“			“				
31-2 d	“			“				
31-3 a	“			“				
31-3 b	“			“				
31/3 c	“			“				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150206 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2006	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
31-3 d	'			'				
31-3 e	"1			"				
31-7 a	"			"				
31-7 b	"			"				
31-7 c	"			"				
31-7 d	"			"				
31-7 e	"			"				
HAW a	"			"				
HAW b	"			"				
HAW c	"			'				
HAW d	"			"				
HAW e	"			'				
HAW f	"			"				
HAW g	"			"				
HAW h	"			"				
HAW I	"			"				
HAW j	"			"				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: Somerville Housing Authority		Grant Type and Number MA06P03150206 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: 2006	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
HAW k	“			“				

**Somerville Housing Authority  
Board Resolution**

BOARD RESOLUTION

NO. 2008-05

REGULAR MEETING OF THE SOMERVILLE HOUSING AUTHORITY  
HELD DECEMBER 10, 2008

- 9(a) Consideration of request by the Executive Director to approve the Somerville Housing Authority's Agency Plan for Fiscal Year 2009. (Roll call vote required).

Upon motion made by Comm. Griffin, seconded by Comm. Racicot, it was voted to approve item 9(a).

Upon roll call the ayes and nays is as follows:

Ayes

Nays

Chairman Bonney, Jr.  
Comm. McCallum  
Comm. Cafarella  
Comm. Racicot  
Comm. Griffin

SO VOTED

True Copy:

Attest

Joseph R. Macaluso, Secretary

**NOTICE OF MEETING; DEC -S A II: 05**

Notice is hereby given in accordance with Section 4~ ~f.k~ ~fJ5eo~?r?the General Laws  
S(lr~[W/ILLE. MA  
that a meeting of the Somerville Housing Authority will be held at 7:00 p.m. on Wednesday,

December 10, 2008 at 13-25 Warren Avenue, in the City of Somerville, Massachusetts.

Date: December 5, 2008 Somerville Housing Authority

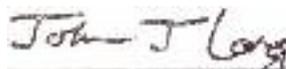


Secretary

CLERK'S CERTIFICATE

I, John Long, hereby certify that I am appointed, qualified Clerk of the City of Somerville wherein the Somerville Housing Authority has been appointed and:

1. That a Notice of Meeting of said Somerville Housing Authority of which the foregoing is a true and correct copy to be held at 7:00 p.m. on Wednesday, December 10, 2008 was filed with me at least forty-eight (48) hours prior to the stated time and said meeting;
2. That I immediately caused (a copy) of said Notice of Meeting to be posted publicly in the principal official bulletin board of said City of Somerville, Massachusetts; and
3. That posting of the above Notice was made pursuant to the provisions of Section 23B of Chapter 39 of the General Laws of Massachusetts, as amended (Ch. 626, Acts 1958).



Clerk

Somerville, Massachusetts

PHA Name:  
HA Code:

Streamlined Annual Plan for Fiscal Year 2009

# Somerville Housing Authority

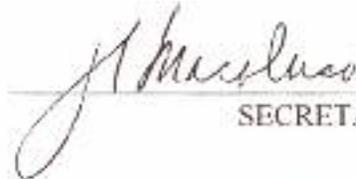
30 MEMORIAL ROAD  
SOMERVILLE, MASSACHUSETTS 02145

TELEPHONE (617) 625-1152  
2008 DEC - 5 AM 11:05 -00 628-8889

CITY CLERK'S OFFICE :- ()  
SOMERVILLE, MASSACHUSETTS

## NOTICE OF MEETING

Notice is hereby given in accordance with Section 23B of Chapter 39 of the General Laws that a meeting of the Somerville Housing Authority will be held Wednesday, December 10, 2008 at 7:00 n.m. at 13-25 Warren Avenue, in the City of Somerville, Massachusetts.

  
SECRETARY

DATED: December 5, 2008





PHA Name:  
HA Code:

Streamlined Annual Plan for Fiscal Year 2009

**SOMERVILLE HOUSING AUTHORITY  
BOARD OF COMMISSIONERS**




**RESIDENT ADVISORY BOARD  
2008 MEMBERSHIP  
FOR  
PHA ANNUAL PLAN 2009**

**Paul J. Mackey:**  
**Blanca Bonilla:**

**Somerville Housing Authority**  
**Somerville Housing Authority**

**Susan Hegal:**  
**Ellen Shachter:**

**Cambridge & Somerville Legal Services**  
**Cambridge & Somerville Legal Services**

**Warren Goldstein-Gelb:**

**Welcome Project**

**Pierre Jean-Louis:**

**Mystic Tenant Association**

PHA Name:  
HA Code:

Streamlined Annual Plan for Fiscal Year 2009

**Abdullah Magan:**

**Mystic Tenant Association**

**Melissa McWhinney:  
Rachel Bedick**

**CAAS  
CAAS**

**E. Marie Gillis:  
Marie DeAmato:  
Edward Maquardo:**

**Brady Towers  
Highland Gardens  
Weston Manor**

## **SUPPLEMENTAL NARRATIVE**

### **RESIDENT ADVISORY BOARD MEETINGS AND RECOMMENDATIONS**

The Resident Advisory Board (list attached) met on three (3) separate dates;  
September 18, 2008  
October 7, 2008  
October 15, 2008

A variety of issues and future mutual goals were discussed. There were no formal recommendations offered. Cambridge and Somerville Legal Services made a request to implement additional notification procedures when advertising any Request for Proposal that includes Project Based Vouchers. SHA responded by reiterating the existing public process and the need to respond efficiently to development opportunities.

### **RESIDENT ASSESSMENT FOLLOW UP PLAN**

The Somerville Housing Authority received a 73.6 % score on Neighborhood Appearance. SHA believes the lower score can directly attributed to our recent completion of a \$3 million dollar landscaping project at our State Public housing site adjacent to the Federal family development. The residents of our Federal development must drive through the State development. The roads and walkways have been repaved and the site has been planted with a variety of trees, shrubs and grass. SHA will utilize capital funds to focus on landscape appearance and re-pave walkways where needed. Maintenance staff will focus daily on grounds.

	Surveys Sent	Surveys Returned	Response Rate	Undeliverable Surveys	
<a href="#">What is a follow-up plan?</a>	305	119	39%	0	
<b>National Response Rate: 37%</b>					
	Survey Section	Score	National Average	Date to be completed in the Annual Plan. (mm/dd/yyyy)	Source(s) of Funding
<a href="#">How do I edit and save?</a>	Maintenance and Repair	85.6%	87.1%	<input type="text"/>	<input type="text"/>
<a href="#">How do I certify?</a>	Communication	77.3%	73.8%	<input type="text"/>	<input type="text"/>
<a href="#">How do I view survey response information?</a>	Safety	79.5%	77.9%	<input type="text"/>	<input type="text"/>
<a href="#">How do I view results by question?</a>	Services	93.2%	90.5%	<input type="text"/>	<input type="text"/>
<a href="#">How do I view results by development?</a>	Neighborhood Appearance <b>REQUIRED</b>	73.6%	75.5%	06/17/20	Operating Funds

# **AMENDMENT TO 2009 ANNUAL PLAN ATTACHMENTS**

- 1. SHA Board of Commissioners approval of Plan Amendment**
- 2. RAB Comments**

**BOARD RESOLUTION NO. 2009-03**

REGULAR MEETING OF THE SOMERVILLE HOUSING AUTHORITY HELD  
SEPTEMBER 9, 2009

9(b) Consideration of request by the Executive Director to approve the revision to the Somerville Housing Authority's 2009 Annual Plan. **(Roll call vote required)**

Upon motion made by Comm, McCallum, seconded by Comm. Racicot, it was voted to approve item 9(b).

Upon roll call the ayes and nays is as follows:

Ayes

Nays

Comm McDonald

Comm. Racicot

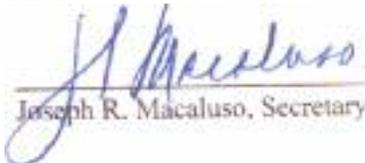
Comm. Cafarella

Comm. McCallum

Chairman Bonney, Jr.

SO VOTED True Copy:

Attest

  
Joseph R. Macaluso, Secretary



PHILIP J. O'NEILL  
y-(-)/VU

## GREATER BOSTON' LEGAL SERVICES

*... and justice for all*

Cambridge & Somerville Legal Services Office

August 14, 2009

Paul Mackey  
Somerville Housing Authority 30  
Memorial Road Somerville, MA 02145

RE: Annual Plan amendment

Dear Paul:

We are submitting these comments on SHA's July 28, 2009 proposed revision to its Annual Plan for fiscal year beginning April 1, 2009. This proposal (at page 7) is to allow the: SHA to analyze: the possibility of converting state public housing to federal public housing under ARRA.

While: we do not object to the SHA analyzing this possibility, we would oppose the conversion of all eligible state public housing into federal public housing and have some concerns that we would like: addressed if the SHA were to proceed with any conversion.

Our primary concern relates to the impact of the: conversion on immigrant families, both existing tenants and future applicants. As you know, there are no restrictions on immigrants' access to state public housing but there are only certain categories of immigrants who are eligible for federal public housing. In the event that conversion from state to federal public housing were to occur, existing SHA tenants could either be ineligible for continued occupancy of their current apartments (where no household member has the HUD-required immigration status) or face significantly higher and unaffordable rents (due to the required pro-rata rent formula for mixed immigrant households). You indicated that SHA's informal survey of existing tenants at Mystic River Apartments (state side) showed that between 51 and 109 (of the 240 households) would be impacted (due to immigration status) by the conversion to federal public housing. This includes those who are completely undocumented (and for which no adjustment of immigration status is possible) as well as those who have temporary residency status and are working and paying taxes, but who will have a long wait before being able to obtain one of the HUD-required immigration statuses.

Additionally, as you know, the City of Somerville has a large and diverse: immigrant population. If SHA were to convert Mystic River Apartments, Warren Avenue, and Ciampa Manor to federal public housing, it will dramatically restrict Somerville immigrants access to

08/H/09 FRI 16:26 FAX 617 4948222  
August 14,2009  
Page 2

CASLS

+++ SHA

iv.

safe and affordable housing. We understand that there is a state family development (Clarendon) and state elderly development (Jacques Street) that are not eligible for conversion under the RRA, due to the poor conditions. However, limiting immigrant applicants' access to these two developments will lead to ghetto-ization and to a significantly longer wait for obtaining affordable housing.

Accordingly, we urge that the SHA carefully explore the possibilities of (1) only converting the elderly/disabled buildings and not Mystic state and (2) subdividing Mystic state such that some buildings are converted to federal but most remain state public housing. We also suggest that (1) we both research (and SHA vigorously pursue with DHCD and HUD) the possibility of "grandfathering" existing immigrant tenants if the building(s) to become federal public housing so as to avoid displacement from the apartment or increased rent burden; (2) SHA implement an optional exclusion from income for mixed immigrant families in federal public housing so as to ensure that the rent remains affordable; and (3) SHA implement changes in its preference system so as to ensure that households with members without HUD-required immigration status have priority for the remaining state public housing.

In addition to the immigrant issues described above, the conversion from state to federal public housing could lead to higher rents (e.g. from the loss of medical deductions for non-disabled and non-elder households; the loss of a deduction for child support payments) and the loss of certain state-required tenant protections (e.g. tenant participation and required lease terms). The differences require more thought and dialogue on how to minimize the negative impact on tenants and applicants. Consistent With past practice and our conversation at the August 5th meeting, we assume that there will be a further opportunity for such a dialogue.

Lastly, as SHA is considering this conversion partly because of the difficulties caused by asset based management, we also urge the SHA to consider the feasibility of reducing its federal public housing by 22 (to be below the 400 threshold) by executing a 99 year lease with SCC, SHC, or other Somerville non-profit for these 22 units or by some other means and/or seeking a waiver of the limits on the costs of the central office.

Thank you for considering OUR comments.

Sincerely yours,



Ellen Hachter

cc: Mystic Tenants Association  
Jill Currier, SHC

**ORIGINAL CERTIFICATION WILL BE MAILED SEPARATELY**  
**PHA Certifications of Compliance with PHA Plans and Related Regulations**

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

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:**  
**Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or yther authorized PHA official if there is no Board of Commissioners, I approve the submission of the\_ 5-Year andlor **X** Annual PHA Planfor the PHAfiscal year beginning 2009. hereinafter referred to as" the Plan ", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof*

- I. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
  2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
  3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
  4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan subm ission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
  5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
  6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
  7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
  8. For PHA Plan that includes a policy for site based waiting lists:
    - The PHA regularly submits required data to HUD's 50058 PIC/1MS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
    - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
    - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
    - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
    - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(l).
      9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
      10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- II. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

PHA Name:  
HA Code:

Streamlined Annual Plan for Fiscal Year 2009

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

SOMERVILLE HOUSING  
PHA Name

AL-17

MA03  
PHA Number/HA Code

5- Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Years 2009 - 2010

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

Name of Authorized Official **Ronald Bonney**

Title: **Chairman**

**SHA Board of Commissioners**

Signature



Date

3 NOV 09

## Civil Rights Certification

Civil Rights Certification

Annual Certification and Board  
Resolution

PHA Name:  
 HA Code:  
 U.S. Department of Housing and Urban Development

Streamlined Annual Plan for Fiscal Year 2009  
 Office of Public and Indian Housing Expires 4/30/2011

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof*

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Somerville Housing Authority PHA  
 Name

MA031  
 PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.c. 1001, 1010, 1012; 31 U.S.c. 3729, 3802)	
Name of Authorized Official  Ronald Bonney	Title  Q~,~ - 5t1A ~ 0(-"" Cdft\M.I~SU:"~~S
Signed...Scan ineffective	Date <b>3</b> Nov 09

PHA Name:  
HA Code:

Streamlined Annual Plan for Fiscal Year 2009

OMS Approval No. 2577-0157 (Exp. 3/31/2010)

## **Certification of Payments to Influence Federal Transactions**

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

Applicant Name

Somerville Housing Authority, MA031

Program/Activity Receiving Federal Grant Funding

Capital Fund ARRA

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C.1001, 1010, 1012; 31 U.S.C. 3729, 3802)

PHA Name:  
HA Code:  
Name of Authorized Official

Streamlined Annual Plan for Fiscal Year 2009

Title

Joseph Macaluso

Executive  
Director

1. Type of Federal Action:

- b1  
a. contract  
b. grant  
c. cooperative agreement  
d. loan  
e. loan guarantee  
f. loan insurance

Signature  
Previous edition is obsolete

5. If Reporting Entity in No.4 is a Subawardee, Enter Name and Address of Prime:

4. Name and Address of Reporting Entity:

~ Prime                    **D** Subawardee  
                                 Tier                    if known:

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~~ \)...E.                    (IV\ O'2.. \4 **5**



PHA Name:  
HA Code:

Form to disclose lobbying activities pursuant to 31 U.S.C.  
1352 See reverse for public burden disclosure.

Approved by OMS  
0348-0046

2. Status of Federal Action: 3. Report Type:

Da. bid/offer/application  a. initial filing

b. initial award

- b. material change

c. post-award

For Material Change Only:  
year \_\_\_\_\_ quarter

date of last report

Congressional District, if known: 4c

6. Federal Department/Agency:

Congressional District, if known:

7. Federal Program Name/Description:  
CI\?I11\L- 'f\..tt-'o - n.i?A

CFDA Number, if applicable:

8. Federal Action Number, if known:

9. Award Amount, if known:

\$ \,00 \ , "4 ~

10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, M/):

b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, M/):

12.

11 Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature:

Print Name: ~S€9" ~I-LISO Title:

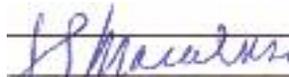
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Federal Use Only:

Authorized for Local Reproduction  
Standard Form LLL (Rev. 7-97)



PHA Name:  
HA Code:

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

PHA Name:  
HA Code:

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

SOMERVILLE HOUSING AUTHORITY

MA 031

Program/Activity Receiving Federal Grant Funding

CAPITAL FUND

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees n\_

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted n\_

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

Check here **D** if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

13. (18 U.S.C.1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Signature

SEPH MACALISO

b'XE.c..D11'.tE. ]),~

Date

X

11/3/09

PHA Name:  
2009

Streamlined Annual Plan for Fiscal Year

HA Code:

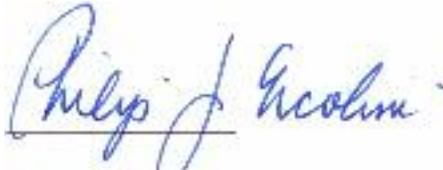
Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan

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

15.

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, Philip Ercolini the Director of Housing, SPCD certify that the Five Year and Annual PHA Plan of the Somerville Housing Authority is consistent with the Consolidated Plan of City of Somerville prepared pursuant to 24 CFR Part 9 I.



Signed / Dated by Appropriate State or Local Official form HUD-S0077-SL (1/2009) OMB Approval No. 2577-0226

# **SOMERVILLE HOUSING AUTHORITY VIOLENCE AGAINST WOMEN ACT POLICY**

## **I. Purpose and Applicability**

The purpose of this policy (herein called “Policy”) is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA) and more generally to set forth Somerville Housing Authority’s (SHA) policies and procedures regarding domestic violence, dating violence, and stalking, as hereinafter defined.

This Policy shall be applicable to the administration by SHA of all federally subsidized public housing and Section 8 rental assistance under the United States Housing Act of 1937 (42 U.S.C. §1437 *et seq.*). Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

## **II. Goals and Objectives**

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking who are assisted by SHA;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintaining collaborative arrangements between SHA, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by SHA; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by SHA.

## **III. Other SHA Policies and Procedures**

This Policy shall be referenced in and attached to SHA’s Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of SHA’s Admissions and Continued Occupancy Policy and SHA’s Section 8 Administrative Plan. SHA’s annual public housing agency plan shall also contain information concerning SHA’s activities, services or programs relating to domestic violence, dating violence, and stalking.

To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure of SHA, the provisions of this Policy shall prevail.

#### IV. Definitions

As used in this Policy:

A. *Domestic Violence* – 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 cohabiting with or has cohabited 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.”

B. *Dating Violence* – means violence committed by a person—

(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and

(B) where the existence of such a relationship shall be determined based on a consideration of the following factors:

(i) The length of the relationship.

(ii) The type of relationship.

(iii) The frequency of interaction between the persons involved in the relationship.

C. *Stalking* – means –

(A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and

(B) 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 –

(i) that person;

(ii) a member of the immediate family of that person; or

(iii) the spouse or intimate partner of that person;

D. *Immediate Family Member* - means, with respect to a person –

(A) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or

(B) any other person living in the household of that person and related to that person by blood or marriage.

E. *Perpetrator* – means person who commits an act of domestic violence, dating violence or stalking against a victim.

## **V. Admissions and Screening**

*Non-Denial of Assistance.* SHA will not deny admission to public housing or to the Section 8 rental assistance program to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

Where the SHA receives adverse information about an applicant/household member and is aware that domestic violence might be involved, the SHA shall determine whether there is a substantial connection between the adverse information and the fact that the applicant/household member is a victim of domestic violence. If the SHA determines that there is such a connection, then the SHA shall disregard the adverse information (provided that the perpetrator will not be part of the applicant's household).

A substantial connection includes, but is not limited to, where a victim loses financial support (e.g. victim's job or perpetrator's wages) due to domestic violence and is evicted (or receives a negative landlord reference) for late or nonpayment of rent; where a victim is evicted or receives a negative landlord reference due to property damage and/or noise or other interference with neighbors caused by the perpetrator; and where a victim receives a negative landlord reference for breaking a lease prior to its expiration due to domestic violence.

## **VI. Termination of Tenancy or Assistance**

A. *VAWA Protections.* Under VAWA, public housing residents and persons assisted under the Section 8 rental assistance program have the following specific protections, which will be observed by SHA:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a "serious or repeated" violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.
2. In addition to the foregoing, tenancy or assistance will not be terminated by SHA as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant's control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:
  - (a) Nothing contained in this paragraph shall limit any otherwise available authority of SHA' or a Section 8 owner or manager to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant's household. However, in taking any such action, neither SHA nor a Section 8 manager or owner may apply a more demanding standard to the victim of domestic violence dating violence or stalking than that applied to other tenants.

- (b) Nothing contained in this paragraph shall be construed to limit the authority of SHA or a Section 8 owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or SHA, as the case may be, can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance.
3. Where property damage is caused by a perpetrator, the SHA shall not terminate the Section 8 subsidy or evict from public housing the victim of domestic violence, dating violence, or stalking because of such property damage.
4. Where nonpayment of rent or other charges due the SHA is caused by the perpetrator, and where the victim of domestic violence, dating violence or stalking removes said perpetrator from the lease, the SHA shall offer the remaining household members a reasonable repayment plan (without charging late fees but may recover costs) and shall not evict the remaining members for such nonpayment so long as they substantially comply with said plan.

B. *Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI.A.2. or Federal, State or local law to the contrary, SHA or a Section 8 owner or manager, as the case may be, may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the tenant or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by SHA.

## **VII. Verification of Domestic Violence, Dating Violence or Stalking**

A. *Requirement for Verification.* The law allows, but does not require, SHA or a section 8 owner or manager to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph VII. C., SHA shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by SHA. Section 8 owners or managers receiving rental assistance administered by SHA may elect to require verification, or not to require it as permitted under applicable law.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways:

1. *HUD-approved form* - by providing to SHA or to the requesting Section 8 owner or manager a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD), that the individual is a victim of domestic violence,

dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.

2. *Other documentation* - by providing to SHA or to the requesting Section 8 owner or manager documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.

3. *Police or court record* – by providing to SHA or to the requesting Section 8 owner or manager a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.

B. *Time allowed to provide verification/ failure to provide.* An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by SHA, or a Section 8 owner or manager to provide verification, must provide such verification within 14 business days (*i.e.*, 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action. Extensions may be granted for good cause.

C. *Waiver of verification requirement.* The Executive Director of SHA, or a Section 8 owner or manager, may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this policy based on the victim's statement or other corroborating evidence. Such waiver may be granted in the sole discretion of the Executive Director, owner or manager. Any such waiver must be in writing. Waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases, regardless of similarity in circumstances.

## **VIII. Confidentiality**

A. *Right of confidentiality.* All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to SHA or to a Section 8 owner or manager in connection with a verification required under section VII of this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:

1. requested or consented to by the individual in writing, or

2. required for use in a public housing eviction proceeding or in connection with termination of Section 8 assistance, as permitted in VAWA, or
  3. otherwise required by applicable law.
- B. *Notification of rights.* All tenants of public housing and tenants participating in the Section 8 rental assistance program administered by SHA shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

## **IX. Transfer to New Residence**

- A. *Application for transfer.* In situations that involve significant risk of violent harm to an individual as a result of previous incidents or threats of domestic violence, dating violence, or stalking, SHA will, if an approved unit size is available at a location that may reduce the risk of harm, approve transfer by a public housing or Section 8 tenant to a different unit in order to reduce the level of risk to the individual. A tenant who requests transfer must attest in such application that the requested transfer is necessary to protect the health or safety of the tenant or another member of the household who is or was the victim of domestic violence, dating violence, or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit. Where appropriate, transfers may be granted from federal public housing to Section 8 and from Section 8 to federal public housing.
- B. *No right to transfer.* SHA will make every effort to accommodate requests for transfer when suitable alternative vacant units are available and the circumstances warrant such action. However, except with respect to portability of Section 8 assistance as provided in paragraph IX. D below the decision to grant or refuse to grant a transfer shall lie within the sole discretion of SHA, and this policy does not create any right on the part of any applicant to be granted a transfer.
- C. *Family rent obligations.* If the family occupying SHA public housing moves in order to protect the health or safety of a household member, the family's obligation to provide 30 days advance notice of its move shall be waived by the SHA.
- D. *Portability.* Notwithstanding the foregoing, a Section 8-assisted tenant will not be denied portability to a unit located in another jurisdiction (notwithstanding the term of the tenant's existing lease has not expired, the tenant has not provided the required notice of vacating to the SHA or the family has not occupied the unit for 12 months) so long as the tenant has complied with all other requirements of the Section 8 program and has moved from the unit in order to protect a health or safety of an individual member of the household who is or has been the victim of domestic violence dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

## **X. Relationships with Service Providers**

It is the policy of SHA to cooperate with organizations and entities, both private and governmental that provides shelter and/or services to victims of domestic violence. If SHA staff become aware that an individual assisted by SHA is a victim of domestic violence, dating violence or stalking, SHA will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring SHA either to maintain a relationship with any particular provider of shelter or services to victims or domestic violence or to make a referral in any particular case. SHA's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which SHA has referral or other cooperative relationships.

#### **XI. Notification**

SHA shall provide written notification to applicants, tenants, and Section 8 owners and managers, concerning the rights and obligations created under VAWA relating to confidentiality, denial of assistance and, termination of tenancy or assistance.

#### **XII. Relationship with Other Applicable Laws**

Neither VAWA nor this Policy implementing it shall preempt or supersede any provision of Federal, State or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence or stalking.

#### **XIII. Amendment**

This policy may be amended from time to time by SHA as approved by the SHA Board of Commissioners after consultation with the Resident Advisory Board.

Drafted: 6.12.07