

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Family Type	Overall Number	Affordability	Supply	Quality	Accessi- bility	Size	Location
Income <=30% of AMI			25	A-1	2	1-5 BR	WHA-SCATTERED SITES
			56	A-1	4	1 BR	BENT PARK
			55	A-1	3	1 BR	COCHITUATE VILL
Income>30% but<50% of AMI						SEE ABOVE	
Income>50% but<80 of AMI			2	A-1	0	2 BR	MILLBROOK
			6	A-1	0	2 BR	WILLOWBROOK
			5	A-1	0	3 BR	GREENWAYS
			1	A-1	0	2 BR	PLAIN ROAD NIKE/OXBOW
Individuals below poverty level	322						
Elderly	1,868						
Disabilities	1,289						
White	12,080						
Black	98						
American Indian	13						
Asian	699						
Native Hawaiian/Other Pacific	4						
Some Other Race	35						
Hispanic	151						

The housing needs for the Town of Wayland and surrounding communities are provided in the Consolidated Plan 2009 Housing Needs Table. The source of the data was obtained from the Comprehensive Housing Affordability Strategy (CHAS) tables derived from the 2000 Census. The information is calculated by the U.S. Department of Housing and Urban Development and provided to each community.

9.0

As indicated in the Housing Needs Table, the need is far greater than the capacity of the WHA to meet those needs in a five-year period. The main obstacle in meeting the needs in each category is the availability of housing sites and financial resources. In projecting how to meet the Town's housing needs during the next five-year period, estimates were determined using available funding sources and capacity.

Extremely low-income (0-30% of median income)

Renters: The WHA will use the Low-Income Public Housing Program and the Section 8 Housing Choice Voucher (HCV) Program to meet the needs of extremely low-income households. In accordance with current HUD regulations, 75% of families admitted to the tenant-based HCV Program must be in the extremely low-income category.

Very low-income (30%-50% of median income)

Renters: The WHA will use the Low Income Public Housing Program and the Section 8 Housing Choice Voucher (HCV) Program to meet the needs of very low-income households. Of the families admitted to the HCV Program, 75% must be in the extremely low-income category; therefore, the remaining 25% will meet the very-low income category.

Low to Moderate Income (50%-80% median income)

Renters: While few families currently receiving assistance on the HCV program fall within this category, no new households can be admitted to the program in this category under HUD Regulations. Chapter 40 B first time homebuyer programs will also be utilized by low and moderate income households. It is anticipated that 20 low-moderate income first time homeownership units will become available in the near future. Family Self-Sufficiency Escrow accounts will also provide homebuyer assistance.

<p>9.1</p>	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The WHA has adopted the following Strategy for Addressing Housing Needs and to ensure consistency of this PHA Plan with the Consolidated Plan for the Commonwealth of Massachusetts:</p> <ul style="list-style-type: none"> • The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan. • 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. <p>Activities to be undertaken by the WHA in the coming year are consistent with the initiatives contained in the Consolidated Plan:</p> <p>Reduce barriers to affordable housing by:</p> <ul style="list-style-type: none"> • Providing affordable, decent, safe and sanitary rental housing. <p>Increase the supply of affordable housing by:</p> <ul style="list-style-type: none"> • Working with state, federal, town agencies, and private developers to increase the supply of affordable housing. • Encourage economic independence housing assistance participants by implementing the HUD Family Self Sufficiency Program.
<p>10.0</p>	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>The WHA entered into a Memorandum of Agreement with HUD on April 3, 2009. The WHA intends to work with HUD to meet the prescribed workout plan criteria to substantially improve the WHA Public Housing Assessment System (PHAS) score.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <ul style="list-style-type: none"> •WHA Goal: Expand the supply of assisted housing. The WHA works closely with Town Boards to affect zoning and housing policy that encourages the increase of affordable housing. •WHA Goal: Improve the quality of assisted housing. Over the past year, the WHA has endeavored to improve the quality of its public housing stock. •WHA Goal: Increase assisted housing choices. The WHA has conducted outreach for potential Section 8 landlords. The WHA maintains a list of landlords for possible rentals for our Section 8 Voucher participants. •WHA Goal: Provide an improved living environment. The WHA has scattered sites that de-concentrate poverty. •Promote self-sufficiency and asset development of assisted household. The WHA has been approved for HUD funding of a Section 8 Family Self-Sufficiency Caseworker. •WHA Goal: Ensure Equal Opportunity in housing for all Americans. The WHA has undertaken affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, sexual orientation, familial status and disability. •WHA Goal: Tailor available housing to meet the needs of the community. The WHA has endeavored to convert a single family unit into a two family unit. <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <ul style="list-style-type: none"> •Deviations to the plan that are discretionary changes to the plan or policies that fundamentally change the mission, goals, objectives or plans of the agency and which require approval of the Board of Commissioners. •Amendments or modifications that are discretionary changes to the plan or polices that fundamentally change the mission, goals, objectives or plans the agency and which require approval of the Board of Commissioners. All changes and/or amendments must be reviewed by the Resident Advisory Board (RAB) and submitted to HUD.

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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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, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

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

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

Part I: Summary					
PHA Name: WAYLAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P10150106 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2006 FFY of Grant Approval: 2006
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2008 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	16671	16671	16671	16671
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	10548	1002.82	1002.82	1002.82
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10000	10312	10312	10312
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	68257	77490.18	77490.18	77490.18
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 ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

Part I: Summary					
PHA Name: WAYLAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P10150106 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2006 FFY of Grant Approval: 2006	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2008			<input checked="" type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	105476		105476	105476
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	30000			
Signature of Executive Director BRIAN BOGGIA		Date 8/19/2009		Signature of Public Housing Director	
				Date	

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Part II: Supporting Pages								
PHA Name: WAYLAND HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06P10150106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA WIDE	OPERATIONS	1406		16671	16671	16671	16671	DONE
HA WIDE	ACCOUNTING COSTS	1410	1	10548	1002.82	1002.82	1002.82	DONE
HA WIDE	A/E FEES	1430	1	10000	10312	10312	10312	DONE
MA 101-002	REPAIRS TO HOUSES	1460	1	68257	77490.18	77490.18	77490.18	DONE

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: WAYLAND HOUSING AUTHORITY				Federal FFY of Grant: 2006	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MA101-C	06/30/08	07/17/08	06/30/10	07/17/08	DONE

¹ 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.

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

Part I: Summary		
PHA Name: WAYLAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MA06P10150107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:1)
 Performance and Evaluation Report for Period Ending: 9/30/2008 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)		2000	5933	1937
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		10000	10000	4629
8	1440 Site Acquisition				
9	1450 Site Improvement			42812	0
10	1460 Dwelling Structures		91933	45188	10775
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 ⁴				

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary						
PHA Name: WAYLAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P10150107 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2007 FFY of Grant Approval: 2007	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009						
<input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
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)	103933		18106	18106	
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	7000		0	0	
Signature of Executive Director BRIAN BOGGIA			Signature of Public Housing Director			
Date 8/19/2009			Date			

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Part II: Supporting Pages								
PHA Name: WAYLAND HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06P10150107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA WIDE	ADMINISTRATION COSTS	1410		2000	5933	1937	1937	
MA 101-005	A/E FEES	1430		10000	10000	4629	4629	
HA WIDE	WALKWAYS/PARKING LOT	1450			24000			
HA WIDE	SEPTIC/SITE WORK	1450			18812			
MA 101-005	FIRE SAFETY EQUIPMENT	1460		91933				
					30000	0	0	
MA 101-002	FENCING 36	1460			1188	1188	1188	
MA 101-002	DEMO SHED 222	1460			7000	6375	6375	
HA WIDE	ROOF REPAIR/REPLACE	1460			7000	4400	4400	

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² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: WAYLAND HOUSING AUTHORITY				Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MA101-C	09/12/09		09/12/11		

¹ 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.

Part I: Summary		
PHA Name: WAYLAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MA06P10150108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval: 2008

Type of Grant		
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:1)
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009		<input type="checkbox"/> Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		2000		
3	1408 Management Improvements			0	0
4	1410 Administration (may not exceed 10% of line 21)	2374	3000		
5	1411 Audit			0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3416	4000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement		24790	0	0
10	1460 Dwelling Structures	100000	72000	0	0
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 ⁴				

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

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary					
PHA Name: WAYLAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06P10150108 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)	105790	105790	0	0
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	57000	57000	0	0
Signature of Executive Director BRIAN BOGGIA		Date 8/19/2009		Signature of Public Housing Director	
				Date	

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Part II: Supporting Pages								
PHA Name: WAYLAND HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06P10150108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA WIDE	STAFF TRAINING	1406			2000	0	0	
HA WIDE	ACCOUNTING COSTS	1410	1	2374	3000	0	0	
MA 101-005	A/E FEES	1430	1	3416	4000	0	0	
HA WIDE	RETAINING WALLS	1450			15000	0	0	
MA 101-005	REPAIR SIDEWALKS	1450			9790	0	0	
MA 101-005	FIRE SAFETY EQUIPMENT	1460	1	100000				
HA WIDE	WHA OFFICE RENOVATION	1460			5000	0	0	
MA 101-002	HEATING SYSTEM REPLACEMENTS	1460			10000	0	0	
HA WIDE	INTERIOR REPAIRS FLOORS	1460			10000	0	0	
MA 101-002	EXTERIOR WINDOWS	1460			20000	0	0	
HA WIDE	EXTERIOR PAINTING/REPAIRS	1460			17000	0	0	
MA 101-005	REPAIR A/C OPENINGS	1460			10000	0	0	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: WAYLAND HOUSING AUTHORITY				Federal FFY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MA101-C	07/17/2010		07/14/2012		

¹ 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.

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

Part I: Summary		
PHA Name: WAYLAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MA06S10150109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 ARRA FFY of Grant Approval: 2009

Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report		
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit		1000		
6	1415 Liquidated Damages				
7	1430 Fees and Costs		15000		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	133909	112909		0
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 ⁴		5000		

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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part I: Summary					
PHA Name: WAYLAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06S10150109 Replacement Housing Factor Grant No: Date of CFPP:		FFY of Grant: 2009 ARRA FFY of Grant Approval: 2009	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009					
<input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)				
21	Amount of line 20 Related to LBP Activities	133909	113909	0	0
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		25000		
25	Amount of line 20 Related to Energy Conservation Measures	133909	112909	0	0
Signature of Executive Director BRIAN BOGGIA		Date August 19, 2009		Signature of Public Housing Director	
				Date	

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

Part II: Supporting Pages								
PHA Name: WAYLAND HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06S10150109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009 ARRA		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
MA 101-002	REPLACE ROOF 7 106 MAIN ST	1460	1	20909	18909	0		
MA 101-002	REPLACE ROOF 7 SIMPSON	1460	1	5000	4000	0		
MA 101-002	REPLACE ROOF 8 RUSSELL	1460	1	5000	4000	0		
MA 101-002	REPLACE ROOF 18 OVERLOOK	1460	1	5000	4000	0		
MA 101-002	REPLACE ROOF 21 LEARY	1460	1	8000	7000	0		
MA 101-002	REPLACE ROOF 28 RIVERVIEW	1460	1	5000	4000	0		
MA 101-002	REPLACE ROOF 32 EDGEWOOD	1460	1	5000	4000	0		
MA 101-002	REPLACE ROOF 36 MITCHELL	1460	1	6000	5000	0		
MA 101-002	REPLACE ROOF 104 EAST PLAIN	1460	1	5000	4000	0		
MA 101-002	REPLACE ROOF 132 COMMONWLTH	1460	1	8000	7000	0		
MA 101-002	REPLACE ROOF 161 WEST PLAIN	1460	1	5000	4000	0		
MA 101-002	REPLACE ROOF 199 WEST PLAIN	1460	1	5000	4000	0		
MA 101-002	REPLACE ROOF 206 MAIN	1460	1	8000	7000	0		
MA 101-002	REPLACE ROOF 222 COMMONWLTH	1460	1	8000	7000	0		
MA 101-002	REPLACE ROOF 264 MAIN	1460	1	8000	7000	0		
MA 101-002	REPLACE ROOF 268 MAIN	1460	1	6000	5000	0		
MA 101-009	REPLACE ROOF 3 HEMLOCK	1460	1	5000	4000	0		
MA 101-009	REPLACE ROOF 12 WILLARD	1460	1	6000	5000	0		
MA 101-009	REPLACE ROOF 14 MAYFLOWER	1460	1	5000	4000	0		
MA 101-009	34 MITCHELL	1460	1	5000	4000	0		

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

² To be completed for the Performance and Evaluation Report.

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

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

Part I: Summary		
PHA Name: WAYLAND HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: MA06S10150109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FORMULA FFY of Grant Approval: 2009

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:1)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³		1000		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)		2909	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		10000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement		40000	0	0
10	1460 Dwelling Structures		80000	0	0
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 ⁴				

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⁴ RHF funds shall be included here.

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

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: WAYLAND HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: MA06S10150109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FORMULA FFY of Grant Approval: 2009	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2009			<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
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)				
21	Amount of line 20 Related to LBP Activities	133909		0	0
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	80000		0	0
Signature of Executive Director BRIAN BOGGIA		Date August 19, 2009		Signature of Public Housing Director	
				Date	

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

Part II: Supporting Pages								
PHA Name: WAYLAND HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: MA06S10150109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009 FORMULA		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
MA 101-C	OPERATIONS	1406	1	1000		0	0	
MA 101-005	ADMINISTRATION	1410	1	2909		0	0	
MA 101-005	ARCHITECT ENGINEER FEES	1430	1	10000		0	0	
MA 101-005	WALKWAYS AND PARKING LOTS	1450	1	40000		0	0	
MA 101-005	FIRE SAFETY EQUIPMENT	1460	1	50000		0	0	
MA 101-005	EXTERIOR MASONRY	1460	1	15000		0	0	
MA 101-005	ROOF REPAIRS	1460	1	15000		0	0	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: WAYLAND HOUSING AUTHORITY				Federal FFY of Grant: 2009 FORMULA	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MA101-005	03/17/2010		3/17/2012		

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

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year: 2012

FFY Grant: 2012

PHA FY: 2012

Activities for Year: 2013

FFY Grant: 2013

PHA FY: 2013

Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
ALL PROGRAMS MA 101C	MANAGEMENT IMPROVEMENTS	2,000	ALL PROGRAMS MA 101C	OPERATIONS	2,000
ALL PROGRAMS MA 101C	ADMINISTRATION	3,790	ALL PROGRAMS MA 101C	ADMINISTRATION	2,790
ALL PROGRAMS MA 101C	SITE WORK	15,000	COCHITUATE VILLAGE MA 101-005	A/E FEES	10,000
ALL PROGRAMS MA 101C	DWELLING STRUCTURES	32,000	COCHITUATE VILLAGE MA 101-005	DWELLING STRUCTURES	91,000
FAMILY SCATTERED STIES LIPH MA101-002		30,000			
COCHITUATE VILLAGE MA 101-005	A/E FEES/COSTS	4,000			
COCHITUATE VILLAGE MA 101-005	DWELLING STRUCTURES	19,000			
Total CFP Estimated Cost		\$ 105,790			\$ 105,790

Physical Needs Assessment U.S. Department of Housing
 Comprehensive Grant Program (CGP) and Urban Development
 Office of Public and Indian Housing

HA Name WAYLAND HOUSING AUTHORITY				Original X Revision # 1	
Development Number MA101-002, 009		Development Name FAMILY SCATTERED SITES LIPH		DOFA Date 1982 or Construction Date	
Development Type	Occupancy Type	Structure Type	Number of Buildings		Number of Vacant Units
Rental	<input checked="" type="checkbox"/> Family	<input checked="" type="checkbox"/> Detached/Semi-Detached	20		1
Turnkey III - Vacant	<input type="checkbox"/> Elderly	<input type="checkbox"/> Row	Current Bedroom Distribution		96%
Turnkey III - Occupied	<input type="checkbox"/> Mixed	<input type="checkbox"/> Walk-Up	0	0 1 1	
Mutual Help	<input type="checkbox"/>	<input type="checkbox"/> Elevator	<input checked="" type="checkbox"/>	3 2 4 4	5 1
Section 23. Bond Financed	<input type="checkbox"/>		5+	0	25
General Description of Needed Physical Improvements					Urgency of Need (1-5)
	DEMOLITION 222 CARRIAGE SHED	MA002	\$	7,000	1
	ROOF REPLACEMENT	MA002	\$	113,000	1
	KITCHEN RENOVATIONS	MA002	\$	25,000	1
	PLUMBING REPAIRS	MA002	\$	10,000	1
	SEPTIC/SITE WORK	MA002	\$	10,000	1
	ELECTRICAL WORK	MA002	\$	10,000	1
ECM	TOILET REPLACEMENTS LOW FLOW	MA002	\$	15,000	2
	RETAINING WALLS REPLACE	MA002	\$	5,000	3
	ROOF REPLACEMENT	MA002	\$	130,000	3
ECM	WINDOWS AND DOORS REPLACEMENTS	MA002	\$	30,000	3
	FENCING REPAIR REPLACE SAFETY	MA002	\$	20,000	3
	DRIVEWAY REPAIRS/REPLACE	MA002	\$	15,000	3
	WALKWAYS REPAIR/REPLACE	MA002	\$	30,000	3
ECM	HEATING SYSTEM REPLACEMENTS	MA002	\$	20,000	3
	FLOOR INTERIOR REPLACEMENT	MA002	\$	20,000	3
	SIDING EXTERIOR REPAIRS/REPLACEMENT	MA002	\$	60,000	3
	EXTERIOR PAINTING	MA002	\$	30,000	3
	TREE REMOVAL/WORK	MA002	\$	30,000	3
ECM	PROGRAMMABLE THERMOSTATS	MA002	\$	2,500	3
	FOUNDATION REPAIRS	MA002	\$	25,000	3
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				\$	\$ 487,500
Per Unit Hard Cost				\$	\$ 19,500
Physical Improvements Will Result in Structural System Soundness at a Reasonable Cost Viability				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared				3/19/2009	
Source(s) of Information ECM: 2006 ENERGY AUDIT CANTEBURY ENGINEERING ASSOCIATES					

Physical Needs Assessment
Comprehensive Grant Program (CGP)

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

HA Name WAYLAND HOUSING AUTHORITY				__ Original _X_ Revision Number 1	
Development Number MA101-005		Development Name COCHTUTATE VILLAGE APARTMENTS		DOFA Date or Construction Date	
Development Type	Occupancy Type	Structure Type	Number of Buildings		Number of Vacant Units
Rental	<input checked="" type="checkbox"/> Family	<input type="checkbox"/> Detached/Semi-Detached	<input type="checkbox"/>		0
Turnkey III - Vacant	<input type="checkbox"/> Elderly	<input checked="" type="checkbox"/> Row	Current Bedroom Distribution		100%
Turnkey III - Occupied	<input type="checkbox"/> Mixed	<input type="checkbox"/> Walk-Up	0_	1_ 55	
Mutual Help	<input type="checkbox"/>	Elevator	<input checked="" type="checkbox"/> 3_	- 4_ -	55
Section 23. Bond Financed	<input type="checkbox"/>		5+_		
General Description of Needed Physical Improvements					Urgency of Need (1-5)
ECM	FIRE SPRINKLER SYSTEM		MA005	\$ 500,000	1
	RETAINING WALLS REPLACE		MA005	\$ 20,909	
	TOILET UPGRADE TO LOW FLOW		MA005	\$ 25,000	2
	RETAINING WALLS REPLACE		MA005	\$ 10,000	2
	DRAIN EXTERIOR TRENCHING		MA005	\$ 5,000	2
	A/C OPENINGS REPAIR		MA005	\$ 17,000	2
	ROOF REPLACEMENT (PARTIAL)		MA005	\$ 25,000	3
	WINDOW REPLACEMENT (PARTIAL)		MA005	\$ 200,000	3
	PARKING LOT REPAIRS		MA005	\$ 15,000	3
	WALKWAYS REPAIR/REPLACE		MA005	\$ 18,000	3
ECM	FLOOR LINO REPLACEMENT		MA005	\$ 25,000	3
	PAINTING EXTERIOR		MA005	\$ 15,000	3
	LIGHTING FIXTURE UPGRADE		MA005	\$ 5,000	3
	CLOTHES DRYERS FUEL CONVERSION		MA005	\$ 3,500	3
	PROGRAMMABLE THERMOSTATS		MA005	\$ 3,000	3
	COMMON HALL WAY RUG REPLACEMENT		MA005	\$ 25,000	3
	MASONRY EXTERIOR REPAIR CLEANING		MA005	\$ 75,000	3
	BOILER REPLACEMENT		MA005	\$ 50,000	4
	KITCHEN RENOVATIONS		MA005	\$ 300,000	4
	WHA OFFICE WHA RENNOVATION		MA005	\$ 20,000	4
Total Preliminary Estimated Hard Cost for Needed Physical Improvements				\$ 1,357,409	
Per Unit Hard Cost				\$ 24,680.16	
Physical Improvements Will Result in Structural System Soundness at a Reasonable Cost Viability				Yes <u>X</u>	No <u> </u>
Development Has Long-Term Physical and Social				Yes <u>X</u>	No <u> </u>
Date Assessment Prepared				3/19/2009	

Source(s) of Information
ECM: 2006 ENERGY AUDIT CANTEBURY ENGINEERING ASSOCIATES

ATTACHMENTS

IMPLEMENTATION OF THE VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT 2005

The WHA has initiated the provisions of the VAWA.

- The WHA has adopted the VAWA policy.
- The provisions of the VAWA have been included in the 2007 Section 8 Administrative Plan
- The provisions of the VAWA have been included in the 2007 Admissions and Continued Occupancy Plan
- All tenants of the WHA low-income family and elderly public housing programs have been notified of their rights under VAWA.
- All participants in the WHA Section 8 Housing Choice Voucher Program have been notified of their rights under VAWA.

The Goals of the WHA re to comply with the VAWA by taking the following actions:

- Protecting the safety of victims of domestic violence, dating violence, sexual assault, and stalking who reside in public housing.
- Educate the WHA staff and private landlords on the provisions of VAWA.

WHA VAWA Program

The WHA has partnered with the Sough Middlesex Opportunity Program Voices program. Voices provides free and confidential services to victims of domestic/partner violence and sexual assault/rape for WHA residents. Services include a 24-hour hotline, crisis intervention, supportive counseling and support groups, information and referrals, and medical, legal and criminal justice advocacy. Voices also conducts outreach and education to community groups and professionals on the impact of violence.

SIGNIFICANT AMENDMENT OR MODIFICATION TO THE ANNUAL PLAN

The WHA hereby defines significant amendment or modification as any change in policy, which significantly and substantially alters the WHA's stated mission and the persons the WHA serves.

A substantial change to the annual plan would include any changes not previously raised and discussed with the Resident Advisory Board that would impact application preferences and selection order, changes in lease provisions, rent calculation or tenant grievances or modifications to the Capital Improvements Program (Modernization). Other policies included in this modification would include other critical elements of the Annual Plan including policies on pets, conversion to homeownership, demolition and disposition of public housing and community service. Further, all amendments will be reviewed and discussed as part of the subsequent years annual plan. The WHA will convene a meeting of the RAB and hold a public hearing prior to Board adoption. Amendments to the Annual Plan will be submitted to HUD

RESIDENT ADVISORY BOARD

Kevin Goodwin Cochituate Village Apartments

Paul LeLeivre Cochituate Village Apartments

The Resident Advisory Board reviewed the PHA plan. Residents are in favor of the proposed renovations in the Capital Fund budgets. Mr. Goodwin asked if the 1983 kitchens could be included in the capital fund improvements. The WHA has examined the kitchens at the CVA. Although they are over 26 years old, the components are generally in good conditions and serviceable. The WHA recognizes kitchen renovations as a legitimate renovation item. Kitchen renovations on its capital fund program in the past. However, they have been delayed because of higher priority renovations. The WHA will include kitchen renovations on the WHA physical needs assessment for future renovation funding.