

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>EMERSON HOUSING AUTHORITY</u> PHA Code: <u>NE073</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04-01-2009</u>														
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>20</u> Number of HCV units: _____														
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only														
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)														
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	<table border="1"> <thead> <tr> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	No. of Units in Each Program		PH	HCV	PHA 1:		PHA 2:		PHA 3:	
No. of Units in Each Program															
PH	HCV														
PHA 1:															
PHA 2:															
PHA 3:															
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.														
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the Emerson Housing Authority is to maintain the high standards that were established when the apartment complex was first opened in July 1968.														

5.2	<p>Goals and Objectives. Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p>GOAL: Renovate and modernize public housing units. Objectives: Continue to replace old showers in single unit dwellings Remove and replace flooring in kitchen, dining areas and bathrooms.</p> <p>GOAL: Improve the quality of assisted housing. Objective: Continue improving customer satisfaction through activities, communication and services. Screen all applicants to insure new admissions will be good neighbors Quarterly newsletters/on-going communications Concentrate on improving management functions</p> <p>GOAL: Conduct outreach to potential low income families. Objective: Develop a pamphlet marketing Tri View Apartments as affordable units. Public speaking engagements at the Senior Center, civic organizations, and etc..</p> <p>GOAL: Reduce energy usage and cost. Objective: Replace windows in duplex’s Replace windows in the single family units Insulate and replace siding.</p> <p>GOAL: Make the recreation room user friendly/inviting for tenants Objective: Paint walls and replace old window coverings. Purchase couch, chairs, and television. Separate kitchen area. Replace tables.</p> <p>GOAL: Repair/replace sidewalks. Objective: Evaluate the condition of all concrete sidewalks. Repair sidewalks by renting a machine to grind the ones we can. Replace the un-repairable ones with new cement.</p> <p>GOAL: Replace washing machines and dryer. Objective: Obtain bids for new appliances. Purchase new appliances with handicap assessable, and energy efficient ones.</p> <p>GOAL: Replace boilers as needed to insure safe, energy effective heating. Objective: Inspection of all boilers through a qualified company. Obtain bids for replacement on old/defective boilers Replace boilers.</p> <p>Progress report on previous five year plan. The Tri View Apartments has changed its marketing from low income apartments to affordable apartments. The original interiors have modernized, and are now compatible with local rental units.</p> <p>The housing authority has replaced tile flooring with carpet in the twenty units. Old shower stalls in eight (8) out of the twelve (12) single dwelling and all eight (8) multi-family units have been abated and replaced with new shower stalls, and flooring. Apartment size stoves in the multi-family units have been replaced with full size energy conservative appliances. Several refrigerators have also been replaced with energy conservative ones.</p> <p>The office equipment has been updated by adding a fax machine (was using the one at the bank), purchased a new computer, printer and accounting software.</p> <p>The riding lawn mower was replaced with a larger machine. Several trees had to be removed, and storage sheds constructed for the tenants usage.</p>
6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p>The Housing Authority had to build a different maintenance shop, due to an inspection from fire personnel. Previous work/storage area was in the boiler room, where the electrical panel, hot water heater is also located. Potential danger due to the paint, chemicals and equipment also being stored in this area. The hiring of a full time maintenance person has saved the Housing Authority hundreds of dollars in labor cost associated with remodeling of the units. The FY Capital grant 2007 will be revised to include this unplanned project.</p> <p>The annual and five year plan can be reviewed at the office, 207 E 5th St., Emerson, NE 68733. The Tri View tenants will receive a copy of the goals for the next five years, and the complete plan will be posted for review by them and the public.</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. N/A.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>

8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The PHA will continue to make every effort to identify/meet the housing needs of the low-income, very low-income, and extremely low-income families residing in the PHA's jurisdiction. Every reasonable effort will be taken in identifying and addressing the housing needs of the elderly / disabled families. The Tri View Apartments will continue to provide safe, affordable, quality units to families based on size, accessibility and need of low income families in the jurisdiction of the PHA.</p> <p>The PHA will not discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin, or their participation in any public housing or Section 8 tenant-based assistance programs or waiting list. The PHA's mission is to provide affordable, decent/modern housing continues to provide affordable</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The PHA will develop and distribute attractive pamphlets marketing the units as affordable living. Advertising/marketing will be conducted at the local senior centers, church and civic organizations. Outreach/referrals will continue with local health and human service providers.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals.</p> <p>(b) Through modernization and marketing the apartments as affordable instead of low-income housing the units are 100% leased. Tenant satisfaction and involvement has improved. Public opinion has changed and the tenants are welcomed as viable members of the community.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Significant amendments or modifications to from the five year plan occurs only when the Board of Commissioners decides changes to t the mission statement, goals, objectives of the five year plan are necessary to insure the on-going administration of the program. Any changes are derived from either new federal regulations or would be in the best interest of the families.</p> <p>Significant amendments or modifications to the Annual Plan are defined discretionary changes in the plans or policies of the Housing Agency that fundamentally change the plans of the agency and require formal approval of Board of Commissioners.</p> <p>The deviation from the 5 Year Plan included the addition of a maintenance shop and agency tools/equipment. The Board of Commissioners necessary and took this action for the following reason:</p> <ol style="list-style-type: none"> 1. Fire and safety compliance. (Previously all chemicals, cleaning supplies, paint, and etc., were stored in the same small room as the boiler, hot water heater, and electrical panels. 2. The retirement of the previous maintenance personal caused a hardship as all the tools, equipment was his personal property. 3. The hiring of a full time maintenance who does not only the routine maintenance, but is also qualified to do all rehab, including, but not limited to carpentry work, plumbing, and etc.. This has proven to save federal dollars in labor cost)

**Other Information Requested by HUD:
Violence Against Women's ACT (VAWA)**

Emerson Housing Authority will comply with the 2005 VAA PUB.L.109-162: ATAT.2960. The Authority works partners with the two local shelters, law enforcement officers, health and human services, pastors and counselors to utilize available resources in providing safe, decent, affordable housing for victim(s) of abuse.

The Board of Commissioners amended the admissions policy establishing priority for victims of abuse. Our mission is make all reasonable accommodations to house or assist in the housing of person(s) who are victims of domestic violence, dating violence, and stalking while maintaining a safe environment for employees, residents while protecting the safety of the victim(s)

Emerson Housing Authority will not discriminate against any applicant, public housing resident or program participant. All information and data will be maintained in the strictest confidentiality, and will not be released to any person(s), collaborating entity, attorney(s) and etc., without the documented permission from the victim or court order.

Resident Advisory Board:

All the tenants of Tri View Apartments were asked to review the five year work plan, make suggestions for future improvements, wants, and needs. Most of the oral comments received were positive due to the modernization, which included carpeting, new floorings, bathroom rehabs, and etc... The advisory board met in September to review the two recommendations: 1. install washer/dryers in single units, and 2. play ground equipment were determined unfeasible for the following reasons: Washers/dryers for single dwelling units aren't possible due to lack of space. The playground equipment would cause a hardship due to the increase in liability insurance, and the city park is within two blocks of the complex.

11.0 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.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace* (PHAs receiving CFP grants only)
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* (PHAs receiving CFP grants only)
- (d) Form SF-LLL, *Disclosure of Lobbying Activities* (PHAs receiving CFP grants only)
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* (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, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number : NE073 Emerson			Locality (City/County & State)		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY ___2009___	Work Statement for Year 2 FFY ____2010____	Work Statement for Year 3 FFY ____2011____	Work Statement for Year 4 FFY ____2012____	Work Statement for Year 5 FFY ____2013____
B.	Physical Improvements Subtotal	Annual Statement	24,916			
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations			24,916	24,916	24,916
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		24,916	24,916	24,916	24,916
L.	Total Non-CFP Funds					
M.	Grand Total					

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2</u> FFY <u>2010</u>			Work Statement for Year: <u>3</u> FFY <u>2011</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	HA-wide	Window replacement	24,916			
		Subtotal of Estimated Cost		\$24,916	Subtotal of Estimated Cost	

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2009	Work Statement for Year <u>2</u> FFY <u>2010</u>		Work Statement for Year: <u>3</u> FFY <u>2011</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement			HA-wide Operations	24,916
		Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ 4 _____ FFY ____ 2012 ____		Work Statement for Year: _____ 5 _____ FFY ____ 2013 ____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	HA-wide Operations	24,916	HA-wide Operations	24,916
	Subtotal of Estimated Cost	\$24,916	Subtotal of Estimated Cost	\$24,916

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: NE26P03501-03 Replacement Housing Factor Grant No: Date of CFFP: 2003		FFY of Grant: 2003 FFY of Grant Approval: 2003	
PHA Name: Emerson Housing Authority					
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 2003		Date of CFFP: 2003		Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	0	364.48	364.48	364.48
4	1410 Administration (may not exceed 10% of line 21)	500.00	1,175.03	1,175.03	1,175.03
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	4,840.	0	0	0
10	1460 Dwelling Structures	22,567.00	16,762.50	16,762.50	16,762.50
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	147.26	4,764.99	4,764.99	4,764.99
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.

**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		FFY of Grant: 2003	
PHA Name: Emerson Housing	Grant Type and Number Capital Fund Program Grant No: NE26P03501-03 Replacement Housing Factor Grant No: Date of CFFP: 2003	FFY of Grant Approval: 2003	
<input 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"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant		Total Estimated Cost	
		Original	Revised²
Line	Summary by Development Account	Total Actual Cost¹	
		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)	23,067	23,067
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		
Signature of Executive Director Starla Anderson		Signature of Public Housing Director	
03/10/09		Date	
		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.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2003	
PHIA Name: Emerson Housing Authority		Capital Fund Program Grant No: NE26P03502-03		FFY of Grant Approval: 2003	
		Replacement Housing Factor Grant No:			
		Date of CFFP: 2003			
Type of Grant		Revised Annual Statement (revision no:)			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:)			
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		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				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	0	4,872.00	4,872.00	4,872.00
10	1460 Dwelling Structures	2,870.00	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2,000.00	0	0	0
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.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary		FFY of Grant: 2003 FFY of Grant Approval: 2003	
PHA Name: Emerson Housing	Grant Type and Number Capital Fund Program Grant No: NE26P03502-03 Replacement Housing Factor Grant No: Date of CFFP: 2003		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Type of Grant		Total Estimated Cost	Total Actual Cost¹
Line	Summary by Development Account	Original	Revised² Obligated
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)	4,840.00	4,872.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director 03/10/09	Signature of Public Housing Director 	Date	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.

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		Grant Type and Number Capital Fund Program Grant No: NEZ6P03501-04 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2004 FFY of Grant Approval: 2004
Type of Grant		<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³		
3	1408 Management Improvements	0	
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit	0	1,765.00
6	1415 Liquidated Damages		
7	1430 Fees and Costs	1,000.00	1,050.00
8	1440 Site Acquisition		
9	1450 Site Improvement	10,993.00	1,567.50
10	1460 Dwelling Structures	0	17,950.46
11	1465.1 Dwelling Equipment—Nonexpendable	0	4,660.04
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.

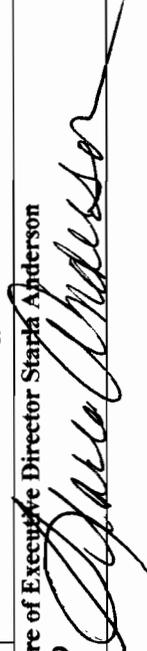
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary		FFY of Grant: 2004 FFY of Grant Approval: 2004	
PHA Name: Emerson Housing	Grant Type and Number Capital Fund Program Grant No: NE26P03501-04 Replacement Housing Factor Grant No: Date of CFFP: 2004		
<input 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"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated
		Revised²	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)	26,993	26,993
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		
Signature of Executive Director 03/10/09	Signature of Public Housing Director 	Date	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 CFFP Grants for operations.
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

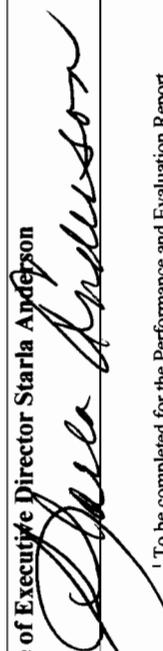
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: NE26P073501-05 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2005 FFY of Grant Approval: 2005	
PHA Name: Emerson Housing Authority		Reserve for Disasters/Emergencies <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		Revised Annual Statement (revision no:) <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost Revised ¹	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	0	266.66	266.66	266.66
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	0	0	0
5	1411 Audit	0	2,250.00	2,250.00	2,250.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	6,000.00	0	0	0
10	1460 Dwelling Structures	14,456.00	3,081.24	3,081.24	3,081.24
11	1465.1 Dwelling Equipment—Nonexpendable	1,300.00	19,828.16	19,828.16	19,828.16
12	1470 Non-dwelling Structures	3,000.00	0	0	0
13	1475 Non-dwelling Equipment	0	329.94	329.94	329.94
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.
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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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		FFY of Grant: 2005 FFY of Grant Approval: 2005	
PHA Name: Emerson Housing	Grant Type and Number Capital Fund Program Grant No: NE26P03501-05 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
Line		Original	Revised ²
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)	25,756.00	25,756.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director 03/10/09	Signature of Public Housing Director 	Date	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.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2006	
PHA Name: Emerson Housing Authority		Capital Fund Program Grant No: NE26P03501-06		FFY of Grant Approval: 2006	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Revised Annual Statement (revision no:)			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	1,000.00	1,000.00	1,000.00	1,000.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit	1,000.00	0	0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	3,000.00	5,489.13	5,489.13	5,489.13
10	1460 Dwelling Structures	17,149.00	6,863.00	6,863.00	6,863.00
11	1465.1 Dwelling Equipment—Nonexpendable	0	3,422.00	3,422.00	3,422.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2,000.00	8,087.87	8,087.87	8,087.87
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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		FFY of Grant: 2006	
PHA Name: Emerson Housing	Grant Type and Number Capital Fund Program Grant No: NE26P03501-06 Replacement Housing Factor Grant No: Date of CFFP: 2006	FFY of Grant Approval: 2006	
<input 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"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
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)	24,862.00	24,862.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>Stacia Anderson</i>		Signature of Public Housing Director	
03/10/09		Date	

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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
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 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FFY of Grant: 2007	
PHA Name: Emerson Housing Authority		Capital Fund Program Grant No: NE26P03501-07		FFY of Grant Approval: 2007	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Final Performance and Evaluation Report	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2008					
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹
		Original			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)	1,000.00	0		
5	1411 Audit	1,000.00	0		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	2,000.00	24,450.00	10,328.75	10,328.75
10	1460 Dwelling Structures	9,250.00	0		
11	1465.1 Dwelling Equipment—Nonexpendable	3,000.00	0		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	2,000.00	0		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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
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 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2007 FFY of Grant Approval: 2007	
PHA Name: Emerson Housing		Grant Type and Number Capital Fund Program Grant No: NE26P03501-07 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant		<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Obligated
		Revised²	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)	25,450.00	10,328.75
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director Starla Anderson <i>Starla Anderson</i>		Signature of Public Housing Director	
03/10/09		Date	
		Date	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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 Expires 4/30/2011

Part I: Summary		Grant Type and Number		FFY of Grant: 2008	
PHA Name: Emerson Housing Authority		Capital Fund Program Grant No: NE26P03501-08		FFY of Grant Approval: 2008	
		Replacement Housing Factor Grant No:			
		Date of CFFP: 2008			
Type of Grant		Revised Annual Statement (revision no:)			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2008					
Summary by Development Account		Total Estimated Cost	Obligated	Total Actual Cost ¹	Expended
Line	Original	Revised ²			
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	0	16,814.40		
3	1408 Management Improvements	3,000.00	0		
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit	1,000.00	1,000.00		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	1,550.00	5,999.60		
10	1460 Dwelling Structures	15,000.00	0		
11	1465.1 Dwelling Equipment—Nonexpendable	3,000.00	0		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	1,366.00	1,102.00	1,102.00	1,102.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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
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Part I: Summary		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Emerson Housing	Grant Type and Number Capital Fund Program Grant No: NE26P03501-08 Replacement Housing Factor Grant No: Date of CFFP: 2008		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
Line	Original	Revised²	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)	24,916.00	1,102.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director 03/10/09	Date	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.

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⁴ RHF funds shall be included here.

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: NE26P030501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Emerson Housing Authority		<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:			
Type of Grant		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)			
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	4,916.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	20,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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U.S. Department of Housing and Urban Development
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Part I: Summary		FFY of Grant: 2009	
PHA Name: Emerson Housing		FFY of Grant Approval: 2009	
Grant Type and Number Capital Fund Program Grant No: NE26P03501-09 Replacement Housing Factor Grant No: Date of CFFP: 2009			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant		Total Actual Cost ¹	
Summary by Development Account		Original	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)	24,916.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>Starla Anderson</i>		Signature of Public Housing Director	
03/10/09		Date	

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