



PUBLIC HOUSING • COMMUNITY DEVELOPMENT • SOCIAL SERVICES
SOMERSWORTH HOUSING AUTHORITY
CENTRAL OFFICE: 9 BARTLETT AVE., P.O. BOX 31, SOMERSWORTH, N.H. 03878



ELIZABETH A. SALINGER
EXECUTIVE DIRECTOR

October 23, 2009

Mr. Michael Casper, Facilities Manager
US Department of Housing & Urban Development
Office of Public Housing
10 Causeway Street, Room 553
Boston, MA 02222-1092

SUBJECT: 2009 Annual Plan Revision #3

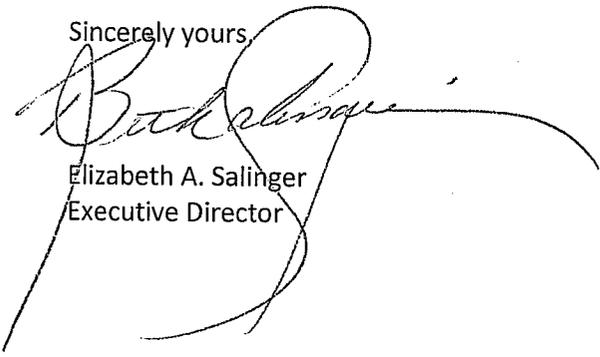
Dear Mike:

Attached you will find the transmittal for the 2009 Annual Plan, Revision #3 which contains the following:

1. The Somersworth Housing Authority's *revised* 5 Year Plan to include the ARRA funds;
2. Annual Statements for Capital Fund NH36P006501-05 (2005), and NH36P006501-06 (2006) to close.

If you have any questions please feel free to contact this office at any time (603) 692-2864.

Sincerely yours,



Elizabeth A. Salinger
Executive Director

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)

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.

Streamlined Annual PHA Plan
for Fiscal Year: 2009
PHA Name: Somersworth Housing
Authority

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.

PHA Name:
HA Code:

Streamlined Annual Plan for Fiscal Year 20__

Streamlined Annual PHA Plan Agency Identification

PHA Name: Somersworth Housing Authority **PHA Number:** NH006

PHA Fiscal Year Beginning: (mm/yyyy) 01/2009

PHA Programs Administered:

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

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: Elizabeth Salinger Phone: 603-692-2864
TDD: 800-545-1833X113 Email (if available): esalinger@somersworthhousing.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 (list below)

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

- X 1. Site-Based Waiting List Policies
903.7(b)(2) Policies on Eligibility, Selection, and Admissions
- X 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
- X 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.
- X 6. Supporting Documents Available for Review
- X 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- X 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-LLLa, *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

1. Has the PHA operated one or more site-based waiting lists in the previous year? NO 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?

PHA Name:
HA Code:

Streamlined Annual Plan for Fiscal Year 20__

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. X 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 X 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 X 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):

PHA Name:
HA Code:

Streamlined Annual Plan for Fiscal Year 20__

HOPE VI Revitalization Grant Status	
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:

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:

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:

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

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

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: State of New Hampshire-City of Somersworth

PHA Name:
HA Code:

Streamlined Annual Plan for Fiscal Year 20__

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: Technical assistance and funding for the Downtown Initiative; Funding and Vouchers for low income housing tax credit programs; Section 8 Voucher assistance; technical assistance for the Community Development Block Grant Program

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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
	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. X 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. X 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. X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent 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
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

PHA Name:
HA Code:

Streamlined Annual Plan for Fiscal Year 20__

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input 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. X 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
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs X Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	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
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	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
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet 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

8. Capital Fund Program Five-Year Action Plan

VIOLENCE AGAINST WOMEN ACT STATEMENT

Victim Documentation

Policy:

When a participant family is facing assistance termination because of the actions of a participant, household member, guest, or other person under the participant's control and a participant or immediate family member of the participant's family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the SHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements: (HUD-50066- Certification form is available)

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

One of the following:

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

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

The required certification and supporting documentation must be submitted to the SHA within 14 business days after the SHA issues their written request. The 14-day deadline may be extended at the SHA's discretion. If the individual does not provide the required

8. Capital Fund Program Five-Year Action Plan

certification and supporting documentation within 14 business days, or the approved extension period, the SHA may proceed with assistance termination.

If the SHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's tenancy is not terminated, the SHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

Terminating the Assistance of a Domestic Violence Perpetrator

Although VAWA provides assistance termination protection for victims of domestic violence, it does not provide protection for perpetrators. VAWA gives the SHA the explicit authority to "terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others... without terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant." This authority supersedes any local, state, or other federal law to the contrary. However, if the SHA chooses to exercise this authority, it must follow any procedures prescribed by HUD or by applicable local, state, or federal law regarding termination of assistance [Pub.L. 109-271].

SHA Policy

When the actions of a participant or other family member result in a SHA decision to terminate the family's assistance and another family member claims that the actions involve criminal acts of physical violence against family members or others, the SHA will request that the victim submit the above required certification and supporting documentation in accordance with the stated time frame. If the certification and supporting documentation are submitted within the required time frame, or any approved extension period, the SHA will terminate the perpetrator's assistance. If the victim does not provide the certification and supporting documentation, as required, the SHA will proceed with termination of the family's assistance.

If the SHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the participant's tenancy is not terminated, the SHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

SHA Confidentiality Requirements

8. Capital Fund Program Five-Year Action Plan

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

Notification Procedures:

SHA has notified all housing participants by supplying a copy of the act at application, re-certifications, move-in, section 8 briefings and to all section 8 landlords. Brochures are also available in our central office which is open to the public.

Adopted by SHA Board 11/13/07

13. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name : Somersworth Housing Authority

Original 5-Year Plan
 Revision No: 1

Development Number/Name/HA-Wide	Year 1 Annual Statement	Work Statement for Year 2 FFY Grant: PHA FY: 2006	Work Statement for Year 3 FFY Grant: PHA FY: 2007	Work Statement for Year 4 FFY Grant: PHA FY: 2008	Work Statement for Year 5 FFY Grant: PHA FY: 2009
NH001-002		8,000	13,000	100,000	137,500
NH002		138,402	79,255		
HA WIDE		76,673	92,399	15,000	27,500
NH001			26,623	10,000	
NH007			5,471	99,031	
NH001,002,007				16,000	
NH002,007					74,366
ARRA FUNDS NH001					303,831
CFP Funds Listed for 5-year planning		223,075	216,748	240,031	543,197
ARRA FUNDS Replacement Housing Factor Funds					303,831

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: Somersworth Housing Authority	Grant Type and Number Capital Fund Program Grant No. NH36P006501-09 Date of CFP:	FFY of Grant: 2009
Type of Grant Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies		FFY of Grant Approval: 2009
		<input checked="" type="checkbox"/> X Revised Annual Statement (revision no: 1) <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				
3	1408 Management Improvements	\$12,500			
4	1410 Administration (may not exceed 10% of line 21)	\$15,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$17,500			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$120,000			
11	1465 1: Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$74,366			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.i: Relocation Costs				
17	1499 Development Activities ⁴				
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)	\$239,366			
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	\$164,366			

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

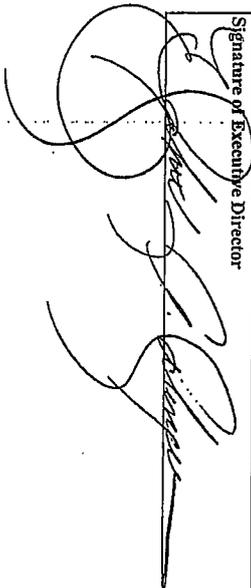
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Somersworth Housing Authority	Grant Type and Number Capital Fund Program Grant No: NH36F006501-09 Date of CFFP: _____	FY of Grant: 2009
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: _____
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: _____)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
Signature of Executive Director						
		Original				
		9/10/2009				
Signature of Public Housing Director						



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: Somersworth Housing Authority
 Grant Type and Number: Capital Fund Program Grant No. NH36S00650109
 Date of CFFP: _____
 FFY of Grant: 2009
 FFY of Grant Approval: 2009

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

Line	Summary by Development Account	Total Estimated Cost	Original	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						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs		10,000				
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures		293,831				
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						
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)		303,831	0	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		283,831				

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

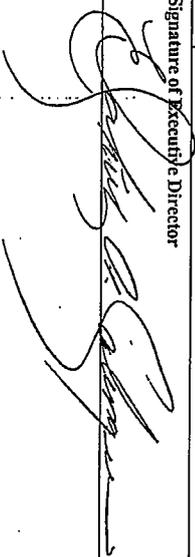
Part I: Summary

PHA Name: Somersworth Housing Authority	Grant Type and Number Capital Fund Program Grant No: NH36S00650109 Date of CERF: _____	FFY of Grant: 2009	FFY of Grant Approval: 2009
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: _____

Reserve for Disasters/Emergencies

Revised Annual Statement (revision no: _____)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
	Signature of Executive Director 	Original 4/7/2009	Signature of Public Housing Director			

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: Somersworth Housing Authority	Grant Type and Number Capital Fund Program Grant No: NH36P006501-08	FFY of Grant: 2008
	Date of CFFP:	FFY of Grant Approval: 2008

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending:
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 1)
 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	20,000	0	0	0
3	1408 Management Improvements	0	10,000	0	0
4	1410 Administration (may not exceed 10% of line 21)	15,000	15,000	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,000	16,000	5,030	5,030
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	100,000	100,000	0	0
11	1465 1 Dwelling Equipment—Nonexpendable	89,031	99,031	99,031	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 i Relocation Costs				
17	1499 Development Activities ⁴				
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)	240,031	240,031	104,061	5,030
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	\$90,000			

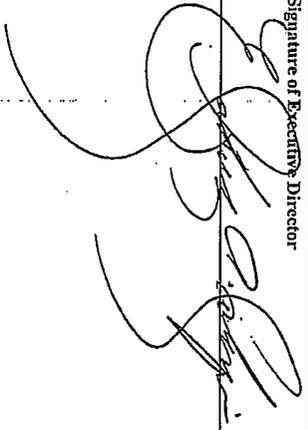
¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF Funds shall be included here.

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

PHA Name: Somersworth Housing Authority		Grant Type and Number Capital Fund Program Grant No: NH36P006501-08		FFY of Grant: 2008	
		Date of CFFP: _____		FFY of Grant Approval: 2008	
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"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost Original	Revised ²	Obligated	Total Actual Cost ¹ Expended
Signature of Executive Director		10/15/2009		Signature of Public Housing Director	



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: Somersworth Housing Authority
 Grant Type and Number: Capital Fund Program Grant No: NH36P006501-07
 Date of CFFP: _____
 RFF of Grant: 2007
 RFF of Grant Approval: 2007

Type of Grant:
 Original Annual Statement
 Performance and Evaluation Report for Period Ending:
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: 2)
 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-CFF Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$16,093	\$16,153	\$16,153	\$0
4	1410 Administration (may not exceed 10% of line 21)	\$15,000	\$15,000	\$15,000	\$15,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$20,000	\$13,000	\$10,000	\$3,468
8	1440 Site Acquisition				
9	1450 Site Improvement	\$5,000	\$5,471	\$5,471	\$5,471
10	1460 Dwelling Structures				
11	1465 I. Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	\$35,000	\$44,358	\$44,358	\$44,358
13	1475 Non-dwelling Equipment	\$125,655	\$122,766	\$122,766	\$122,766
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495 I. Relocation Costs				
17	1499 Development Activities ⁴				
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)	\$216,748	\$216,748	\$213,748	\$191,063
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	\$16,748	\$16,153	\$16,153	\$0
25	Amount of line 20 Related to Energy Conservation Measures	\$85,000	\$92,766	\$92,766	\$92,766

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 CFF 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

PHA Name: Somersworth Housing Authority	Grant Type and Number Capital Fund Program Grant No: NH36R006501-07 Date of CFFP: _____	FFY of Grant: 2007 FFY of Grant Approval: 2007
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Type of Grant

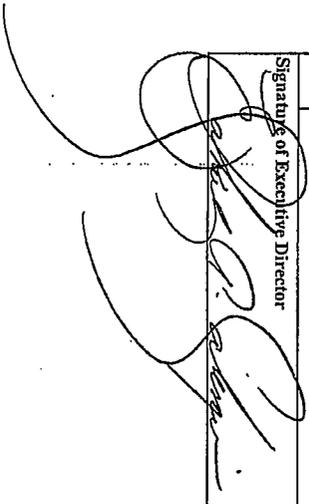
Original Annual Statement

Performance and Evaluation Report for Period Ending:

Reserve for Disasters/Emergencies

Revised Annual Statement (revision no: 2)

Final Performance and Evaluation Report

Signature of Executive Director 	10/15/2009	Signature of Public Housing Director
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Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report

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

PHA Name: SOMERSWORTH HOUSING AUTHORITY
 Grant Type and Number: Capital Fund Program Grant No: NH 36P006501-06
 Replacement Housing Factor Grant No: Federal FY of Grant: 2006

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report 12/3/07

Lin No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost		
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000	40,000	37,146.27	37,146.27
3	1408 Management Improvements	22,000	22,000	22,000	22,000
4	1410 Administration	14,673	14,673	14,673	14,673
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000	8,000	7,983	7,983
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	101,000	118,402	121,272.73	121,272.73
11	1465.1 Dwelling Equipment— None expendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,000	20,000	20,000	20,000

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

Annual Statement/Performance and Evaluation Report

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

PHA Name: SOMERSWORTH HOUSING AUTHORITY

Grant Type and Number

Capital Fund Program Grant No: NH 36P006501-06

Federal FY of Grant:
2006

Replacement Housing Factor Grant No:

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report 12/3/07

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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)	205,673	223,075	223,075	223,075
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	98,000	98,000		

Annual Statement/Performance and Evaluation Report

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

PHA Name: Somersworth Housing Authority

Grant Type and Number CFP

Capital Fund Program Grant No: NH36P00650105

Replacement Housing Factor Grant No:

Federal
FY of
Grant:
2005

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report 12/31/07

Lin	Summary by Development Account	Original	Revised	Obligated	Expended
		Total Estimated Cost		Total Actual Cost	
1	Total non-CFP Funds				
2	1406 Operations	25,000		25,000	25,000.00
3	1408 Management Improvements	10,000		9,813	9,669.86
4	1410 Administration	15,000		15,000	15,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000		18,000	19,501.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	152,512		154,584	153,226.14
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000		10,115	10,115.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

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

PHA Name: Somersworth Housing Authority
 Grant Type and Number: CFP
 Capital Fund Program Grant No.: NH36P00650105
 Replacement Housing Factor Grant No.:
 Federal FY of Grant: 2005

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report 12/31/07

Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost		
		Original	Revised	Obligated	Expended
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)	232,512		232,512	232,512
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				35,658.74
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				

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

PHA Name: Somersworth Housing Authority		Grant Type and Number CFP Capital Fund Program Grant No: NH36F00650105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005		
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
NH006-001	Operations	1406	-	25,000	25,000	complete
NH006-001-002-007	Vehicle Repairs 1) engine repairs 2) body work 3) sander/salter spreader 4) steering pump 5) brakes	1475	6 trucks	10,000	9,813	complete
	Commercial Lawnmower (Riding Industrial size)	1408	1	10,000	10,115	complete
NH006-001	Administration	1410	-	15,000	15,000	complete
NH006-002	Architect (Exterior renovations)	1430	4 bldgs	7,000	3,000	complete
NH006-002	Clerk (Exterior Renovations)	1430	4 bldgs	13,000	15,000	complete
NH006-002-001	Exterior Renovations	1460	4 bldgs	152,512	154,584	complete

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

Annual Statement/Performance and Evaluation Report

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

PHA Name: SOMERSWORTH HOUSING AUTHORITY

Grant Type and Number
Capital Fund Program Grant No: NH 36P006501-06
Replacement Housing Factor Grant No:

Federal FY of Grant:
2006

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report 12/3/07

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000	40,000	37,146.27	37,146.27
3	1408 Management Improvements	22,000	22,000	22,000	22,000
4	1410 Administration	14,673	14,673	14,673	14,673
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000	8,000	7,983	7,983
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	101,000	118,402	121,272.73	121,272.73
11	1465.1 Dwelling Equipment— Nonependable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,000	20,000	20,000	20,000

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

Annual Statement/Performance and Evaluation Report

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

PHA Name: SOMERSWORTH HOUSING AUTHORITY

Grant Type and Number

Capital Fund Program Grant No: NH 36P006501-06
Replacement Housing Factor Grant No:

Federal FY of Grant:
2006

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report 12/3/07

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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)	205,673		223,075	223,075
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	98,000		98,000	

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

PHA Name: Somersworth Housing Authority

Grant Type and Number CFP
Capital Fund Program Grant No: NH36P00650105
Replacement Housing Factor Grant No:

Federal
FY of
Grant:
2005

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report 12/31/07

Lin	Summary by Development Account	Total Estimated Cost	Total Actual Cost		
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25,000		25,000	25,000.00
3	1408 Management Improvements	10,000		9,813	9,669.86
4	1410 Administration	15,000		15,000	15,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000		18,000	19,501.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	152,512		154,584	153,226.14
11	1465.1 Dwelling Equipment— Nonependable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000		10,115	10,115.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

Annual Statement/Performance and Evaluation Report

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

PHA Name: Somersworth Housing Authority

Grant Type and Number CFP

Capital Fund Program Grant No: NH36P000650105

Replacement Housing Factor Grant No:

Federal
FY of
Grant:
2005

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report 12/31/07

Lin	Summary by Development Account	Total Estimated Cost	Total Actual Cost		
		Original	Revised	Obligated	Expended
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)	232,512		232,512	232,512
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				35,658.74
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				

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

PHA Name: Somersworth Housing Authority		Grant Type and Number CFP Capital Fund Program Grant No: NH36P00650105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
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	
NH006-001	Operations	1406	-	25,000	25,000	complete	
NH006-001-002-007	Vehicle Repairs 1) engine repairs 2) body work 3) sander/salter spreader 4) steering pump 5) brakes	1475	6 trucks	10,000	9,813	9,669.86 complete	
	Commercial Lawnmower (Riding Industrial size)	1408	1	10,000	10,115	10,115 complete	
NH006-001	Administration	1410	-	15,000	15,000	15,000 complete	
NH006-002	Architect (Exterior renovations)	1430	4 bldgs	7,000	3,000	2,500 complete	
NH006-002	Clerk (Exterior Renovations)	1430	4 bldgs	13,000	15,000	17,001 complete	
NH006-002-001	Exterior Renovations	1460	4 bldgs	152,512	154,584	153,226.14 complete	

