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

1.0 PHA Information

PHA Name: ____Lorain Metropolitan Housing Authority_____ PHA Code: __OH012_____

PHA Type: ☐ Small ☒ High Performing ☐ Standard ☐ HCV (Section 8)

PHA Fiscal Year Beginning: (MM/YYYY): _07/01/2009___

2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above)

Number of PH units: _____1461_____ Number of HCV units: ____2822_____

3.0 Submission Type

☒ 5-Year and Annual Plan ☐ Annual Plan Only ☐ 5-Year Plan Only

4.0 PHA Consortia ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
				PH	HCV
PHA 1:					
PHA 2:					
PHA 3:					

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 PHA** is to provide decent, safe, affordable housing free from discrimination to qualifying individuals.

5.2 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. **The PHA will apply** for additional vouchers if funds are available and the criteria for the funding can be met. **The PHA continues** to modernize its public housing units using Capital Funds to keep units competitive with private market units. **LMHA has consistently** been designated a high performer under PHAS. **LMHA continues** to also be a high performer under SEMAP with the last score 96. **LMHA has a very successful** homeownership program through the HCV program. **Currently there are** 99 HCV participants living in their homes under the homeownership program. Only 2 of LMHA's homeowner participants have lost homes to foreclosure. LMHA's goal is to maintain an occupancy rate of 97% which we consistently maintain. **LMHA advertises** through various publications to ensure residents of Lorain County are aware of affordable housing. We advertise on Lorain County transit buses running throughout the County, in publications, and on prescription bags distributed by a local Pharmacy.

LMHA plans to redevelop (i.e. demolish and reconstruct) Southside Gardens and Wilkes Villa within the next seven (7) years. In 2009, LMHA shall solicit a consultant to evaluate the type of redevelopment to pursue which are suitable for each property; investigate potential financing sources; create conceptual drawings; participate in discussions with representatives of the cities of Lorain and Elyria; and to ou6tline timelines for all phases of each redevelopment project. **SIGNIFICANT CHANGE: LMHA intends to demolish** a five (5) bedroom unit located at 1555 E. 30th Street, Lorain, Ohio, in the Southside Gardens Development (AMP 4) in early 2010. LMHA has already demolished the adjacent six (6) bedroom unit at 1557 E.30th Street with the intention of replacing it with a three (3) bedroom accessible unit. However, more space is necessary to accommodate such construction. The need for five (5) bedroom units has dramatically decreased over the years. The cost to repair the unit to meet Housing Quality Standards (HQS) or Uniform Physical Condition Standards (UPCS) exceeds the value of the unit. **LMHA intends to acquire vacant, undeveloped parcels of land** adjacent to Wilkes Villa and in proximity to Riverview Plaza (both in AMP 3); an improved parcel adjacent to Wilkes Villa (AMP 3); an improved parcel adjacent to Lakeview Plaza (AMP 2); two (2) park properties from the City of Lorain, once encompassed by the Leavitt Homes development and one encompassed by the Westview Terrace development (AMP 1).

6.0	**PHA Plan Update** (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: **LMHA has made no revisions** to the following PHA Plan Elements since the submission of the previous 5-Year and Annual Plan: Eligibility, Deconcentration and Waiting List Procedures; Rent Determination; Operation and Management; Grievance Procedures; Community Service and Self-Sufficiency; Safety and Crime Prevention; Pets; Civil Rights Certification or VAWA. **LMHA has added an** Eviction Policy to its ACOP as an Appendix and has moved the Screening Process from the body of the ACOP to an Appendix to the ACOP. (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. The public may obtain copies of the 5-Year and Annual PHA Plan at the LMHA Administrative Offices located at 1600 Kansas Ave., Lorain. Additionally, the AMP Management Offices will have copies of the 5-Year and Annual PHA Plan available for review or it may be viewed on LMHA's website. **Following is a statement of Financial Resources:** **1. Federal Grants - Current** Public Housing Operating Fund $5,517,927.00 Public Housing Capital Fund $2,098,840.00 HOPE VI Revitalization $.00 HOPE VI Demolition $.00 Annual Contributions for Section 8 Tenant Based Assistance $17,102,084.00 Resident Opportunity and Self-Sufficiency Grants $43,260.00 Community Development Block Grant $.00 HOME $.00 Other Federal Grants $.00 Shelter Plus Care $506,136.00 **2. Prior Year Federal Grants** (unobligated funds only) $1,568,253.00 **3. Public Housing Dwelling Rental Income** $1,543,042.00 **Total** **$28,379,542.00**
7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.* **LMHA provides Homeownership through the Housing Choice Voucher Program. There are currently 70 HCV participants housed in homes they own. SIGNIFICANT CHANGE: LMHA intends to demolish** a five (5) bedroom unit located at 1555 E. 30th Street, Lorain, Ohio, in the Southside Gardens Development (AMP 4) in early 2010. LMHA has already demolished the adjacent six (6) bedroom unit at 1557 E.30th Street with the intention of replacing it with a three (3) bedroom accessible unit. However, more space is necessary to accommodate such construction. The need for five (5) bedroom units has dramatically decreased over the years. The cost to repair the unit to meet Housing Quality Standards (HQS) or Uniform Physical Condition Standards (UPCS) exceeds the value of the unit.
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. **Using 2008 Capital Funds, LMHA will renovate a 4 bedroom unit in Oberlin transforming it into a 3 bedroom unit meeting ADA standards.**
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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. ***REVISED PLAN ATTACHED SHOWING 2013 MONEY FOR ALTERNATIVE ENERGY SOURCES (i.e.. wind turbines, solar energy, etc.)***
8.3	**Capital Fund Financing Program (CFFP).** ☐ 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.

9.0	**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. **Currently there are** 148 individuals awaiting public housing. 33 are disabled individuals, 65 are families in need of 2, 3, 5, or 6 bedroom units. 50 are single individuals who are not elderly or disabled. 79% of the individuals are from Lorain, 17 % from Elyria, and 12% from the rest of Lorain County. 99% of the applicants income is 30% or below with 1% between 30and 50%. 31% are White Hispanic, 38% are White Non Hispanic, 2% are Black Hispanic and 29% are Black Non-Hispanic. **Residents in Public Housing** pay 30% of their monthly income toward rent making housing affordable. Public Housing units are located in Lorain, Elyria, Oberlin and Amherst. Unit sizes range from 0 bedroom units to 6 bedroom units. We have accessible units located in our scattered sites. All public housing units meet UPCS. **There are 391 applicants** on the Housing Choice Voucher waiting list. The waiting list is comprised of 249 families, 8 elderly applicants, and 134 disabled applicants. 65% of the Voucher applicants have income below 30% with 35% having income between 30 and 50%. 61% of the applicants are from Lorain, 26% from Elyria, and 13% are from the rest of Lorain County. 22% are White Hispanic; 38% are White Non-Hispanic; 4% are Black Hispanic; 31% are Black Non-Hispanic; 3% are American Indian Hispanic; 1% are American Indian Non-Hispanic; and 1% are Pacific Hispanic. LMHA's uses a payment standard of 110% of the Fair Market Rent in order to make housing affordable for voucher holders. 65% of the EVO participants live in the city of Lorain, 20% live in the city of Elyria, 4% live in Avon, 10% live in 23 cities throughout Lorain County and 1% of the voucher participants live out of Lorain County. Participants have leased units ranging in size from 0 bedroom units to six bedroom units with 31% of the participants housed in 1 bedroom units; 31% of the participants housed in 2 bedroom units; 30% in 3 bedroom units; 7% in 4 bedroom units and the remaining 1% in 0, 5 or 6 bedroom units. All Housing Choice Voucher units must pass HQS prior to HAP Contract being signed with the owner.

9.1	**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.** In order to expedite the preparation of vacant units, LMHA contracts units with private individuals if LMHA employees are working on other vacant units. We do this do minimize down time and offer safe, affordable housing to those individuals on the PHA waiting list. LMHA averages approximately 40-45 vacant units a month so 40-45 individuals/families are assisted from the Public Housing Waiting List each month. LMHA uses Capital Fund dollars to update units to compete with units in the private market. When LMHA has an accessible unit and does not have a tenant or applicant who needs the accessible unit, LMHA contacts agencies who deal with the population that would need an accessible unit and advise them of the availability of the unit. LMHA utilizes a payment standard of 110% of the FMR to enable Voucher Participants or Voucher Applicants to locate units throughout the jurisdiction. We encourage applicants to locate units outside of poverty concentration. Vouchers are issued to approximately 40-50 applicants each month. LMHA offers admissions preferences aimed at families with economic hardships. We also employ admissions preferences aimed at families/individuals who are working.
10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. **LMHA updates** its five year plan annually as it submits the annual plan. The proposed five-year Capital Fund activities are always updated with the annual plan. **LMHA is meeting** its mission statement of providing decent, safe, affordable housing to qualifying individuals and families. **LMHA continues** to be a high performer in PHAS. **LMHA continues to focus** on the safety of its residents with the assistance of the RAW Program (Resident Assistance Watch) and the use of off-duty police officers for above baseline services. **LMHA continues to employ** residents or assisted residents when the opportunity presents itself. **LMHA continues to** advertise in local papers and specialty papers. LMHA also advertise on local transit buses which travel throughout Lorain County. **LMHA does not tolerate** harassment or discrimination by employees. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" The definition of "significant amendment" is any changes to the rent or admissions policies which require a Board resolution to implement. The definition of "substantial deviation/modification" is additions of non-emergency work items (items not included in the current Annual Statement or 5-year Action Plan) or change in use of replacement reserve funds under the Capital Fund Program.

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)

PHA Certifications of Compliance with PHA Plans and Related Regulations	U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the xx *5-Year and/or* xx *Annual PHA Plan for the PHA fiscal year beginning* 7-1-09, *hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

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

Lorain Metropolitan Housing Authority
PHA Name

OH012
PHA Number/HA Code

xxx 5-Year PHA Plan for Fiscal Years 20 09 - 20 13

xxx Annual PHA Plan for Fiscal Years 20 09 - 20 ____

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

Name of Authorized Official	Title
Ettore Januzzi	Chairman of the Board of Directors
Signature: Ettore A Januzzi	Date: 2-25-2010

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

Civil Rights Certification

Annual Certification and Board Resolution

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

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

Lorain Metropolitan Housing Authority	OH012
PHA Name	PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official Ettore Januzzi	Title Chairman of the Board of Commissioners
Signature Ettore A Januzzi	Date 02/25/2010

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

I, Anthony Krasienko the Mayor of Lorain certify that the Five Year and Annual PHA Plan of the Lorain Metropolitan Housing Authority is consistent with the Consolidated Plan of City of Lorain prepared pursuant to 24 CFR Part 91.

A. M. Krasienko, Mayor 02/17/2010

Signed / Dated by Appropriate State or Local Official

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

I, William Grace the Mayor of Elyria certify that the Five Year and Annual PHA Plan of the Lorain Metropolitan Housing Authority is consistent with the Consolidated Plan of City of Elyria prepared pursuant to 24 CFR Part 91.

2-16-10

Signed / Dated by Appropriate State or Local Official

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

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Lorain Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Grants, Shelter Plus Care Grant, and Ross Grant

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

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

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

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

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Homer A. Virden	Executive Director

Signature	Date (mm/dd/yyyy)
Homer A. Virden	3/01/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
☐ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	☐ a. bid/offer/application b. initial award c. post-award	[a.] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
☐ Prime ☐ Subawardee Tier _____, *if known*: **Congressional District**, *if known*: 4c	**Congressional District**, *if known*:
6. Federal Department/Agency: U. S. Department of Housing and Urban Development	**7. Federal Program Name/Description:** CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*:	**9. Award Amount**, *if known*: $
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*): NONE	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*): NONE

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

Signature: Homer A Virden
Print Name: Homer A. Virden
Title: Executive Director
Telephone No.: 440-288-7440 Date: 3-01-2010

Federal Use Only:

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

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

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

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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

RAB Meeting for 2009 Annual Plan
January 27, 2009

Residents were advised that LMHA is looking at redeveloping Southside Gardens and Wilkes Villa. It will be determined later whether it will be done building by building or as a total re-development.

Residents were advised that when there are definite plans, residents of those Developments will be included in discussions regarding relocation.

Oberlin Homes representatives ask when the front doors to the high rise would be replaced to make it more accessible. LMHA advised that is in the Capital Fund Plan.

Residents of Riverview Plaza on the RAB requested a "less complicated" treadmill. Residents were advised that the Resident Services Department would look into this request.

LMHA personnel updated the RAB as to which Capital Fund Projects were complete and detailed the new projects. The RAB was pleased with the upcoming projects.

Riverview Plaza RAB members asked if the smoke alarms could be re-located. LMHA advised there are certain restrictions on where they can be located.

COMMENTS FROM PUBLIC HEARING 4/02/2009 FOR 2009 ANNUAL PLAN

Members of the RAB attended the Public Hearing on the Annual Plan. Although we met with them initially on the Annual Plan, we encouraged attendance to the Public Hearing to solicit their thoughts on LMHA's receipt of the stimulus money for the Capital Fund Program and the use of the stimulus money.

LMHA plans to replace stoves in many developments and high rises with the additional funding.

Comment: Can the high rise units have larger stoves?

Response: The size of the stoves is restricted in some units due to the location of the refrigerator and the cabinets.

LMHA plans to replace air conditioners in the high rise units.

Comment: Can the air conditioners be larger to ensure that it cools the bedroom and the living room area.

Response: If they air conditioners can only be in the windows, the size is restricted by the size of the units. If we can do sleeves through the wall, then we may be able to accommodate this request.

LMHA plans to renovate the Oberlin pagodas by replacing roofs, windows, and flooring and upgrading the interiors and upgrading the plumbing and electrical. Additionally, 4 bedroom units will be transformed into 3 bedroom ADA units.

Comment: Thought this was a good idea as the 4 bedroom unit bedrooms are small and it makes sense to make 3 bedroom ADA units.

LMHA plans to replace the decks, porches, doors and roofs at Albright Terrace.

Comment: Be sure the decks are sturdier than they are now. Very glad about the roof replacement.

LMHA plans to upgrade the laundry room at Riverview Plaza.

Comment: Can there be a larger size washer installed so that residents can was comforters and/or quilts.

Response: Since the washers are leased from a company, LMHA will check if this would be possible with the next contract. Additionally, it would depend on the plumbing and space availability for a larger washer.

LMHA plans to replace refrigerators in the high rises.

Comment: Can they be larger and will they be self-defrosting.

Response: Refrigerators will be bought according to the size that will fit in the units. They will be self-defrosting.

LORAIN METROPOLITAN HOUSING AUTHORITY

1600 Kansas Avenue
Lorain, Ohio 44052

Lorain Metropolitan Housing Authority has no challenged elements of the annual plan.

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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:
LORAIN METROPOLITAN HOUSING AUTHORITY

Grant Type and Number
Capital Fund Program Grant No
Date of CFFP: OH12P01250107

Replacement Housing Factor Grant No:

FFY Grant: 2007

FFY of Grant Approval: 2007

Type of Grant
☐Original Annual Statement ☐Reserve for Disasters/Emergencies ☒Revised Annual Statement (revision no: 3)
☒Performance and Evaluation Report for Period Ending: 12/31/08 ☐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	-0-	-0-	-0-	-0-
2	1406 Operations (may not exceed 20% of line 20)[3]	483,146	483,146	483,146	483,146
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration (may not exceed 10% of line 20)	254,931	254,931	254,931	254,931
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	124,000	133,226	123,094	65,370
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	-0-	-0-	-0-
10	1460 Dwelling Structures	1,595,652	1,599,972	937,748	127,904
11	1465.1 Dwelling Equipment – Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Non-dwelling Structures	-0-	-0-	-0-	-0-
13	1475 Non-dwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
16	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
17	1499 Development Activities[4]	-0-	-0-	-0-	-0-
18a	1501 Collateralization or Debt service paid by the PHA	-0-	-0-	-0-	-0-
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-	-0-	-0-	-0-
19	1502 Contingency (may not exceed 8% of line 20)	91,576	78,030	-0-	-0-
20	**Amount of Annual Grant: (Sum of lines2-19)**	**2,549,305**	**2,549,305**	**1,798,919**	**931,351**
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
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 and Date	Signature of Public Housing Director and Date
Homer A Virden 4-14-09	

[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 under250 units in management may use 100% of CFP Grants for operations.
[4] RHF funds shall be included here.

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHROITY

Grant Type and Number
Capital Fund Program Grant No: OH12P0120107 CFFP (Yes/No):
Replacement Housing Factor Grant No:

Federal FY of Grant: 2007

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
OH 12-1 Leavitt Homes	Exterior Renovation Phase V	1460	200	123,652	92,743	92,743	50,008	In progress
AMP 1	~~Replace Gas Riser Lines~~	1460		100,000	-0-	-0-	-0-	Gas Co. Completed
OH12-2 Westview Terrace	~~Replace Gas Riser Lines~~	1460	150	66,000	-0-	-0-	-0-	Gas Co. Completed
AMP 1								
OH12-3 Wilkes Villa-AMP 3	Exterior Building Repairs	1460	182	-0-	117,904	-0-	-0-	Architect Designing
	~~Replace Gas Riser Lines~~			91,000	-0-	-0-	-0-	Gas Co. Completed
OH12-4 John Frederick Oberlin Homes AMP 4	~~Gas Riser Lines~~	1460	54 Family	27,000	-0-	-0-	-0-	Gas Co. Completed
OH12-5 Kennedy Plaza	~~Replace Gas Riser Lines~~	1460	32 Cottages	5,000	-0-	-0-	-0-	Gas Co. Completed
AMP 2	Fire Alarm System Upgrade	1460	145 Hirise	-0-	180,000	-0-	-0-	Bidding Stage
	Elevator Upgrade	1460		300,000	356,347	356,347	10,013	In progress
OH12-6 Riverview Plaza	Fire Alarm System Upgrade	1460	181	180,000	180,000	-0-	-0-	Bidding Stage
AMP 3	Elevator Upgrade	1460	1bldg	400,000	417,138	-0-	-0-	In progress
OH12-10 Lakeview Plaza	Fire Alarm System Upgrade	1460	210	180,000	180,000	-0-	-0-	Bidding Stage
AMP 2	Stand-by Generator Replacement	1460	1bldg	-0-	75,840	71,520	57,403	Emergency Replacement
OH12-11 Albright Terrace	No Work		50 units	-0-	-0-	-0-	-0-	
AMP 4								
OH12-12 Westgate AMP 1	No Work		12 units	-0-	-0-	-0-	-0-	
OH12-13/14 Southside AMP 4	~~Bath Renovations~~	1460	114	-0-	-0-	-0-	-0-	Moved to 2012
	~~Replace Gas Rise Lines~~	1460		85,500	-0-	-0-	-0-	Gas. Co. Completed
OH12-20 Scattered Sites (50)								
14 Units -AMP 3	~~ReplaceGas Riser Lines~~	1460	14	4,000	-0-	-0-	-0-	Gas Co. Completed
18 Units -AMP 4	~~Replace Gas Riser Lines~~		18	5,000	-0-	-0-	-0-	Gas Co. Completed
8 Units -AMP 1	~~Replace Gas Riser Lines~~		8	7,000	-0-	-0-	-0-	Gas Co. Completed
10 Units -AMP 2	~~Replace Gas Riser Lines~~		10	9,000	-0-	-0-	-0-	Gas Co. Completed
OH12-21 Scattered Sites (25)	~~Replace Gas Riser Lines~~		25	12,500	-0-	-0-	-0-	Gas Co. Completed

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

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHROITY	Grant Type and Number Capital Fund Program Grant No: OH12P0120107 CFFP (Yes/No): Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
OH12-25 –AMP 4 – 3 Sc. Sites	No Work		3	-0-	-0-	-0-	-0-	
OH12-22 –AMP 4-2 Sc. Sites	No Work		2	-0-	-0-	-0-	-0-	

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHROITY	Grant Type and Number Capital Fund Program Grant No: : OH12P0120107 CFFP (Yes/No) Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
PHA Wide	Management Fee	1410	PHA wide	254,931	254,931	254,931	254,931	Expended-Complete
PHA Wide	Architect/Consultant	1430	PHA wide	124,000	128,976	123,094	65,370	In Progress

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

Part III: Implementation Schedule for Capital Fund Financing Program

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program No: OH12P0120107 Replacement Housing Factor No:	Federal FY of Grant 2007

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates[1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
OH12-1 Leavitt	09/12/09		09/12/11		
OH12-2 Westview	09/12/09		09/12/11		
OH12-3 Wilkes Villa	09/12/09		09/12/11		
OH12-4 JF Oberlin Homes	09/12/09		09/12/11		
OH12-5 Kennedy Plaza	09/12/09		09/12/11		
OH12-6 Riverview Plaza	09/12/09		09/12/11		
OH12-10 Lakeview Plaza	09/12/09		09/12/11		
OH12-11 Albright Terrace	09/12/09		09/12/11		
OH12-12 Westgate Apts.	09/12/09		09/12/11		
OH12-13/14 Southside	09/12/09		09/12/11		
OH12- 50 Scattered Sites					
OH12-320-14 Units	09/12/09		09/12/11		
OH12-420-18 Units	09/12/09		09/12/11		
OH12-120-8 Units	09/12/09		09/12/11		
OH12-220-10 Units	09/12/09		09/12/11		
OH12-21 25 Scattered Sites	09/12/09		09/12/11		
OH12-25 -3 Units	No Work				
OH12-22-2 Units	No work				
PHA Wide	09/12/09		09/12/11		

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

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor 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:	Grant Type and Number		FFY Grant:
LORAIN METROPOLITAN HOUSING AUTHORITY	Capital Fund Program Grant No: OH12P01250108 Date of CFFP:_____	Replacement Housing Factor Grant No:	2008 FFY of Grant Approval: 2008

Type of Grant
☐Original Annual Statement ☐Reserve for Disasters/Emergencies ☒Revised Annual Statement (revision no: 2)
☒Performance and Evaluation Report for Period Ending: 12/31/08☐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	-0-	-0-	-0-	-0-
2	1406 Operations (may not exceed 20% of line 20)[3]	509,861	433,000	433,000	433,000
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration (may not exceed 10% of line 20)	269,624	269,624	269,624	134,814
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	124,000	124,000	39,495	7,109
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	215,000	290,608	-0-	-0-
10	1460 Dwelling Structures	900,000	1,529,000	-0-	-0-
11	1465.1 Dwelling Equipment – Nonexpendable	301,650	-0-	-0-	-0-
12	1470 Non-dwelling Structures	320,480	-0-	-0-	-0-
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				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	55,617	50,000		
20	**Amount of annual Grant: (Sum of lines2-19)**	**2,696,232**	**2,696,232**	**742,119**	**574,923**
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	215,000	69,000		
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	301650			

Signature of Executive Director and Date	Signature of Public Housing Director and Date
James A. Vyrder 4-14-09	

[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 under250 units in management may use 100% of CFP Grants for operations.
[4] RHF funds shall be included here.

form HUD-50075.1 (4/2008)

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No : OH12P01250108 CFFP(Yes/No): Replacement Housing Factor Grant No:	Federal FY of Grant: 2008

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
AMP 1								
OH 12-1 Leavitt Homes	~~Replace Stoves~~	1465	200	65,000	-0-	-0-	-0-	Moved to 2009S
OH12-2 Westview Terrace	~~Replace Stoves~~	1465	150	48,750	-0-	-0-	-0-	Moved to 2009S
	~~Site Improvements/Concrete Work~~	1450		53,000	-0-	-0-	-0-	Move to 2009S & 2009
OH12-12 Westgate Apts.	~~Replace A/C's 12 units~~	1465	12	3,000	-0-	-0-	-0-	Moved to 2009S
OH12-120 8 Scattered Sites	~~Replace Stoves~~	1465	8	2,600	-0-	-0-	-0-	Moved to 2009S
AMP 2								
OH12-5 John F. Kennedy Plaza	~~Replace A/C's 177 Hirejs & Cottages~~	1465	145 Hirise	12,000	-0-	-0-	-0-	Moved to 2009S
	~~Site Improvements/Concrete Work~~	1450	32 Cottages	12,000	-0-	-0-	-0-	Moved to 2009S
OH12-10 Lakeview Plaza	~~Replace A/C's~~	1465	210	15,000	-0-	-0-	-0-	Moved to 2009S
	~~Site Improvements/Concrete Work~~	1450		28,000	-0-	-0-	-0-	Moved to 2009S
OH12-220 10 Scattered Sites	~~Replace Stoves~~	1465	10	3,250	-0-	-0-	-0-	Moved to 2009S
AMP 3								
OH12-3 Wilkes Villa	~~Replace Stoves~~	1465	182	59,150	-0-	-0-	-0-	Moved to 2009S
	~~Site Improvements/Concrete Work~~	1450		61,000	-0-	-0-	-0-	Moved to 2009S
	~~Construct Vehicle Storage~~	1470	1 Bldg	320,480	-0-	-0-	-0-	Delete
	~~Exterior Upgrades Phase I~~	1460	182	600,000	-0-	-0-	-0-	Moved to 2009S
	~~Interior~~ Upgrades	1460	182	300,000	-0-	-0-	-0-	Delete
OH12-6 Riverview Plaza	~~Replace A/C's~~	1465	182	15,000	-0-	-0-	-0-	Moved to 2009S
OH12-320 14 Scattered Sites	~~Replace Stoves~~	1465	14	4,550	-0-	-0-	-0-	Moved to 2009S
OH12-25 Parmeley 3 units	No Work							
OH12-22 16th St. 2 units	No Work							

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

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY

Grant Type and Number
Capital Fund Program Grant No : OH12P01250108 CFFP(Yes/No):
Replacement Housing Factor Grant No:

Federal FY of Grant: 2008

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
AMP 4								
OH12-13/14 Southside Gardens	~~Site Improvements/Concrete~~	1450	114	35,000	-0-	-0-	-0-	Delete-Future work
OH12-4 John Frederick	~~Replace Stoves Hirise & Pagodas~~	1465	51 Hirise	34,125	-0-	-0-	-0-	Moved to 2009S
Oberlin Homes	~~Replace A/C 's Hirise~~	1465	54 Family	12,750	-0-	-0-	-0-	Moved to 2009S
	~~Site Improvements/Concrete Work Hirise~~	1450	1 Bldg	6,000	-0-	-0-	-0-	Moved 2009S
	Replace Roofs Pagoda Roofs	1460	53	-0-	400,000	-0-	-0-	From 2009-5 yr plan
	Replace Windows Pagodas	1460	53	-0-	300,000	-0-	-0-	From 2012-5yr plan
	Replace Flooring Pagodas	1460	53	-0-	140,000	-0-	-0-	From 2012-5 yr plan
	Upgrade Interiors bath kitchen Pagodas	1460	53	-0-	200,000	-0-	-0-	From 2010 & 2012-5 yr plan
	Upgrade Plumbing & Fixtures Pagodas	1460	53	-0-	220,000	-0-	-0-	From 2010 &2012-5 yr plan
	Upgrade HVAC Pagodas	1460	53	-0-	200,000	-0-	-0-	From 2012-5 yr plnan
	ADA Compliance Remodeling Pagodas	1460	5	-0-	69,000	-0-	-0-	From 2012-5yr plan
	Site Work/Concrete Work/Landscape	1450	53		40,608			From 2010
OH12-11 Albright Terrace	~~Replace A/C's~~	1465	50	12,500	-0-	-0-	-0-	Moved to 2009S
	~~Site Improvements/Concrete Work~~	1450		20,000	-0-	-0-	-0-	Moved to 2009S
	Repair Parking Deck	1450		-0-	250,000	-0-	-0-	Architect Evaluating Work
OH12-420 18 Scattered Sites	~~Replace Stoves~~	1465	18	5,850	-0-	-0-	-0-	Moved to 2009S
OH12-21 25 Scattered Sites	~~Replace Stoves~~	1465	25	8,125	-0-	-0-	-0-	Moved to 2009S

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

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHROITY

Grant Type and Number
Capital Fund Program Grant No : OH12P01250108 CFFP(Yes/No):
Replacement Housing Factor Grant No:

Federal FY of Grant: 2008

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
PHA Wide	Operations	1406	PHA Wide	509,861	433,000	433,000	433,000	In progress
PHA Wide	Management Fee	1410	PHA Wide	269,624	269,624	269,624	134,814	In progress
PHA Wide	Architect/Consultant	1430	PHA Wide	124,000	124,000	34,495	7,109	In progress

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

Part III: Implementation Schedule for Capital Fund Financing Program

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name:	Grant Type and Number Capital Fund Program No: OH12P01250108 Replacement Housing Factor No:	Federal FY of Grant 2008

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates[1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP 1					
OH12-1 Leavitt Homes	07/18/10		07/18/12		
OH12-2 Westview Terrace	07/18/10		07/18/12		
OH12-12 Westgate Apts.	07/18/10		07/18/12		
OH12-120 8 Scattered Sites	07/18/10		07/18/12		
AMP 2					
OH12-5 John F. Kennedy Plaza	07/18/10		07/18/12		
OH12-10 Lakeview Plaza	07/18/10		07/18/12		
OH12-220 10 Scattered Sites	07/18/10		07/18/12		
AMP 3					
OH12-3 Wilkes Villa	07/18/10		07/18/12		
OH12-6 Riverview Plaza	07/18/10		07/18/12		
OH12-320 14 Scattered Sites	07/18/10		07/18/12		
OH12-25 Parmeley 3 units	07/18/10		07/18/12		
OH12-22 16th St. 2 units	07/18/10		07/18/12		
AMP 4					
OH12-13/14 Southside	07/18/10		07/18/12		
OH12-4 John Frederick Oberlin	07/18/10		07/18/12		
OH12-11 Albright Terrace	07/18/10		07/18/12		
OH12-240 18 Scattered Sites	07/18/10		07/18/12		
Oh12-21 25 Scattered Sites	07/18/10		07/18/12		
			07/18/12		
PHA Wide	07/18/10		07/18/12		

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

form HUD-50075.1 (4/2008)

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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:
LORAIN METROPOLITAN HOUSING AUTHORITY

Grant Type and Number
Capital Fund Program Grant No: OH12P01250109 Replacement Housing Factor Grant No:
Date of CFFP:

FFY Grant: 2009
FFY of Grant Approval: 2009

Type of Grant
☐Original Annual Statement ☐Reserve for Disasters/Emergencies ☒ Revised Annual Statement (revision no: 2)
☐Performance and Evaluation Report for Period Ending ☐Final Performance and Evaluation Report

Line	Summary By Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	-0-	-0-	-0-	-0-
2	1406 Operations (may not exceed 20% of line 20)[3]	250,000	250,000	-0-	-0-
3	1408 Management Improvements	100,000	-0-	-0-	-0-
4	1410 Administration (may not exceed 10% of line 20)	269,624	268,755	-0-	-0-
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	124,000	224,000	-0-	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	514,392	514,392	-0-	-0-
10	1460 Dwelling Structures	913,216	905,410	-0-	-0-
11	1465.1 Dwelling Equipment – Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Non-dwelling Structures	475,000	475,000	-0-	-0-
13	1475 Non-dwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
16	1495.1 Relocation Costs	-0-	22,000	-0-	-0-
17	1499 Development Activities[4]	-0-	-0-	-0-	-0-
18a	1501 Collateralization or Debt service paid by the PHA	-0-	-0-	-0-	-0-
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-	-0-	-0-	-0-
19	1502 Contingency (may not exceed 8% of line 20)	50,000	28,000	-0-	-0-
20	**Amount of annual Grant: (Sum of lines2-19)**	**2,696,232**	**2,687,557**	**-0-**	**-0-**
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	315,716	315,716		
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	10,000	10,000		

Signature of Executive Director and Date
Homer A. Vinson 3/01/10

Signature of Public Housing Director and 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 under250 units in management may use 100% of CFP Grants for operations.
[4] RHF funds shall be included here.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY

Grant Type and Number
Capital Fund Program Grant No : OH12P01250109 CFFP(Yes/No):
Replacement Housing Factor Grant No:

Federal FY of Grant: 2009

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
AMP 1								
OH 12-1 Leavitt Homes	Expand Mntnce & Community Rm Facility	1470	1 Bldg	200,000	200,000	-0-	-0-	
	ADA Conversion (4 units to 2))	1460	4 units	-0-	62,194	-0-	-0-	From 5yr -2012
	Relocation costs ADA conversion units	1495.1	4 units	-0-	4,000			
OH12-2 Westview Terrace	Site Work	1450	150 units	400,000	400,000	-0-	-0-	
	Expand Community Space-add laundry	1470	1 Bldg	225,000	225,000	-0-	-0-	
	ADA Conversion -Sunset	1460	18 units	233,216	233,216	-0-	-0-	
	Relocation costs ADA conversion units	1495.1	18 units	-0-	18,000			
OH12-12 Westgate Apts.	No Work		12	-0-	-0-	-0-	-0-	
OH12-120 8 Scattered Sites	No Work		8	-0-	-0-	-0-	-0-	
	Operations -AMP 1	1406		57,947	57,947	-0-	-0-	
	~~Install Computer Cad Pgm-AMP 1~~	1408		25,000	-0-	-0-	-0-	
	Architect/Consultant Fees-AMP 1	1430		68,000	93,000	-0-	-0-	
AMP 2								
OH12-5 John F. Kennedy Plaza	~~Replace Phase III Tanks Hirise~~	~~1460~~	~~145 Hirise~~	~~70,000~~	~~-0-~~	~~-0-~~	~~-0-~~	Moved to 2009S
			32 Cottages		-0-	-0-	-0-	
OH12-10 Lakeview Plaza	Replace Hallway (9 flrs) Flooring	1460	1 Bldg	160,000	160,000	-0-	-0-	
	Upgrade Lobby /Common Area	1460	1st Flr	25,000	25,000	-0-	-0-	
	HVAC Reception Area/Office	1460	1st Flr	10,000	10,000	-0-	-0-	
	Renovate Lobby Restrooms (2)	1460	1st Flr	5,000	5,000	-0-	-0-	
	Replace Rear Sliding Door	1460	1 Bldg	25,000	25,000	-0-	-0-	
	Replace Phase III Tanks	1460	1 Bldg	70,000	70,000	-0-	-0-	
OH12-220 10 Scattered Sites	No Work		10	-0-	-0-	-0-	-0-	
	Operations -AMP 2	1406		58,808	58,808	-0-	-0-	
	~~Install Computer Cad Pgm-AMP 2~~	1408		25,000	-0-	-0-	-0-	
	Architect/Consultant Fees-AMP 2	1430		24,000	49,000	-0-	-0-	

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

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No : OH12P01250109 CFFP(Yes/No): Replacement Housing Factor Grant No:	Federal FY of Grant: 2009

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
AMP 3								
OH12-3 Wilkes Villa	No Work		182	-0-	-0-	-0-	-0-	
OH12-6 Riverview Plaza	Replace Hallway Carpet & Tile 12 Flrs	1460	182	175,000	175,000	-0-	-0-	
	Replace Hallway Handrails 13 Flrs	1460	13 flrs	30,000	30,000	-0-	-0-	
	Renovate Lobby Restrooms (2) ADA	1460	1 flr	50,000	50,000	-0-	-0-	
	Rehab Laundry Rooms	1460	6 flrs	15,000	15,000	-0-	-0-	
	Lobby Renovations	1460	1 flr	20,000	20,000	-0-	-0-	
	Replace Exterior Door ADA	1460		25,000	25,000	-0-	-0-	
	Seal & Stripe Parking Lot	1450		25,000	25,000	-0-	-0-	
OH12-320 14 Scattered Sites	No Work		14	-0-	-0-	-0-	-0-	
OH12-25 Parmeley 3 units	No Work		3	-0-	-0-	-0-	-0-	
OH12-22 16th St. 2 units	No Work		2	-0-	-0-	-0-	-0-	
	Operations -AMP 3	1406		58,329	58,329	-0-	-0-	
	~~Install Computer Cad Pgm- AMP 3~~	1408		25,000	-0-	-0-	-0-	
	Architect/Consultant Fees-AMP 3	1430		22,000	47,000	-0-	-0-	
AMP 4								
OH12-13/14 Southside Gardens	No Work		114	-0-	-0-	-0-	-0-	
OH12-4 John Frederick	Site Work /Concrete/Landscape-Pagodas	1450	51 Hirise	89,392	89,392	-0-	-0-	
Oberlin Homes	Replace Sheds (53)	1470	53 Family	50,000	50,000	-0-	-0-	
					-0-	-0-	-0-	
OH12-11 Albright Terrace	No Work		50	-0-	-0-	-0-	-0-	
					-0-	-0-	-0-	
OH12-420 18 Scattered Sites	No Work		18	-0-	-0-	-0-	-0-	
OH12-21 25 Scattered Sites	No Work		25	-0-	-0-	-0-	-0-	

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

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHROITY		Grant Type and Number Capital Fund Program Grant No : OH12P01250108 CFFP(Yes/No): Replacement Housing Factor Grant No:				Federal FY of Grant: 2009		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
AMP 4 Continued								
	Operations -AMP 4	1406		74,916	74,916	-0-	-0-	
	~~Install Computer Cad Pgm-AMP 4~~	1408		25,000	-0-	-0-	-0-	
	Architect/Consultant Fees-AMP 4	1430		10,000	35,000	-0-	-0-	
PHA Wide	Administration	1410	PHA Wide	269,624	268,755	-0-	-0-	

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

form **HUD-50075.1** (4/2008)

Part III: Implementation Schedule for Capital Fund Financing Program

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program No: OH12P01250109 Replacement Housing Factor No:	Federal FY of Grant 2009

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates[1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP 1					
OH12-1 Leavitt Homes	09/14/11		09/14/13		
OH12-2 Westview Terrace	09/14/11		09/14/13		
OH12-12 Westgate Apts.	09/14/11		09/14/13		
OH12-120 8 Scattered Sites	09/14/11		09/14/13		
AMP 2					
OH12-5 John F. Kennedy Plaza	09/14/11		09/14/13		
OH12-10 Lakeview Plaza	09/14/11		09/14/13		
OH12-220 10 Scattered Sites	09/14/11		09/14/13		
AMP 3					
OH12-3 Wilkes Villa	09/14/11		09/14/13		
OH12-6 Riverview Plaza	09/14/11		09/14/13		
OH12-320 14 Scattered Sites	09/14/11		09/14/13		
OH12-25 Parmeley 3 units	09/14/11		09/14/13		
OH12-22 16th St. 2 units	09/14/11		09/14/13		
AMP 4					
OH12-13/14 Southside Gardens	09/14/11		09/14/13		
OH12-4 John Frederick Oberlin	09/14/11		09/14/13		
OH12-11 Albright Terrace	09/14/11		09/14/13		
OH12-240 18 Scattered Sites	09/14/11		09/14/13		
Oh12-21 25 Scattered Sites	09/14/11		09/14/13		
PHA Wide	09/14/11		09/14/13		

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

form **HUD-50075.1** (4/2008)

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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:	Grant Type and Number	FFY Grant:
LORAIN METROPOLITAN HOUSING AUTHORITY	Capital Fund Program Grant No: OH12S01250109 Replacement Housing Factor Grant No: Date of CFFP:_____	2009 Stimulus FFY of Grant Approval: 2009

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

Line	Summary By Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised[2]	Obligated	Expended
1	Total non-CFP Funds	-0-	-0-	-0-	-0-
2	1406 Operations (may not exceed 20% of line 20)[3]	-0-	-0-	-0-	-0-
3	1408 Management Improvements	-0-	-0-	-0-	-0-
4	1410 Administration (may not exceed 10% of line 20)	341,290	-0-	-0-	-0-
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	341,290	-0-	-0-	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	227,000	-0-	-0-	-0-
10	1460 Dwelling Structures	1,413,100	-0-	-0-	-0-
11	1465.1 Dwelling Equipment – Nonexpendable	756,600	-0-	-0-	-0-
12	1470 Non-dwelling Structures	225,000	-0-	-0-	-0-
13	1475 Non-dwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
16	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
17	1499 Development Activities[4]	-0-	-0-	-0-	-0-
18a	1501 Collateralization or Debt service paid by the PHA	-0-	-0-	-0-	-0-
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	-0-	-0-	-0-	-0-
19	1502 Contingency (may not exceed 8% of line 20)	108,617	-0-		
20	**Amount of annual Grant: (Sum of lines2-19)**	**3,412,897**	**-0-**	**-0-**	**-0-**
21	Amount of line 20 Related to LBP Activities	52,500			
22	Amount of line 20 Related to Section 504 Compliance	40,000			
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	476,200			

Signature of Executive Director and Date	Signature of Public Housing Director and Date
James A. Phelps 4-14-09	

[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 under250 units in management may use 100% of CFP Grants for operations.
[4] RHF funds shall be included here.

form HUD-50075.1 (4/2008)

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No : OH12S01250109 CFFP(Yes/No): Replacement Housing Factor Grant No:	Federal FY of Grant: 2009 Stimulus

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
AMP 1								
OH 12-1 Leavitt Homes	Replace Stoves	1465.1	200	80,000	-0-	-0-	-0-	Bidding Stage
	Expand Mtnce & Community Rm Facility	1470	1 bldg	100,000	-0-	-0-	-0-	Planning Stage
OH12-2 Westview Terrace	Replace Stoves	1465.1	150	60,000	-0-	-0-	-0-	Bidding Stage
	Replace Office Exterior Door (ADA)	1460	1 bldg	6,000				A/E Stage
	Renovate Parking area (ADA)	1450		4,000				A/E State
OH12-12 Westgate Apts.	Replace A/C's	1465.1	12	3,000	-0-	-0-	-0-	Bidding Stage
OH12-120 8 Scattered Sites	Replace Stoves	1465.1	8	3,200	-0-	-0-	-0-	Bidding Stage
AMP 2								
OH12-5 John F. Kennedy Plaza	Replace HVAC Hirise	1460	145 Hirise	50,000	-0-	-0-	-0-	Planning Stage
	Replace Hirise Room A/C's & Cottages	1465.1	32 Cottages	44,250	-0-	-0-	-0-	Bidding Stage
	Replace Refrigerators Hirise & Cottages	1465.1	177	80,000				Planning Stage
	Site Improvements	1450		78,500				A/E Stage
	Replace Roofs 2 Elevations	1460	1 bldg	200,000				Planning Stage
	Replace Roofs --Cottages	1460	32	150,000				Planning Stage
OH12-10 Lakeview Plaza	Replace Refrigerators	1465.1	210	94,500	-0-	-0-	-0-	Planning Stage
	Replace A/C's	1465.1	210	52,500	-0-	-0-	-0-	Bidding Stage
	Site Improvements	1450	1st Flr	52,500	-0-	-0-	-0-	A/E Stage
OH12-220 10 Scattered Sites	Replace Stoves	1465.1	10	4,000	-0-	-0-	-0-	Bidding Stage
AMP 3								
OH12-3 Wilkes Villa	Replace Stoves	1465.1	182	72,800	-0-	-0-	-0-	Bidding Stage
	Exterior Repairs (brick, roof)	1460	182	482,100	-0-	-0-	-0-	A/E Stage
OH12-6 Riverview Plaza	Replace A/C's	1465.1	182	45,250	-0-	-0-	-0-	Bidding Stage
	Replace Refrigerators	1465.1	182	81,450	-0-	-0-	-0-	Planning Stage

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

form HUD-50075.1 (4/2008)

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY

Grant Type and Number
Capital Fund Program Grant No : OH12S01250109 CFFP(Yes/No):
Replacement Housing Factor Grant No:

Federal FY of Grant: 2009 Stimulus

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
OH12-320 14 Scattered Sites	Replace Stoves	1465.1	14	5,600	-0-	-0-	-0-	Bidding Stage
OH12-25 Parmeley 3 units	No Work		3		-0-	-0-	-0-	
OH12-22 16th St. 2 units	No Work		2		-0-	-0-	-0-	
AMP 4								
OH12-13/14 Southside Gardens	Rplce Community Rm Roof & Windows	1470	114	125,000	-0-	-0-	-0-	Planning Stage
	Repair Roofs	1460	114	225,000	-0-	-0-	-0-	Planning Stage
	Replace Stoves	1465.1	114	45,600	-0-	-0-	-0-	Bidding Stage
OH12-4 John Frederick	Replace A/C's	1465.1	51 Hirise	12,750	-0-	-0-	-0-	Bidding Stage
Oberlin Homes	Replace Stoves Pagodas & Hirise (105)	1465.1	54 Family	42,000	-0-	-0-	-0-	Bidding Stage
	Replace Exterior Doors (ADA) Hirise	1460	1 Bldg	30,000	-0-	-0-	-0-	A/E Stage
	Repair Exterior Brick Hirise	1460	1 Bldg	5,000	-0-	-0-	-0-	A/E Stage
	Site Work Hirise	1450		80,000				A/E Stage
OH12-11 Albright Terrace	Replace A/C's	1465.1	50	12,500	-0-	-0-	-0-	Bidding Stage
	Site Improvements	1450		12,000	-0-	-0-	-0-	A/E Stage
	Replace Roofs	1460	4 Bldgs	200,000	-0-	-0-	-0-	Planning Stage
	Replace Decks, Doors, Porches	1460	4 Bldgs	65,000	-0-	-0-	-0-	Planning Stage
OH12-420 18 Scattered Sites	Replace Stoves	1465.1	18	7,200	-0-	-0-	-0-	Bidding Stage
OH12-21 25 Scattered Sites	Replace Stoves	1465.1	25	10,000	-0-	-0-	-0-	Bidding Stage

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

Part II: Supporting Pages

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHROITY

Grant Type and Number
Capital Fund Program Grant No : OH12S01250108 CFFP(Yes/No):
Replacement Housing Factor Grant No:

Federal FY of Grant: 2009 Stimulus

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised[1]	Funds Obligated[2]	Funds Expended	
PHA Wide	Administration	1410	PHA Wide	341,290	-0-	-0-	-0-	
PHA Wide	Architect/Consultant	1430	PHA Wide	341,290	-0-	-0-	-0-	

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

form HUD-50075.1 (4/2008)

Part III: Implementation Schedule for Capital Fund Financing Program

Annual Statement/Performance and Evaluation Report
Capital Fund Program and 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

PHA Name: LORAIN METROPOLITAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program No: OH12P01250109 Replacement Housing Factor No:	Federal FY of Grant 2009 Stimulus

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates[1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP 1					
OH12-1 Leavitt Homes	03/17/10		03/17/12		
OH12-2 Westview Terrace	03/17/10		03/17/12		
OH12-12 Westgate Apts.	03/17/10		03/17/12		
OH12-120 8 Scattered Sites	03/17/10		03/17/12		
AMP 2					
OH12-5 John F. Kennedy Plaza	03/17/10		03/17/12		
OH12-10 Lakeview Plaza	03/17/10		03/17/12		
OH12-220 10 Scattered Sites	03/18/10		03/17/12		
AMP 3					
OH12-3 Wilkes Villa	03/17/10		03/17/12		
OH12-6 Riverview Plaza	03/17/10		03/17/12		
OH12-320 14 Scattered Sites	03/17/10		03/17/12		
OH12-25 Parmeley 3 units	03/17/10		03/17/12		
OH12-22 16th St. 2 units	03/17/10		03/17/12		
AMP 4					
OH12-13/14 Southside Gardens	03/17/10		03/17/12		
OH12-4 John Frederick Oberlin	03/17/10		03/17/12		
OH12-11 Albright Terrace	03/17/10		03/17/12		
OH12-240 18 Scattered Sites	03/17/10		03/17/12		
Oh12-21 25 Scattered Sites	03/17/10		03/17/12		
PHA Wide	03/17/10		03/17/12		

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

form HUD-50075.1 (4/2008)

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-1, AMP 1 Leavitt Homes	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	630,000	145,000	2,875,000	25,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		630,000	145,000	2,875,000	25,000
L.	Total Non-CFP Funds					
M.	Grand Total		630,000	145,000	2,875,000	25,,000

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-2, AMP 1 Westview Terrace	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	645,000	537,000	1,413,650	618,750
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		645,000	537,000	1,413,650	618,750
L.	Total Non-CFP Funds					
M.	Grand Total		645,000	537,000	1,413,650	618,750

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-3, AMP 3 Wilkes Villa	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	1,713,000	1,337,500	1,883,450	22,750
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,713,000	1,337,500	1,883,450	22,750
L.	Total Non-CFP Funds					
M.	Grand Total		1,713,000	1,337,500	1,883,450	22,750

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-4, AMP 4 John Frederick Oberlin Homes	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	390,500	130,000	2,135,875	156,750
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		390,500	130,000	2,135,875	156,750
L.	Total Non-CFP Funds					
M.	Grand Total		390,500	130,000	2,135,875	156,750.

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-5, AMP 2 Kennedy Plaza	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	176,000	67,000	2,367,450	230,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		176,000	67,000	2,367,450	230,000
L.	Total Non-CFP Funds					
M.	Grand Total		176,000	67,000	2,367,450	230,000

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-6, AMP 3 Riverview Plaza	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	354,000	110,000	520,000	205,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		354,000	110,000	520,000	205,000
L.	Total Non-CFP Funds					
M.	Grand Total		354,000	110,000	520,000	205,000

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-10, AMP 2 Lakeview Plaza	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	1,875,000	52,000	1,989,128	55,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,875,000	52,000	1,989,128	55,000
L.	Total Non-CFP Funds					
M.	Grand Total		1,875,000	52,000	1,989,128	55,000

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-11, AMP 4 Albright Terrace	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	113,000	110,000	122,000	106,250
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		113,000	110,000	122,000	106, 250
L.	Total Non-CFP Funds					
M.	Grand Total		113,000	110,000	122,000	106,250

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-12, AMP 1 Westgate Apartments	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	39,000	30,000	137,000	-0-
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		39,000	30,000	137,000	-0-
L.	Total Non-CFP Funds					
M.	Grand Total		39,000	30,000	137,000	-0-

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**	Locality (City/County & State) **Lorain, Lorain County Ohio**	☐**Original 5-Year Plan** ☒**Revision No: 5**

A.	Development Number and Name OH12-13/14, AMP 4 Southside Gardens	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	1,052,000	249,000	4,306,000	114,250
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,052,000	249,000	4,306,000	114,250
L.	Total Non-CFP Funds					
M.	Grand Total		1,052,000	249,000	4,306,000	114,250

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-320, AMP 3 14 Scattered Sites	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	1,400	63,000	229,530	-0-
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,400	63,000	229,530	-0-
L.	Total Non-CFP Funds					
M.	Grand Total		1,400	63,000	229,530	-0-

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-420, AMP 4 18 Scattered Sites	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	1,800	69,000	295,110	-0-
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,800	69,000	295,110	-0-
L.	Total Non-CFP Funds					
M.	Grand Total		1,800	69,000	295,110	-0-

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-120, AMP 1 8 Scattered Sites	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	800	36,000	131,160	-0-
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		800	36,000	131,160	-0-
L.	Total Non-CFP Funds					
M.	Grand Total		800	36,000	131,160	-0-

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-220, AMP 2 10 Scattered Sites	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	1,000	45,000	163,950	-0-
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,000	45,000	163,950	-0-
L.	Total Non-CFP Funds					
M.	Grand Total		1,000	45,000	163,950	-0-

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-21, AMP 4 25 Scattered Sites	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	2,500	50,000	601,875	-0-
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		2,500	50,000	601,875	-0-
L.	Total Non-CFP Funds					
M.	Grand Total		2,500	50,000	601,875	-0-

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-22, AMP 3 2 Scattered Sites	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	-0-	-0-	5,000	-0-
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		-0-	-0-	5,000	-0-
L.	Total Non-CFP Funds					
M.	Grand Total		-0-	-0-	5,000	-0-

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name OH12-25, AMP 3 3 Scattered Sites	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	-0-	-0-	21,000	-0-
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		-0-	-0-	21,000	-0-
L.	Total Non-CFP Funds					
M.	Grand Total		-0-	-0-	21,000	-0-

Part I: Summary

PHA Name/Number **OH12-Lorain Metropolitan Housing Authority**			Locality (City/County & State) **Lorain, Lorain County Ohio**		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name PHA Wide 1600 Kansas Avenue Central Office Cost Center	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	20,000	250,000	1,605,611	-0-
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		20,000	250,000	1,605,611	-0-
L.	Total Non-CFP Funds					
M.	Grand Total		20,000	250,000	1,605,611	-0-

PHA Name/Number **OH12 Lorain Metropolitan Housing Authority**			Locality (City/county & State) Lorain, Lorain County Ohio		☐**Original 5-Year Plan** ☒**Revision No: 5**	
A.	Development Number and Name **PHA Wide**	Work Statement for Year 1 FFY _2009___	Work Statement for Year 2 FFY ___2010_____	Work Statement for Year 3 FFY ____2011_____	Work Statement for Year 4 FFY ___2012_____	Work Statement for Year 5 FFY ___2013_____
		Annual Statement				
	1406 Operations		250,000	250,000	250,000	250,000
	1408 Management Imp.		-0-	-0-	-0-	-0-
	1410 Administrative Cost		269,624	269,264	269,264	269,264
	1430 Fees And Costs		130,000	130,000	130,000	150,000
	Total		649,624	649,624	649,624	669,624

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____2_____ FFY 2010			Work Statement for Year: _____2_____ FFY 2010		
	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	**OH12-1, AMP 1**	200 units		**OH12-3, AMP 3**	182 units	
Annual	**Leavitt Homes**			**Wilkes Villa**		
Statement						
	Repair Sanitary Sewers	200 units	450,000	Replace Interior Dorrs	182 units	180,000
	Site Work (walks, drives, grading)		60,000	Kitchen Renovations	182 units	350,000
	Electrical Upgrade	200 units	100,000	Electrical Upgrade	182 units	400,000
	Hardwire/battery smoke detectors	200 units	20,000	Hardwire/battery Smoke detectors	182 units	18,000
				Bath & Plbg Renovations	182 units	415,000
				Maintenance Garage		350,000
	OH12-2, AMP 1	150 units		**OH12-4, AMP 4**	51 Hirise units	
	Westview Terrace			**John Frederick Oberlin Homes**	54 Family	
	Replace Interior Doors	150 units	90,000	Site Work (walks, drives, grading) Pagodas	54	225,000
	Sewers, Downspouts, Drainage/Site Work	150 units	115,000	Replace Interior Doors Pagodas & Highrise	51 & 54 units	30,000
	Electrical Upgrade	150 units	75,000	Electrical Upgrade Pagodas & Hirise	51 & 54 units	75,000
	Hardwire/Battery Smoke detectors	150 units	15,000	Replace Flooring –Hirise	51 units	50,000
	ADA Conversion Phase II	12 units	350,000	Hard Wire/Battery smoke detectors	51 & 54 units	10,500
	Subtotal of Estimated Cost		$ 1,275,000	Subtotal of Estimated Cost		$ 2,103,500

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____2_____ FFY 2010			Work Statement for Year: ____2_____ FFY 2010		
	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	**OH12-5, AMP 2**	145 Hirise units		**OH12-10, AMP 2**	210 units	
Annual	**Kennedy Plaza**	32 Cottages		**Lakeview Plaza**		
Statement						
	Upgrade Laundry Rm Hirise & Cottages	10 rooms	30,000	Re-roof Building		75,000
	Re-roof hirise		100,000	Plbg/kitchen/bath/upgrade	210 units	700,000
	Electrical Upgrade	145 & 32 units	28,000	Domestic Hot Water, Re-circulating		930,000
	Hardwire/battery smoke detectors	145 & 32 units	18,000	Upgrade underground wireing-exterior		110,000
				Hardwire/battery smoke detector		20,000
				Inspect & Repair Exterior	1 Bldg.	40,000
				OH12-11, AMP 4	50 units	
	OH12-6, AMP 3	181 Units		**Albright Terrace**		
	Riverview Plaza					
				Replace Interior/Exterior Doors	50 units	8,000
	Flooring Upgrade	13 flrs	300,000	Kitchen/Bath Rehab		100,000
	Electrical Upgrade	181 units	36,000	Hardwire/battery Smoke Detectors		5,000
	Hardwire/Battery Smoke Detectors	181 units	18,000			
	Subtotal of Estimated Cost		$ 530,000	Subtotal of Estimated Cost		$ 1,988,000

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY 2010			Work Statement for Year: 2 FFY 2010		
	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	**OH12-12, AMP 1**	12 units		**50 Scattered Sites**		
Annual	**Westgate**					
Statement				**OH12-320, AMP 3**	14 units	
	Flooring-units, hallways, stairs		24,000	Hardwire/battery Smoke Detectors	14 units	1,400
	Electrical Upgrade	12 units	3,000			
	Hardwire/battery Smoke Detectors		12,000	**OH12-420, AMP 4**	18 units	
				Hardwire/battery Smoke Detectors	18 units	1,800
	OH12-13/14, AMP 4	114 units		**OH12-120, AMP 1**	8 units	
	Southside Gardens			Hardwire/battery Smoke Detectors		800
				OH12-220, AMP 2	10 units	
	Flooring/Kitchen Rehab I	114	700,000	Hardwire/battery Smoke Detectors		1,000
	Site work (walks, drives, grading)		25,000	**OH12-21, AMP 4**		
	Re-roof	52 Bldgs	200,000	**25 Scattered Sites**		
	Electrical Upgrade	114	115,000			
	Hardwire/battery Smoke Detectors	114	12,000	Hardwire/battery Smoke Detectors	25 units	2,500
				PHA Wide-1600 Kansas Ave.		
				Hardwire/battery Smoke Detectors	1 Bldg	20,000
	Subtotal of Estimated Cost		$ 1,091,000	Subtotal of Estimated Cost		$ 27,500

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____3_____ FFY 2011			Work Statement for Year: _____3_____ FFY 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	**OH12-1, AMP 1**	200 units		**OH12-3, AMP 3**	182 units	
Annual	**Leavitt Homes**			**Wilkes Villa**		
Statement						
	Expand Community Space	1 Bldg.	120,000	Replace Windows/Exterior Upgrade II	182 units	800,000
	Insulate Common walls	61 Bldgs.	25,000	Concrete/landscaping/Grading/Fencing		150,000
				Furnace Replacement/A/C air ducts	182 units	325,000
				Sanitary Sewer Clean-outs		62,500
	OH12-2, AMP 1	150 units				
	Westview Terrace					
				OH12-4, AMP 4	51 hirise	
	Insulate Common walls /Fire Walls	40 Bldgs.	120,000	**John Frederick Oberlin Homes**	54 family	
	Replace Windows/Exterior Upgrade	150 units	382,000			
	II Site Work/Sewers/Downspouts,		35,000	Bath/Kitchen Upgrade hirise, Exhausts	51 units	120,000
	Drainage & Sanitary Sewer Cleaning			Lightning Arrestors	1 Bldg.	10,000
	Subtotal of Estimated Cost		$ 682,000	Subtotal of Estimated Cost		$ 1,467,500

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____3_____ FFY 2011			Work Statement for Year: _____3_____ FFY 2011		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	**OH12-5, AMP 2**	32 Cottages		**OH12-10, AMP 2**	210 Units	
Annual	**Kennedy Plaza**	145 Hirise		**Lakeview Plaza**		
Statement						
	Exhaust Fans-Bathroom Cottages	32 Units	7,000	Exhaust System	1 Bldg.	42,000
	Lightning Arrestors	1 Bldg	10,000	Lightning Arrestors	1 Bldg.	10,000
	First Floor A/C-Hirise	1 flr	20,000			
	Cottages-Utility Rm Upgrade	32 Units	30,000			
				OH2-11 AMP 4	50	
				Albright Terrace		
	OH12-6, AMP 3	181 units				
	Riverview Plaza			Re-Roof Buildings A,B,C	3Bldgs.	100,000
				Exhaust Fans	50 units	10,000
	Lightning Arrestors	1 Bldg.	10,000			
	Site Work/Parking Lot Improvements		100,000			
				OH12-12, AMP 1	12 Units	
				Westgate Apartments		
				Interior/Exterior Renovations	12 Units	30,000
	Subtotal of Estimated Cost		$ 177,000	Subtotal of Estimated Cost		$ 192,000

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____3_____ FFY _____2011_____			Work Statement for Year: _____3____ FFY _____2011____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	**OH12-13/14**	114 Units		**50 Scattered Sites**		
Annual	**Southside Gardens**			**OH12-320, AMP 3**	14 units	
Statement				Sump Pumps/Plbg.	14 units	16,800
	Interior Doors	114 Units	125,000	Interior Flr repairs	14 units	21,000
	Sanitary/Storm Sewer Cleanout		10,000	Crawl Space Concrete Work	14 units	25,200
	Plumbing Stack Repair	114 Units	114,000	**OH12-420, AMP 4**	18 units	
				Sump Pumps/Plbg.	18 units	9,600
				Interior Flr repairs	18 units	27,000
				Crawl Space Concrete Work	18 units	32,400
				OH12-120, AMP 1	8 units	
				Sump Pumps/Plbg.	8 units	9,600
				Interior Flr repairs	8 units	12,000
				Crawl Space Concrete Work	8 units	14,400
	PHA Wide-1600 Kansas Ave.	1 Bldg.		**OH12-220, AMP 2**	10 units	
				Sump Pumps/Plbg.	10 units	12,000
	1600 Kansas Parking Lot		100,000	Interior Flr repairs	10 units	15,000
	1600 Kansas Bldg Improvements		150,000	Crawl Space Concrete Work	10 units	18,000
				OH12-21, AMP 4	25 Units	
				25 Scattered Sites		
				Flooring Repair/Replacement	25 Units	50,000
	Subtotal of Estimated Cost		$ 499,000	Subtotal of Estimated Cost		$ 263,000

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____4_____ FFY 2012			Work Statement for Year: _____4_____ FFY 2012		
	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	**OH12-1, AMP 1**	200 units		**OH12-2, AMP 1**	150 units	
	Leavitt Homes			**Westview Terrace**		
	Replace Windows & H.D. Screens	200 units	450,000	Interior Kitchen Upgrades	150 units	200,000
	Replace Hot Water Tanks-High Efficiencey	200 units	200,000	Community Rm Htg. Upgrade	1 Bldg.	10,000
	Replace Refrigerators- Energy Efficient	200 units	95,000	Replace Hot Water Tanks & Chimney Liners	150 units	92,400
	Site Lighting		20,000	New Refrigs-High Efficiency	150 units	71,250
	Kitchen Rehabilitation	200 units	750,000	Convert Sunset to Community Room	1 Bldg	85,000
	AMP Maintenance/office Rehab		150,000	Repair 1st floors-units & laundry Rm uggrade	150 units	150,000
	A/C Installation	200 units	400,000	A/C Installation	150 units	450,000
	Tree Removal		10,000	Tree Removal/Trim/Replacement		10,000
	Upgrade Interior walls/flooring	200 units	500,000	Replace Sunset PL 13 Lighting	10 units	25,000
	504 Compliance		300,000	Site Lighting		20,000
				AMP Office/Maintenance Rehab	1 Bldg.	150,000
				Parking Lot Improvements		50,000
				504 Compliance		100,000
	Subtotal of Estimated Cost		$ 2,875,000	Subtotal of Estimated Cost		$ 1,413,650

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year ____4_____ FFY ____2012____			Work Statement for Year: _____4_____ FFY ____2012____		
	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	**OH12-3, AMP 3**	182 units		**OH12-4, AM 4**	51 Hirise	
Annual	**Wilkes Villa**			**John Frederick Oberlin Homes**	54 Family	
Statement						
	Exterior Upgrade III & IV	182 units	1,150,000	Bathroom Upgrade-	54 Family	160,000
	Drainage Repair (storm water)		30,000	Handrails Hirise	Hirise	25,000
	Community Bldg Drive/Prkg		150,000	Heating System –fin tubes	54 family	150,000
	New Refrigerators-Energy Efficient	182 units	86,450	Replace sheds/repair porches	54 family	35,000
	Hot Water Tanks/Chimney Liners	182 units	182,000	Drainage/Sewers/landscaping	54 family	120,000
	Tree Removal		15,000	Upgrade Interior Common Area	Hirise Bldg	100,000
	Site Lighting		20,000	Seal Parking Lot	Hirise	40,000
	AMP Office/Maintenance Rehab	1 Bldg	150,000	Site Improvements	Hirise	75,000
	504 Compliance		100,000	New A/C Common Areas	Hirise	10,000
				A/C Sleeves-Pagodas	54 family	50,000
				Brick T. Ptg. Pagodas	42 bldgs.	54,000
				Boiler Upgrades-Pagodas	54 family	60,000
	OH12-4, AMP 4	51 Hirise		New Refrigerators-Energy Efficient	hirise	49,875
	John Frederick Oberlin Homes	54 family		Replace Pagoda Entry Doors	54 family	60,000
				Tree Removal/Trim/Replace		10,000
	504 Compliance Hirise		50,000	Replace Unit Entry Doors	51 Hirise	35,000
	504 Compliance Pagodas		50,000	Kitchen Upgrade/Plbg/drainage	54 family	150,000
	Replace Pagoda Roofs	54 family	350,000	Hirsie Elevator Upgrade	Hirise	100,000
	Upgrade Keyless Entry Hirise	51 Hirise	2,000	Replace Hot Water tanks/flue	54 family	50,000
				Remodel 4 bdrm Pagodas	6 units	150,000
				Hirise units kitchen upgrade	51 Hirise	50,000
				AMP Office/Maintenance Rehab	1 bldg	150,000
	Subtotal of Estimated Cost		$ 2,335,450	Subtotal of Estimated Cost		$ 1,683,875

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____4_____ FFY _____2012_____			Work Statement for Year: _____4_____ FFY _____2012_____		
	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	**OH12-5, AMP 2**	145 Hirise		**OH12-6, AMP 3**	181 units	
Annual	**Kennedy Plaza**	32 Cottages		**Riverview Plaza**		
Statement						
	Landscaping/Site work		30,000	Laundry Rooms Upgrade	6 Rms	15,000
	A/C Cottages	33 units	8,250	Upgrade Handrails	Bldg	30,000
	Balcony Improvements	Hirise Bldg	35,000	Parking Lot Improvements/Resurface/Seal		140,000
	Replace flooring Units & Halls	145 Hirise	223,000	Replace A/C Common Areas/Office	1 Flr	20,000
	Security Lighting		20,000	New Stoves –Energy Efficient	181 units	35,000
	Parking Lot Improvements		40,000	Upgrade Lobby Restrooms/Community Rm/Cafeteria	1 flr	50,000
	Handrail upgrade	Hirise Bldg	27,000	Roof Repair	1 Bldg	10,000
	Domestic Hot Water recirculating	Hirise Bldg	730,000	Handi-cap Accessible Entrance	1 bldg	20,000
	Replace A/C Common Areas	Hirise Bldg	20,000	504 Compliance		200,000
	Community Kit/Café. Rehab	Hirise Bldg	400,000			
	Lobby Refurbishment	Hirise Bldg	400,000			
	Rehab Cottage Exteriors-Roofs, gutters	32 cottages	125,000			
	AMP office/Maintenance Upgrade	Hirsie Bldg	20,000			
	504 Compliance	Cottages &Hirise	120,000			
	HVAC upgrade-Hirise-hirise	Hirise Bldg	100,000			
	Stoves	177 Units	69,200			
	Subtotal of Estimated Cost		$ 2,367,450	Subtotal of Estimated Cost		$ 520,000

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year 4 FFY 2012			Work Statement for Year: 4 FFY 2012		
	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	**OH12-10, AMP 2**	210 units		**OH12-11, AMP 4**	50 units	
	Lakeview Plaza			**Albright Terrace**		
	Improve/Expand Parking Lot &Lighting		50,000	Replace Refrigs & Ranges –Energy Efficient	50 units	40,000
	Flooring-Units & Halls	210 units	333,128	504 Compliance		50,000
	Replace A/C Common Areas	1 flr	20,000	Install Intercom System	50 units	5,000
	New Stoves & Refrig. Energy Efficient	210 units	166,000	Install Insulation	4 bldgs	25,000
	Elevator Upgrade	1 Bldg	100,000	Upgrade Keyless Entry	50 units	2,000
	Handicap Accessible Entrance	1 Bldg	50,000			
	Security Lighting		10,000			
	Laundry Room Upgrade		50,000			
	New Pull Cord System	210 units	75,000	**OH12-12, AMP 1**	12 units	
	Refurbish Lobby	1 flr	50,000	**Westgate Apartments**		
	Refurbish Comm. Kitchen/Cafeteria	1 flr	300,000			
	AMP Office/Maintenance Upgrade	1 flr	20,000	Heating & Plbg Upgrades	12 units	10,000
	504 Compliance Conversion		500,000	Repair Balconies/Doors/Windows (8)	8 units	20,000
	HVAC upgrade	1 Bldg	100,000	Parking Lot Improvements		40,000
	Upgrade flrs. 3-5, assisted program		150,000	Kitchen/Bath upgrades	12 units	60,000
	Upgrade Storms & Sanitary sewers		15,000	504 Compliance		5,000
				Upgrade Keyless Entry	12 units	2,000
	Subtotal of Estimated Cost		$ 1,989,128	Subtotal of Estimated Cost		$ 259,000

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____4_____ FFY _____2012_____			Work Statement for Year: _____4_____ FFY _____2012_____		
	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	**OH12-13/14, AMP 4**	114 units		**50 Scattered Sites**	50 units	
Annual	**Southside Gardens**			**OH12-320, AMP 3**	14 units	
Statement				New Roof	14 units	42,000
	Kitchen/ Flooring Upgrade II	114 units	345,000	New Refrigerators-Energy Efficient	14 units	6,650
	Repair Basements	114 units	500,000	Replace Windows	14 units	38,080
	New Stoves & Refrigs-Energy Efficient	114 units	91,000	Replace A/C, Furnaces/Hot Water Tanks	14 units	50,400
	Exterior Repairs II	114 units	500,000	Landscaping/Grading	14 units	22,400
	Repair Site Lighting		25,000	Tree Trimming	14 units	2,800
	Interior Repairs	114 units	500,000	Driveway Repair/resurface	14 units	4,200
	AMP-Maintenance Rehab	1 bldg	150,000	Replace Garage Doors	14 units	14,000
	Kitchen/Flooring Rehab III	114 units	394,000	Exterior & Interior Door Replacement	14 units	35,000
	Utility Rm Upgrade/Furnaces/A/C	114 units	650,000	Exterior Repairs	14 units	14,000
	Hot Water Tanks/Liners	114 units	140,000			
	Parking Lot Improvements		240,000			
	Replace Windows	114 units	350,000			
	504 Compliance		21,000			
	Interior Bath Renovations I	114 units	400,000			
	Subtotal of Estimated Cost		$ 4,306,000	Subtotal of Estimated Cost		$ 229,530

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____4_____ FFY 2012			Work Statement for Year: ____4_____ FFY 2012		
	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	**OH12-420, AMP 4**	18 units		**OH12-120, AMP 1**	8 units	
	New Roof	18 units	54,000			
	New Refrigerators-Energy Efficient	18 units	8,550	Replace Roofs	8 units	24,000
	Replace Windows	18 units	48,960	New Refrigerators-Energy Efficient	8 units	3,800
	Replace A/C, Furnaces, Hot Water Tanks	18 units	64,800	Replace Windows	8 units	21,760
	Landscaping/Grading	18 units	28,800	Replace A/C, Furnaces, Hot Water Tanks	8 units	28,800
	Tree Trimming	18 units	3,600	Landscaping/Grading	8 units	12,800
	Driveway Repair/Resurface	18 units	5,400	Tree Trimming	8 units	1,600
	Replace Garage Doors	18 units	18,000	Driveway Repair/Resurface	8 units	2,400
	Exterior & Interior Door Replacement	18 units	45,000	Replace Garage Doors	8 units	8,000
	Exterior Repairs	18 units	18,000	Exterior & Interior Door Replacement	8 units	20,000
				Exterior Repairs	8 units	8,000
	Subtotal of Estimated Cost		$ 295,110	Subtotal of Estimated Cost		$ 131,160

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____4_____ FFY _____2012_____			Work Statement for Year: ____4_____ FFY _____2012_____		
	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	**OH12-220, AMP 2**	10 units		**OH12-21, AMP 4**	25 units	
Annual	New Roof	10 units	30,000	**25 Scattered Sites**		
Statement	New Refrigerators-Energy Efficient	10 units	4,750	Improve Site/Concrete Foundations		150,000
	Replace Windows	10 units	27,200	New Refrigerators-Energy Efficient	25 units	11,875
	Replace A/C, Furnaces, Hot Water Tanks	10 units	36,000	Replace A/C, Furnaces, Hot Water Tanks	25 units	90,000
	Landscaping/Grading	10 units	16,000	Roof Replacement	25 units	150,000
	Tree Trimming	10 units	2,000	Replace Garage Doors	25 units	25,000
	Driveway Repair/Resurface	10 units	3,000	Exterior & Interior Door Replacement	25 units	50,000
	Replace Garage Doors	10 units	10,000	Exterior Repairs	25 units	25,000
	Exterior & Interior Door Replacement	10 units	25,000	Replace Windows	25 units	100,000
	Exterior Repairs	10 units	10,000			
				OH12-22, AMP 3	2 units	
				2 Scattered Sites		
	PHA Wide			Landscape/Site Work		5,000
	PHA Computer Program Upgrade	PHA wide	300,000			
	1600 Kansas Replace flooring	1 Bldg	250,000			
	1600 Kansas Parking Lot Lighting Upgrade		20,000	**OH12-25, AMP 3**	3 units	
	1600 Kansas Replace Roof		250,000	**3 Scattered Sites**		
	1600 Kansas Public Restrm upgrade		10,000	Landscape/Site Work	3 units	7,500
	New Storage/Records Space		150,000	Waterproof Foundation Walls	3 units	6,000
	New Blue Print Room/filing		150,000	Electrical Upgrade	3 units	7,500
	1600 Kansas 504 Compliance		100,000			
	1600 Kansas Expansion		375,611			
	Subtotal of Estimated Cost		$ 1,769,561	Subtotal of Estimated Cost		$ 627,875

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2009	Work Statement for Year 5 FFY 2013			Work Statement for Year: 5 FFY 2013		
	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	**OH12-1, AMP 1**	200 units		**OH12-4, AMP 4**	51 Hirise	
	Leavitt Homes			**John Frederick Oberlin Homes**	54 family	
	Lead Based Paint Assessment	200 units	10,000	Replace Fire Alarm System	Hirise Bldg	100,000
	Asbestos Assessment	200 units	15,000	Lead Based Paint Assessment	105 units	2,700
				Asbestos Assessment	105 units	4,050
				Alternative Energy Source	Hirise Bldg.	50,000
	OH12-2, AMP 1	150 units				
	Westview Terrace			**OH12-5, AMP 2**	32 Cottages	
				Kennedy Plaza	145 Hirise	
	Re-roof Bldgs & Office	41 Bldgs	600,000			
	Lead Bases Paint Assessment	150 units	7,500	Replace Entry Door Hirise	1 Bldg.	25,000
	Asbestos Assessment	150 units	11,250	Replace Emergency Stand-by Generator	1 Bldg.	110,000
				Inspect & Repair Highrise Exterior	1 Bldg.	40,000
				Lead Based Paint Assessment	1 Bldg.	5,000
	OH12-3, AMP 3	182 units		Alternative Energy Source	1 Bldg.	50,000
	Wilkes Villa					
	Lead Based Paint Assessment	182 units	9,100			
	Asbestos Assessment	182 units	13,650			
	Subtotal of Estimated Cost		$ 666,500	Subtotal of Estimated Cost		$ 386,750

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year __5____ FFY ___2013_			Work Statement for Year: ____5_____ FFY ___2013_		
	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	**OH12-6, AMP 3**	181 units		**OH12-13/14, AMP 4**	114 units	
	Riverview Plaza			**Southside Gardens**		
	Replace Emergency Stand-by Generator	1 Bldg.	110,000	Lead Based Paint Assessment	114 units	5,700
	Inspect & Repair Exterior	1 Bldg	40,000	Asbestos Assessment	114 units	8,550
	Lead Based Paint Assessment	181 units	5,000	Replace Entrance Steps F&B	114 units	100,000
	Alternative energy Source	1 Bldg.	50,000			
	OH12-10, AMP 2	210 units				
	Lakeview Plaza					
	Lead Based Paint Assessment	210 units	5,000			
	Alternative Energy Source	1 Bldg.	50,000			
	OH12-11, AMP 4	50 units				
	Albright Terrace					
	Replace Fire Alarm System	4 Bldgs	100,000			
	Lead Based Paint Assessment	4 Bldgs	2,500			
	Asbestos Testing	4 Bldgs	3,750			
	Subtotal of Estimated Cost		$ 366,250	Subtotal of Estimated Cost		$ 114,250

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____2_____ FFY _____2010_____		Work Statement for Year: ____3_____ FFY _____2011_____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual	1406 Operations	250,000	1406 Operations	250,000
Statement				
	1408 Management Improvements	-0-	1408 Management Improvements	-0-
	1410 Administrative costs	269,624	1410 Administrative costs	269,624
	1430 Architectural/Engineering Fees	130,000	1430 Architectural/Engineering Fees	130,000
	Subtotal of Estimated Cost	$ 649,624	Subtotal of Estimated Cost	$ 649,624

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	1406 Operations	250,000	1406 Operations	250,000
Statement				
	1408 Management Improvements	-0-	1408 Management Improvements	-0-
	1410 Administrative costs	269,624	1410 Administrative costs	269,624
	1430 Architectural/Engineering Fees	130,000	1430 Architectural/Engineering Fees-Energy Cost	150,000
	Subtotal of Estimated Cost	$ 649,624	Subtotal of Estimated Cost	$ 669.624