



6.0	<p><b>PHA Plan Update</b></p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ul style="list-style-type: none"> <li>• Grievance Procedure</li> </ul> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <ul style="list-style-type: none"> <li>• Main Administrative office of the PHA</li> <li>• PHA Development Management Offices</li> <li>• PHA Local Offices</li> <li>• Main Administrative Office of the Local Government</li> <li>• Newport Resident Council Administration Office</li> </ul>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p>√ Development:</p> <ul style="list-style-type: none"> <li>• HACN is seeking HUD 811 funding to develop 10 units of affordable, supportive housing for persons with disabilities.</li> <li>• A Master Plan is being developed for Park Holm which may lead to a mixed finance development deal which may include A HUD 202 grant or another redevelopment deal for this property.</li> <li>• HACN intends to use its housing replacement funds as part of any mixed finances development.</li> </ul> <p>√ Project Based Vouchers:</p> <ul style="list-style-type: none"> <li>• HACN will look for opportunities to use HACV Section 8 vouchers as project based vouchers.</li> </ul>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. (Attachments)</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. (<b>Attachments</b>)</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>

**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.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1152	5	5	5	5	5	5
Income >30% but <=50% of AMI	1324	5	5	4	2	3	4
Income >50% but <80% of AMI	1472	4	4	4	1	3	3
Elderly	1103	5	4	5	4	3	3
Families with Disabilities	3298	5	5	5	5	5	5
Race/Ethnicity	2844	5	5	5	5	5	5
Race/Ethnicity	948	5	5	5	5	5	5
Race/Ethnicity	118	5	5	5	5	5	5
Race/Ethnicity	553	5	5	5	5	5	5

**Housing Needs of Families on the Waiting List**

Waiting list type: (select one)

- Section 8 tenant-based assistance  
 Public Housing  
 Combined Section 8 and Public Housing  
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	832	100%	10
Extremely low income <=30% AMI	621	75%	
Very low income (>30% but <=50% AMI)	154	19%	
Low income (>50% but <80% AMI)	57	6%	
Families with children	827	99%	
Elderly families	107		
Families with Disabilities	5	1%	
Race/ethnicity	White 624	75%	
Race/ethnicity	Black 168	20%	
Race/ethnicity	Am Indian 34	4%	
Race/ethnicity	Asian 6	1%	

Characteristics by Bedroom Size (Public Housing Only)

	N/A	N/A
1BR		
2 BR		
3 BR		
4 BR		
5 BR		
5+ BR		

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Is the waiting list closed (select one)?  No  Yes

If yes:

**HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? 10 MONTHS**

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes (PHA Relocation as Needed)

#### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

Section 8 tenant-based assistance

Public Housing

Combined Section 8 and Public Housing

Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	362	100%	24
Extremely low income <=30% AMI	307	85	
Very low income (>30% but <=50% AMI)	38	11	
Low income (>50% but <80% AMI)	17	4	
Families with children	230	64	
Elderly families	10	3	
Families with Disabilities	2	0	
Race/ethnicity	White 135	37	
Race/ethnicity	Black 68	19	
Race/ethnicity	Am Indian 8	2	
Race/ethnicity	Asian 2 Unknown: 148	0 Hawaiian 1 (0%) (41%)	

Characteristics by Bedroom Size (Public Housing Only)

	# of families	% of total families	Annual Turnover
1BR	143	40	6
2 BR	132	36	16
3 BR	68	19	0
4 BR	17	5	2
5 BR	2	0	0
5+ BR			

Is the waiting list closed (select one)?  No  Yes

If yes:

**HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? N/A**

Does the PHA expect to reopen the list in the PHA Plan year? N/A

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes

#### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

Section 8 tenant-based assistance

Public Housing Elderly /Disabled

Combined Section 8 and Public Housing

Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	91		
Extremely low income <=30% AMI	81	89	
Very low income (>30% but <=50% AMI)	9	10	

Housing Needs of Families on the Waiting List			
Low income (>50% but <80% AMI)	1	1	
Families with children	0		
Elderly families	40	44	
Families with Disabilities	51	56	
Race/ethnicity	White 84	92	
Race/ethnicity	Black 4	5	
Race/ethnicity	Am Indian 2	2	
Race/ethnicity	Asian 1	1	
Race/ethnicity	Hispanic 10	11	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	91	100%	
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
<b>HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)?</b> N/A			
Does the PHA expect to reopen the list in the PHA Plan year? N/A			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>9.1</b>	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <ul style="list-style-type: none"> <li>• Employ effective maintenance and management policies to minimize the number of public housing units off-line.</li> <li>• Reduce turn over time for vacated public housing units.</li> <li>• Reduce time to renovate public housing units.</li> <li>• Seek replacement of public housing units lost to the inventory through mixed finance development.</li> <li>• Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources.</li> <li>• Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction.</li> <li>• Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required.</li> <li>• Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of Program.</li> <li>• Affirmatively market to local non-profit agencies that assist families with disabilities.</li> <li>• Applied for HUD 811 funding – Supportive housing for people with disabilities.</li> <li>• Affirmatively market to races/ethnicities shown to have disproportionate housing needs.</li> <li>• Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units <ul style="list-style-type: none"> <li>• Market the Section 8 program to owners outside of areas of poverty/minority concentrations.</li> <li>• Funding constraints</li> <li>• Staffing constraints</li> <li>• Limited availability of sites for assisted housing</li> <li>• Extent to which particular housing needs are met by other organizations in the community.</li> <li>• Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA.</li> <li>• Influence of the housing market on PHA programs.</li> <li>• Participate in the Consolidated Plan development process to ensure coordination with broader community strategies.</li> <li>• Apply for additional section 8 units should they become available.</li> <li>• Leverage affordable housing resources in the community through the creation of mixed – finance housing.</li> <li>• Pursue housing resources other than public housing or Section 8 tenant-based assistance.</li> <li>• Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing &amp; Tenant based Section 8 assistance.</li> </ul> </li> <li>• Adopt rent policies to support and encourage work.</li> <li>• Employ admissions preferences aimed at families who are working.</li> <li>• Adopt rent policies to support and encourage work.</li> <li>• Seek designation of public</li> </ul>
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**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.

**STATEMENT OF PROGRESS IN MEETING THE MISSIONS AND GOALS OUTLINED IN THE CURRENT 5-YEAR PLAN**

The Authority continues to pursue its mission to provide decent, safe, sanitary and affordable housing and to promote homeownership, economic development, economic self-sufficiency for public housing and HCV Section 8 residents and a living environment free from discrimination and crime.

The HACN was successful in its application to HUD for a \$20 million HOPE VI Revitalization Program grant to replace functionally obsolete units in Tonomy Hill with a new mixed-income, mixed finance rental and homeownership units. Newport Heights now has a total of 299 beautiful, new, mixed-income housing units for families, including new independent and group transitional housing, previously known as Winslow Place. The final phase of the Program is nearing completion with the last 37 rental units and 7 affordable homeownership units.

The HACN continued to review its administrative, operating, management, and personnel policies. The Authority held several meeting and workshops with the Board additionally addressing budgets and the appropriate staffing needs as we experience a decrease of public housing units and increased HCV Section 8 vouchers administered.

We continue to seek the designation of the continued Allocation Plan for Donovan Manor and expect to submit a renewal plan over the next six months.

A consultant has been hired for the Park Holm Master planning work engaging residents, staff and Board members during planning meetings and developing strategies for the rehabilitation, replacement and development of segments involved in this major revitalization effort. We are preparing "shelf ready" plans and specs should the Economic Stimulus funds be available. A portion of the Authority's Capital funds have been identified and approved by the Board for this effort.

10.0

The Computer Learning Center has expanded to a second lab servicing our elderly and disabled residents at Donovan Manor.

The Housing Replacement Program continues to succeed and is providing the required off-site replacements units necessary for our one-to-one replacement mandate from R.I. Housing.

We continued to engage residents in a number of quality of life initiatives from keeping neighbors clean, reducing crime, volunteer activities, economic self-sufficiency, youth summer employment and overall participation in recreation, social and educational activities.

The HACN held several of its monthly Board meetings at various public housing locations.

The HACN successfully completed its CSS Program and continues to offer authority-wide supportive services to its residents through its Resident Services staff and referrals.

The Authority will use its capital funds along with City CDBG funds to begin the demolition of 27 buildings in Tonomy Hill.

The Authority continues to be a strong leader in the state-wide energy procurement consortia with other PHA and recently secured a fixed price for a period of two years at a reduced rate.

We continue to work with the Newport Residents' Council and their new leadership in joint efforts to improve quality of life and other goals.

Our non-residential space income has increased and we continue to look for opportunities for additional revenue sources and resident programs that meet the needs of our population.

The Board approved changes to the Grievance Procedure as they relate to certain drug related and other criminal activities.

We worked with the City of Newport and the NorthEnd Master Plan has been completed.

There has been staff and Board development trainings and will expect to continue these efforts as we progress into Asset Management.

We submitted a HUD 811 application and understand there were technical problems with the HUD electronic system and have asked HUD to accept our attempted submission.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" N/A

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

<b>Part I: Summary</b>				
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	
			<b>Date</b>	









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

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

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				<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

<b>Part I: Summary</b>				
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	
			<b>Date</b>	









**ATTACHMENT D (ri005d03)**

**MEMBERS OF THE RESIDENT ADVISORY BOARD**

Yvette Harris

Karen Gibbs

Kathy Bruen

Catherine Whitmire

Nycole Mathews

Lancaster Ballard

Michael Busch

**ATTACHMENT E (ri005e03)**

**RESIDENT MEMBERS OF THE PHA GOVERNING BOARD**

1. Mr. Frank McCauley  
Term of Appointment: January 10, 2008 – January 10, 2010
  
2. Ms. Constance Vergowven  
Term of Appointment: January 10, 2008 – January 10, 2010

## **ATTACHMENT F (ri005f03)**

### COMMUNITY SERVICE REQUIREMENT POLICY

The Community Service Requirement will be part of the HACN's Annual Plan and each Housing Manager will be responsible for the administration of the requirement in his/her development.

The Housing Manager will review all residents and determine which residents are subject to or exempt from the requirement, and will also monitor the process for determining changes in a person's exempt/non exempt status.

The Housing Manager will also re-verify an adult's exemption status annually.

The Housing Manager will provide the resident who is subject to the Community Service requirement with a "Resident Community Service Time Sheet". This form (confirmation of third-party verification) will be filled out by the agency for whom the resident is performing the community service and forwarded monthly to the Housing Manager by said agency.

The Housing Manager for each development will monitor the resident's activity for the Community Service requirement on the "Dwelling Unit Community Service Ledger".

The HACN may not renew or extend the lease if a household contains a non-exempt adult who has failed to comply with the community service requirement. The Housing Manager will notify any family found to be in noncompliance of the following:

- The family member(s) that has been determined to be in noncompliance
- That the determination is subject to the grievance procedure
- That unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated.

The HACN will satisfy the responsibility to comply with non-discrimination and equal opportunity requirements.

## **ATTACHMENT G (ri005g03)**

### **PET POLICY**

Pets will be approved in writing by the Housing Authority of the City of Newport, Rhode Island, prior to moving upon Authority grounds. Certificate of annual licensing by the City of Newport will be provided to the Authority prior to the approval of the pet. Resident agrees to abide by all city regulations regarding care and custody of animals.

Resident agrees to have pet neutered or spayed and will provide written veterinary certificate of such to the Authority prior to bringing the animal onto the premises. If the animal is too young, resident agrees to have it neutered or spayed when it reaches a suitable age. Resident will provide written proof of yearly distemper boosters and rabies boosters.

Resident agrees to pay \$75.00 pet deposit. This deposit shall be paid in advance. Pet deposit will be used toward repairs, cleaning treatment for flea infestation, or replacement of any part of resident's apartment or premises damaged by the pet. This deposit is refundable if no damage is done as verified by the Authority after either the pet or the resident vacates the premises.

Cats and dogs will be kept inside the apartment and not allowed to roam freely. They must be walked on a leash at all times and away from the apartment grounds. Pets shall not use common areas inside of building except for the purpose of passing to the outside of the buildings (except for seeing-eye dogs).

For cats, resident will provide a litter box which is to be kept sanitary and maintained by the resident. Fecal droppings outside of building shall be picked up and disposed of immediately by pet owner in an area designated by the Authority. Adequate precautions are to be taken to prevent pets from disturbing neighbors (e.g. barking, howling, loud meowing, scratching, biting, etc.).

Resident agrees not to alter the apartment, patio or any other portion of the premises to create an enclosure for an animal.

The types of animals allowed as pets shall be limited as follows: One dog not exceeding 25 lbs. in weight or 15 inches in height, at maturity; or one cat. One pet per resident at any one time. No more than four small, caged birds, i.e. canary, parakeet, finch, etc. Birds must be confined to a cage at all times.

Aquariums may be no larger than 40 gallons and must be sealed against leakage. No gerbils or hamsters. No birds of prey or other dangerous species may be kept.

Visitors or guests are prohibited from bringing any unauthorized pet onto the grounds or into a unit.

In case of emergency or illness, resident will designate someone who will remove the pet from their apartment and be responsible for its care.

If the Authority determines that a pet is a nuisance or threat to the safety or security of person or property, it may request the removal of the pet from the premises. A copy of the Authority's Grievance Procedure will be made available to the resident upon request.

Residents who violate these rules are subject to being required to remove the pet within 30 days of notice by the Authority, and/or eviction.

Those residents who have pets from a previously approved pet program and whose pet was approved to have a maximum weight of 70 pounds, have been grandfathered into the current pet policy.

## **ATTACHMENT H (ri005i03)**

### **SECTION 8 HOMEOWNERSHIP**

The Authority will develop a plan for Section 8 homeownership. Areas to be considered will be:

- Number of participants
- Section 8 eligible
- Head or co-head with established employment history and currently employed
- Resident in good standing status
- No previous mortgage default
- First-time home buyer
- Pre- and post-purchase counseling certificates
- Minimum income requirements
- Any wait list selection process and preferences

Once the plan is developed we will seek Board approval and make any amendments to our Section 8 Administrative Plan for HUD approval.

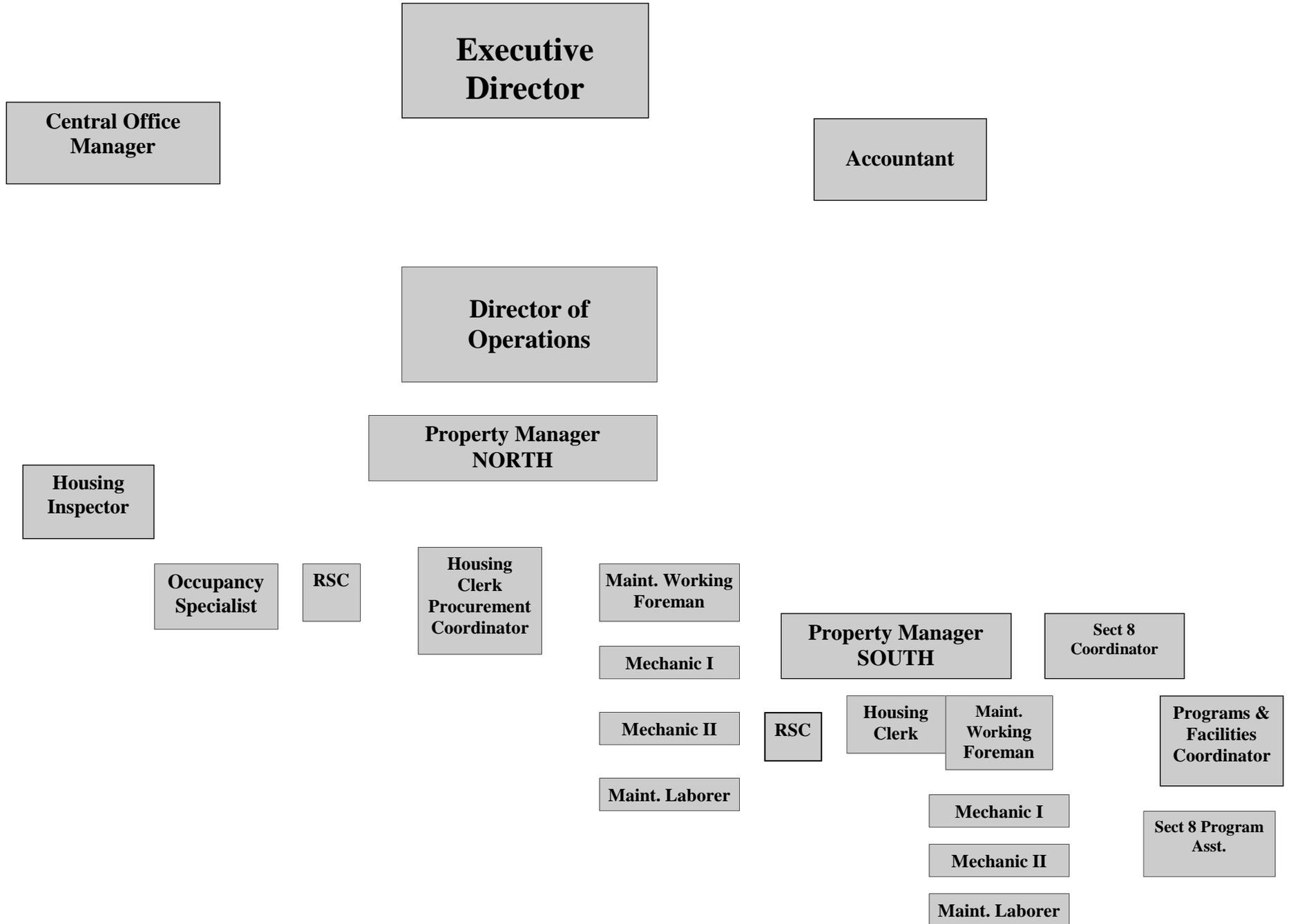
### **SECTION 8 HOMEOWNERSHIP CAPACITY STATEMENT**

The Authority will establish a minimum homeownership down payment requirement of at least 3% and require that at least 1% of the down payment come from the family's resources.

We will require that financing for purchase of a home under its Section 8 homeownership program will be provided, insured or guaranteed by the state or federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.

The Authority has the capacity, or will acquire the capacity, to successfully operate a Section 8 homeownership program.

# Attachment I Organizational Chart



Attachment J

<b>Part I: Summary</b>						
PHA Name: Number: Housing Authority of the City of Newport, RI005		Newport, Rhode Island			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY2012	Work Statement for Year 5 FFY2013
B.	RI0050001 Park Holm	Annual Statement	\$1,048,720.	\$1,000,000.	\$1,000,000.	\$0.
C.	RI0050001P Tonomy Hill		\$100,000.	\$0.	\$0.	\$0.
D.	RI0050001P Florence Gray Center		\$125,000.	\$125,000.	\$0.	\$0.
E.	RI0050002 – Chapel Terrace		\$0.	\$0.	\$0.	\$408,000.
F.	RI0050004 – Edgar/Pond		\$0.	\$0.	\$0.	\$300,000
G.	RI0050005 - DonMan/Codd/Chapel St.		\$0.	\$48,720.	\$273,720	\$370,720
H.	RI0050008 – Earl Ave.		\$0	\$100,000	0	\$150,000
I.	HA Wide -Administration		\$151,525.	\$151,525.	\$151,525.	\$151,525
J.	HA Wide A&E/Clerk		\$90,000.	\$90,000.	\$90,000.	\$135,000
<b>K.</b>	<b>Total CFP Funds</b>		<b>\$1,515,245.</b>	<b>\$1,515,245.</b>	<b>\$1,515,245.</b>	<b>\$1,515,245</b>
L.	Housing Replacement Factor Funds		\$621,916.	\$621,916.	\$621,916.	\$621,916
<b>M.</b>	<b>Grand Total</b>		<b>\$2,137,161</b>	<b>\$2,137,161</b>	<b>\$2,137,161</b>	<b>\$2,137,161</b>

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2009	Work Statement for Year 2010 FFY 2011			Work Statement for Year: 2011 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	<b>RI0050001 – Park Holm</b>			<b>RI0050001 Park Holm</b>		
Annual Statement	Site Improvements	1	100,000.	Site Improvements	1	100,000.
	Building Renovations	Several TBD	900,000.	Building Renovations	Several TBD	900,000.
	Non-Dwelling Equipment	1	48,720.			
	<b>RI0050002 – Chapel Terrace</b>			<b>RI0050002 - Chapel Terrace</b>		
			0.			0.
	<b>RI0050004-Edgar/Pond</b>			<b>RI0050004 – Edgar/Pond</b>		
			0.			0
	<b>RI0050005 – Donovan Manor/Coddington St.</b>			<b>RI0050005 – Donovan Manor/Coddington St.</b>		
			0.	Redecorate Common Area	1	48,720.
	<b>RI0050008-Earl Ave.</b>			<b>RI0050008-Earl Ave.</b>		
			0	Exterior Siding	1	100,000
	<b>RI0050001P</b>			<b>RI0050001P</b>		
	Tonomy Hill -Develop New Units	TBD	100,000.			0.
	Florence Gray Center Fire Alarm/Sprinkler	1	125,000.	Florence Gray Center Fire Alarm/Sprinkler	1	125,000.

**Capital Fund Program—Five-Year Action Plan**

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

	Subtotal of Estimated Cost	\$1,273,720.	Subtotal of Estimated Cost	\$1,273,720.
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<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY 2009	Work Statement for Year 2012 FY 2013			Work Statement for Year: 2013 FFY 2014		
	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	<b>RI0050001 – Park Holm</b>			<b>RI0050001- Park Holm</b>		
Annual	Site Improvements	1	100,000.			0.
Statement	Building Renovations	Multiple - TBD	900,000.			0
	<b>RI0050002</b>			<b>RI0050002</b>		
	<b>Chapel Terrace</b>		0.	<b>Chapel Terrace</b>		
				Boilers HW Tanks	24	408,000.
	<b>RI0050004 – Edgar/Pond</b>			<b>RI0050004 – Edgar/Pond</b>		
			0	Windows	2	300,000
	<b>RI0050005 – Donovan Manor/Coddington St.</b>			<b>RI0050005 – Donovan Manor/Coddington St.</b>		
	Chapel St./Dublois	6	273,720	Elevator Upgrade	2	100,000
	Exterior Siding			Paving		60,000
			0.	Chapel St./Dublois- Windows	2	210,720
	<b>RI0050008-Earl Ave.</b>			<b>RI0050008-Earl Ave.</b>		
			0	Windows	1	150,000
	<b>Florence Gray Center</b>					
	<b>RI0050001P</b>		0.			0

**Capital Fund Program—Five-Year Action Plan**

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

	Subtotal of Estimated Cost	\$1,273,720.	Subtotal of Estimated Cost	\$1,228,720.
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## ATTACHMENT L (ri005103)

### NEWPORT HOUSING AUTHORITY RESPONSES TO RAB COMMENTS

The Board of Commissioners of the Housing Authority of the City of Newport (HACN) received comments by the RAB Council in regards to the FY 2009 Annual Plan.

#### **Responses to comments received at the Public Hearing of January 5, 2009**

*Responses to comments received from Mr. Robert Sabel of Rhode Island Legal Services on behalf of the Newport Resident Council:*

- 1). The \$25 per unit fee for resident services allocated to the Newport Resident Council will be clearly identified as its own line item in the Newport Housing Authority budget. The Newport Resident Council requested that the current requisition process remain the same.
- 2). **Appliances:** HACN managers will take inventory of the appliances in need of replacing and assess size limitations of the units so the Board may review. HACN will then develop a replacement plan.
- 3). **Carbon Monoxide Detectors:** HACN will assess the cost of dual smoke/carbon monoxide detectors for each unit. Dual detectors will also be assessed as part of the PH Master Plan. In addition, HACN will assess the need for animal guards, although for residents with dryers, this may be deemed a resident expense.
- 4). **Transfer Policy:** HACN's Director of Operations will have a meeting with Newport Resident Council and Bob Sabel of Legal Services, to discuss the current transfer policy and transfer ratios.
- 5). **Memorandum of Understanding (MOU):** HACN will meet with Newport Resident Council to review and determine changes to the MOU once the Newport Resident Council board is established.
- 6). **Newport Heights:** HACN's legal counsel will explore the options available to the Newport Resident Council and the Newport Heights residents in the ACC units, in terms of being part of the Newport Resident Council group or the establishment of their own group and report back to the Board by April.
- 7). **Sidewalks:** HACN Managers and Foreman will review and repair the sidewalks as needed.
- 8). **Parking:** HACN's Director of Operations and Management staff will meet with the Newport Resident Council to determine whether current parking provisions need to be modified. Any changes to the existing plans will be discussed with the Newport Fire Department.

- 9). **Outdoor Lighting:** HACN Managers and Foreman will assess exterior lighting to determine if there are any further changes needing to be made. HACN will review exterior lighting specifically at 232 Park Holm. HACN currently has a contract in place to make repairs to the exterior lighting at Park Holm. Most of this work has been completed.
- 10). **Maintenance/Work Orders:** HACN's Director of Operations will assess the work order system to ensure timely completion of work orders.
- 11). **Sunset Hill/Sledding:** HACN will address this issue by using hay bales, as suggested.
- 12). **Healthy Activities/Wellness:** HACN suggested the Newport Resident Council take the lead on this by working with the Parks & Recreation Department of the City of Newport. HACN will assist as needed.
- 13). **Pets:** HACN suggested that the Newport Resident Council add a notice in their monthly newsletter to all Residents reminding them of their responsibility to pick up after their dogs. HACN Management will continue to monitor compliance with the Pet Policy.
- 14). **Board of Tenant Affairs (BOTA):** HACN stated that this language regarding the Grievance Procedure has been omitted from the 2009 Annual Plan.
- 15). **Minimum Rent:** HACN appreciates the concerns of the Newport Resident Council and will leave the minimum rent at \$25.00.
- 16). **Security Deposits:** HACN will require a security deposit and will consider a payment plan for residents as needed.
- 17). **Flat Rent:** HUD requires HACN to review the flat rents. HACN will review any proposed changes with the Newport Resident Council. In addition, any changes would be phased in to avoid any undue burden to the resident.
- 18). **Internet Access:** HACN will help coordinate this service for the Newport Resident Council. This service would be funded out of the Newport Resident Council budget.

The Public Hearing began at 4:30 p.m. and concluded at 5:45 p.m.

## ATTACHMENT L (ri005103)

### NEWPORT HOUSING AUTHORITY RESPONSES TO RAB COMMENTS

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- 9). **Outdoor Lighting:** HACN Managers and Foreman will assess exterior lighting to determine if there are any further changes needing to be made. HACN will review exterior lighting specifically at 232 Park Holm. HACN currently has a contract in place to make repairs to the exterior lighting at Park Holm. Most of this work has been completed.
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- 18). **Internet Access:** HACN will help coordinate this service for the Newport Resident Council. This service would be funded out of the Newport Resident Council budget.

The Public Hearing began at 4:30 p.m. and concluded at 5:45 p.m.

**ATTACHMENT M (ri005m03)**

**VIOLENCE AGAINST WOMEN ACT (VAWA)  
STATEMENT OF PROCEDURES  
PUBLIC HOUSING AND SECTION 8 PROGRAMS**

In order to comply with all requirements outlined in the “Violence Against Women Act (VAWA) and Department of Justice Reauthorization Act of 2005” the Housing Authority of the City of Newport, Rhode Island will utilize the following procedures:

The PHA will not deny the selection, admission or termination of assistance to individuals for reasons related to incidents of domestic violence in which they are a victim.

An applicant or participant who is, or has been, a victim of domestic violence, dating violence or stalking is not an appropriate basis for denial of program assistance or for denial of admission of an otherwise qualified applicant.

Any incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy or occupancy rights of the victim of such violence.

Criminal activity directly relating to domestic violence, dating violence or stalking engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control shall not be cause for termination of tenancy occupancy rights if the tenant or an immediate member of the tenant’s family is the victim, or threatened victim of that domestic violence, dating violence or stalking.

Criminal activity directly relating to domestic violence, dating violence or stalking shall not be considered cause for termination of assistance for any participant or immediate member of a participant’s family who is a victim of domestic violence, dating violence or stalking.

A PHA may terminate assistance or an owner/manager may bifurcate the lease to terminate assistance to remove a lawful occupant or tenant who engages in criminal acts of violence to family members to others without terminating assistance or evicting victimized lawful occupants.

A PHA, owner or manager is authorized to honor court orders regarding rights of access or control of the property.

Nothing limits the ability of an owner, manager or PHA to evict or terminate assistance for other good cause unrelated to the incident or incidents of domestic violence, provided that the victim is not subject to a “more demanding standard” than non-victims.

Nothing is to prohibit termination or eviction if the owner, manager or PHA “can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property” or PHA “if that tenant is not evicted or terminated from assistance.”

Nothing in this section shall be construed to supersede any provision of any federal, state or local law that provides greater protection than this section for victims of domestic violence, dating violence or stalking.

A PHA may not deny portable voucher assistance to a tenant who violated previous assisted lease terms solely in order to move out quickly because of fear of domestic violence. A PHA may not terminate or deny portable voucher assistance to a tenant who is otherwise in compliance with program rules, moved out of a previous assisted unit in order to “protect the health and safety of an individual who is or has been the victim of domestic violence, dating violence or stalking and who reasonably believed he or she was imminently threatened by harm from further violence if he or she remained in the assisted dwelling unit.”

Section 8 (ee) of the VAWA Act, provides for certification by the individual of his or her status as a victim of domestic violence, dating violence or stalking in order to qualify for the protections implemented in the statute and provide confidentiality of that certification.

The PHA requires that an individual certify via a HUD-approved certification form that the individual is a victim of domestic violence, dating violence or stalking. The PHA will require submission of certification within 20 days of the PHA’s request. If the certification is not received within 20 days of the PHA’s request, the family will be referred for termination.

Information provided by the victim pursuant to the certification shall be retained in confidence and not entered into any shared database nor provided to any related entity except when the individual consents to disclosure in writing, required for use in eviction proceedings or otherwise required by law.

The PHA will inform tenants of their rights as domestic violence or stalking victims and inform owners and managers of their rights and obligations under VAWA.

This information will be incorporated into both the Section 8 Tenant and Landlord Briefing Packets. The PHA lease and HAP Contract will explicitly include the information that an incident of domestic violence or stalking does not qualify as a serious or repeated violation of the lease, and the criminal activity directly relating to domestic violence, dating violence, or stalking does not constitute grounds for termination of a tenant; and that new confidentiality provisions govern the disclosure of information under the law.

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.

Dating violence committed by a person who:

- a) Is, or has been, in a social relationship of a romantic or intimate nature with the victim; and
- b) where the existence of such a relationship shall be determined based on a consideration of the following factors:
  - (i) The length of the relationship,
  - (ii) The type of relationship.
  - (iii) The frequency of interaction between the persons involved in the relationship.

Stalking, to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to:

- (i) that person,
- (ii) a member of the immediate family of that person;
- (iii) the spouse or intimate partner of that person

Immediate Family Member with respect to a person:

- a) a spouse, parent, brother, sister or child of that person, or an individual to whom that person stands in loco parentis; or
- b) any other person living in the household of that person and are related to that person by blood or marriage.

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

<b>Part I: Summary</b>				
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	<b>Date</b>









<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
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<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
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<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>				
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	
			<b>Date</b>	









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

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

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<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
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8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
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19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
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<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	
			<b>Date</b>	









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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

<b>Part I: Summary</b>				
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	
			<b>Date</b>	







