

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Housing Authority of the City of Aiken</u> PHA Code: <u>SC 007</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/01/2009</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>244</u> Number of HCV units: <u>815</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	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: N/A				
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. N/A				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: None Summary of Policy and Program Changes The AHA has not made nor intends to make any major policy or program changes in 2009. Local preferences have been established and will not change, rent policies remain the same, community service policy parameters are included in our lease, ACOP, and our pet policy has been implemented. Also see attached VAWA Policy (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. Display Locations For PHA Plans and Supporting Documents as well as information regarding any activities outlined in this plan can be obtained by contacting PHA development management offices or the Main administrative office of the AHA.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> N/A				
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 <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. See attached 2009 Annual Plan; 2009 Stimulus Plan; 2008 Performance and Evaluation Report; 2007 Performance and Evaluation Report; 2006 502 Performance and Evaluation Report; 2006 501 Performance and Evaluation Report and; 2005 Performance and Evaluation Report				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. See attached Capital Fund Program Five-Year Action Plan				

8.3	Capital Fund Financing Program (CFFP). <input checked="" 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. See attached 2008 502 Replacement Housing Factor P&E; 2008 501 Replacement Housing Factor P&E; 2007 502 Replacement Housing Factor P&E; 2007 501 Replacement Housing Factor P&E; 2006 504 Replacement Housing Factor P&E; 2006 503 Replacement Housing Factor P&E; 2006 502 Replacement Housing Factor P&E; 2006 501 Replacement Housing Factor P&E; 2005 501 Replacement Housing Factor P&E; and 2004 501 Replacement Housing Factor P&E
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.

Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the “Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income <= 30% of AMI	2,737	4	3	3	4	3	3
Income >30% but <=50% of AMI	1,590	4	2	3	4	3	3
Income >50% but <80% of AMI	2,004	3	2	2	4	3	3
Elderly	758	4	4	3	4	4	4
Families with Disabilities	N/A	N/A	4	4	4	4	4
Race/Ethnicity White	1,320	4	1	1	4	1	1
Race/Ethnicity Black	1,397	4	1	1	4	1	1
Race/Ethnicity Hispanic	16	4	1	1	4	1	1
Race/Ethnicity Other	4	N/A	1	1	4	1	1

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s
Indicate year: 2008 - 2009
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset 2001
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

9.0 Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> 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	1432		39
Extremely low income <=30% AMI	1286	89.86	
Very low income (>30% but <=50% AMI)	124	8.66	
Low income (>50% but <80% AMI)	22	1.46	
Families with children	1026	72	
Elderly families	7		
Families with Disabilities	49		
Race/ethnicity White	1181		
Race/ethnicity Black	246		
Race/ethnicity Asian	4		
Race/ethnicity Hispanic	1		
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	12		16
1 BR	340		12
2 BR	549		7
3 BR	435		4
4 BR	94		0
5 BR	2		
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? 6 MONTHS			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
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			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	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	722		
Extremely low income <=30% AMI	612	85	
Very low income (>30% but <=50% AMI)	97	13	
Low income (>50% but <80% AMI)	13	1.52	
Families with children	570	79	
Elderly families	2	>1	
Families with Disabilities	19	3	
Race/ethnicity White	663	92	
Race/ethnicity Black	56	8	
Race/ethnicity Hispanic	26	4	
Race/ethnicity Other	2	>1	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? 19 MONTHS			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

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.**

Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

Families who are elderly and disabled, will be offered housing before other single persons.

Buildings Designed for the Elderly and Disabled (Mixed Population Development: Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs **Assessment for Public Housing**
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available

- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

Families who are elderly and disabled, will be offered housing before other single persons.

Buildings Designed for the Elderly and Disabled (Mixed Population Development): Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice.

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

The following are extracts from our adopted Admissions and Continued Occupancy Policy. We have similar policies for our Section 8 programs.

3.0 Services For Non-English Speaking Applicants and Residents

All applicants that appear to be experiencing difficulties communicating in English will be asked if they need to communicate in a language other than English (including sign language or Braille). Their needs will be accommodated as much as possible. If another family member or a friend can translate, this option will be utilized to the maximum degree possible. The Aiken Housing Authority will endeavor to have bilingual staff or access to people who speak languages other than English.

4.0 Family Outreach

The Housing Authority will publicize whenever appropriate the availability and nature of the Public Housing Program for extremely low-income, very low and low-income families in a newspaper of general circulation, minority media, and by other suitable means.

To reach persons who cannot or do not read the newspapers, the Housing Authority will distribute fact sheets to the broadcasting media and initiate personal contacts with members of the news media and community service personnel. The Housing Authority will also try to utilize public service announcements.

The Housing Authority will communicate the status of housing availability to other service providers in the community and inform them of housing eligibility factors and guidelines so they can make proper referrals for the Public Housing Program.

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

The following policy governs our public housing and Section 8 programs.

It is the policy of the Housing Authority of the City of Aiken to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity in housing and employment.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Housing Authority's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Housing Authority will provide Federal/State/local information to applicants/tenants of the Public Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Housing Authority office.

The Housing Authority will assist any family that believes they have suffered illegal discrimination by providing the family with copies of the appropriate housing discrimination forms. The Housing Authority will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity.

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

<p>10.0</p>	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>See attached Statement of Progress in Meeting the 5-Year Plan Mission and Goals</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>Criteria for Substantial Amendments or Modifications, Significant Deviations from the 5-Year Plan</p> <p>PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.</p> <p>A substantial deviation from the Five-Year Plan is defined as a change to the mission statement or the goals and objectives that would cause a change in the service provided to public housing residents or to Section 8 Program participants including a significant change in the Authority's financial situation. We did not experience a substantial deviation from the 5-year plan nor do we anticipate a substantial deviation during this fiscal year.</p> <p>Significant Amendment or Modification to the Annual Plan:</p> <p>The following actions are considered to be Significant Amendments or Modifications:</p> <ul style="list-style-type: none"> • Changes to rent or admissions policies or organization of the waiting list; and • Any change with regard to homeownership programs. <p>An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; HUD does not consider such changes significant amendments.</p>
<p>11.0</p>	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

11.0 (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.

Resident Advisory Board Recommendations

The PHA did not receive any comments on the PHA Plan from the Resident Advisory Board.

11.0 (g) Challenged Elements

There were no elements within the AHA annual plan that were challenged by residents, staff, Board of Commissioners or the general public.

Statement of Progress in Meeting the 5-Year Plan Mission and Goals

The following table reflects the progress we have made in achieving our goals and objectives:

GOAL ONE: MANAGE THE HOUSING AUTHORITY OF THE CITY OF AIKEN'S EXISTING PUBLIC HOUSING PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER THEREBY QUALIFYING AS AT LEAST A STANDARD PERFORMER	
Objective	Progress
1. The Housing Authority of the City of Aiken will strive to continue its high performer status. This is an on-going objective.	The Housing Authority of the City of Aiken achieved a score of 81 % out of a possible 100% for the fiscal year ended 09/30/05 for a designation of High Performer. We continue to be designated a High Performer for our fiscal year 09/30/2006 with a PHAS score of 85%. Our PHAS score for the fiscal year ended 09/30/07 was 83%. Our PHAS score for the fiscal year ended September 30, 2008, was 83 out of a possible 100. This objective is being accomplished.
2. The Housing Authority of the City of Aiken shall promote a motivating work environment with a capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing industry. This is an on-going objective.	The Housing Authority has participated in Procurement Training; PHAS Management Training; Pipeline Safety Training; Tax Credit Training; Supervising Employees Training; HVAC Training; Capital Fund Training; Section 8 Financial Management Training; Scott Accounting Software Training; Society Human Resource Managers (SHRM) and, industry conferences. This objective is being accomplished.
3. The Housing Authority of the City of Aiken shall continue to improve resident communications through monthly and quarterly newsletters to improve resident survey scores (RASS) to the highest score possible. This is an on-going objective.	The Housing Authority maintains community involvement, by facilitating numerous community outreach activities. Community outreach activities employment fairs, parades, health fairs, and various educational sessions. AHA has also facilitated in the development of resident associations, encouraging residents to participate in the policy development process for their respective communities. This objective is being accomplished.
GOAL TWO: THE HOUSING AUTHORITY OF THE CITY OF AIKEN SHALL MAKE PUBLIC HOUSING THE AFFORDABLE HOUSING OF CHOICE FOR THE VERY LOW INCOME RESIDENTS OF OUR COMMUNITY	
Objective	Progress
1. The Housing Authority of the City of Aiken shall achieve a level of customer satisfaction that gives the agency the highest score possible in this element of the Public Housing Assessment System. This is an on-going objective.	The Housing Authority has an open door policy for resident issues and concerns. Resident involvement is encouraged. This objective is being accomplished.
2. The Housing Authority of the City of Aiken shall provide a safe and secure environment in its public housing developments by decreasing crimes by 5% and decreasing the calls for service from the police department by 5%.	The Housing Authority's partnership with the City of Aiken Police Department has resulted in more representation in our developments. As a result, the Housing Authority has seen a decrease in criminal activities. Residents are encouraged to report criminal activity to the police department and to the Authority. The Housing Authority has also amended its Crime Prevention Plan to increase safety for all public housing

	<p>residents. Amendments included the adoption of identification badges for all residents 18 years of age or older, and the enforcement of parking permits for all vehicles temporary or permanent. Security systems have been further secured through American Recovery and Reinvestment Act funds. This objective is being accomplished.</p>
<p>3. The Housing Authority of the City of Aiken shall reduce its evictions due to violations of criminal laws by 10% by December 31, 2004, through aggressive screening procedures.</p>	<p>The Housing Authority experienced an increase in evictions during FY 2001 due to heightened relationships with local law enforcement that has resulted in successful evictions for criminal and drug activity. We are focusing on rent collections and timely rent payments from residents. Residents who fail to comply with rent payment requirements are terminated from the program. We have updated our ACOP and Lease to incorporate the zero tolerance provisions. This objective is being accomplished.</p>
<p>GOAL THREE: MANAGE THE HOUSING AUTHORITY OF THE CITY OF AIKEN'S TENANT-BASED PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER THEREBY QUALIFYING AS AT LEAST A STANDARD PERFORMER UNDER SEMAP</p>	
<p>Objective</p>	<p>Progress</p>
<p>1. The Housing Authority of the City of Aiken shall achieve and sustain a utilization rate of 95% in its tenant-based program by December 31, 2004.</p>	<p>The Housing Authority is currently maintaining a utilization rate of 105%. This objective is being accomplished.</p>
<p>2. The Housing Authority of the City of Aiken shall expand the range and quality of housing choices available to participants in the Authority's tenant-based assistance program through owner outreach initiatives. This is an on-going objective.</p>	<p>The Housing Authority, and its development arm, Community Development & Improvement Corporation, continues to increase affordable housing opportunities for public housing residents and low wealth families by building affordable, quality housing for rental or homeownership. The Housing Authority and CDIC also partner with the City of Aiken and other local nonprofit organizations, in an effort to develop more housing choices. Information is also sent via mail and facsimile to apartment complex owners/agents and realtors. Constantly receiving inquiries from prospective Landlords, we host an annual lunch information session. We've also installed a web site that provides program information to prospective landlords, residents and the public. This objective is being accomplished.</p>
<p>GOAL FOUR: EXPAND HOUSING OPPORTUNITIES AVAILABLE TO ASSISTED FAMILIES AND PROMOTE INDEPENDENT LIVING/SELF-SUFFICIENCY</p>	
<p>Objective</p>	<p>Progress</p>
<p>1. The Housing Authority of the City of Aiken shall continue to expand its current programs to promote homeownership. This is an on-going objective.</p>	<p>The Housing Authority Board has approved implementation of a Section 8 Homeownership Program. Our Administrative Plan contains the Homeownership component. We have established a Section 8 Homeownership program. The Authority has designated 40 of its current housing voucher stock to first-time homebuyers. We have identified ten (10) families as the first recipients of the Section 8 Homeownership Program. The family's current Section 8 Rental Vouchers will be converted into Homeownership Vouchers, affording the families the opportunity to purchase their first home. The Housing and Urban Development (HUD) does not allocate additional funding for the administration of the program, but the Authority through</p>

	<p>its non-profit affiliate continues to offer affordable housing products for public housing and Section 8 residents through S.C. State Housing funds and other funding sources. This objective is being accomplished.</p>
<p>2. The Housing Authority of the City of Aiken shall continue its efforts in economic opportunity and self-sufficiency for the families and individuals that reside in our housing. This is an on-going objective.</p>	<p>The Housing Authority, through its development arm, Community Development Improvement Corporation, offers job training and education remediation for at-risk and academic deficient in-school youth that are low income. Our non-profit corporation administers a funds matching program, utilizing S.C. State housing funds, for business development and home ownership programs for residents and eligible persons from the community. Business development includes CDIC's Micro Loan and Business Loan Programs. The mission of the programs is to create and/or retain employment opportunities and stimulate growth and development of revenue generating businesses by increasing the accessibility of financial resources. This objective is being accomplished.</p>
<p>3. The Housing Authority of the City of Aiken shall continue efforts involving mixed financing for expansion of housing opportunities for residents and citizens of Aiken. This is an on-going objective.</p>	<p>The Housing Authority has received several state and national awards in the area of mixed-finance units within Aiken County. The Housing Authority and CDIC demolished Valley Homes and Garvin Homes, public housing developments in Aiken County (2003) and reconstructed thirty-four single family rental housing units. In May of 2006, AHA and CDIC developed the Smith House. The Smith House (Low Income Housing Tax Credit Project) consists of thirty-six (36) newly constructed unassisted Senior Living apartments for persons ages 55 and older in the Gloverville, SC area. The Toole Hill Project was completed and quickly became 100% occupied in 2006. This project is a partnership with the City of Aiken to provide reconstruction to a historic neighborhood and represents the first phase for implementing the North side Housing Plan through the creation of thirteen (13) newly constructed single family homes (4-2BR's, 9-3BR's), to be utilized in CDIC's rental program. The Toole Hill neighborhood comprises roughly 15 blocks on the northwestern boundary of Old Aiken. This objective is being accomplished.</p>
<p>4. The Housing Authority of the City of Aiken shall enter into partnerships with the various local community organizations to provide education and alternatives for the youth in the communities. This is an on-going objective.</p>	<p>The Housing Authority through its non-profit affiliate through several partnerships and various funding awards provide business, education and training opportunities for adults, dislocated workers, and out of school youth. Through the Lower Savannah Council of Governments, AHA and its development arm received the following grants: Youth - \$114,000, Adults - \$210,000, and Dislocated Workers - \$280,000. Through the American Recovery and Reinvestment Act, AHA and its development arm received the following grants: Youth - \$144,000, Adults - \$232,000, and Dislocated Workers - \$280,000. Also through the Trade ReAdjustment Administration, AHA and its development arm was awarded the following: Administration - \$140,000, Training \$1.1 MM, and Travel - \$400,000. This objective is being accomplished.</p>

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: SC16P00750109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval:	

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				
2	1406 Operations (may not exceed 20% of line 21) ³	95,920.00			
3	1408 Management Improvements	16,003.24			
4	1410 Administration (may not exceed 10% of line 21)	38,368.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	40,902.72			
11	1465.1 Dwelling Equipment—Nonexpendable	23,625.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	15,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

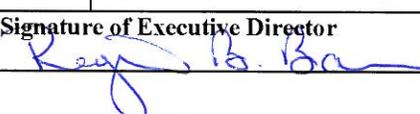
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: SC16P00750109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,861.04			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	383,680.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director Date	

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

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Aiken			Grant Type and Number Capital Fund Program Grant No: SC16P00750109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Operations	1406	LS					
	Public Housing Operations			95,920.00				
	Subtotal Acct 1406			95,920.00				
HA Wide	Management Improvements	1408	LS					
	Computer software & hardware upgrades; consulting fees; office equipment; training			16,003.24				
	Subtotal Acct 1408			16,003.24				
HA Wide	Administration	1410	LS					
	CFP Administration: Salaries and Benefits			38,368.00				
	Subtotal Acct 1410			38,368.00				
HA Wide	Fees and Costs	1430	LS					
	A & E Fees; Reimbursable Costs			10,000.00				
	Subtotal Acct 1430			10,000.00				
SC007-2	Dwelling Structures	1460						
	Rehabilitation Contract		44 units	40,902.72				
	Subtotal Acct 1460			40,902.72				

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								
PHA Name: Housing Authority of the City of Aiken			Grant Type and Number Capital Fund Program Grant No: SC16P00750109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Dwelling Equipment	1465.1						
SC007-5B	Refrigerators, ranges, water heaters		12	5,250.00				
SC007-6	Refrigerators, ranges, water heaters		30	13,125.00				
SC007-8	Refrigerators, ranges, water heaters		6	2,625.00				
SC007-9	Refrigerators, ranges, water heaters		6	2,625.00				
	Subtotal Acct 1465.1			23,625.00				
	Non-Dwelling Equipment	1475						
HA Wide	Office Furniture for Admin Office			15,000.00				
	Subtotal Acct 1475			15,000.00				
	Collateralization or Debt Service	9000	LS					
HA Wide	Capital Fund Borrowing Program Debt Service			143,861.04				
	Subtotal Acct 9000			143,861.04				
	Grand Total			383,680.00				

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of Aiken				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	06/12/10		06/12/12		
SC007-2	06/12/10		06/12/12		
SC007-5B	06/12/10		06/12/12		
SC007-6	06/12/10		06/12/12		
SC007-8	06/12/10		06/12/12		
SC007-9	06/12/10		06/12/12		

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

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number Housing Authority of the City of Aiken SC 007		Locality (City/County & State) Aiken, Aiken County, South Carolina			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY _2009_____	Work Statement for Year 2 FFY ____2010_____ 10/1/10 - 9/30/11	Work Statement for Year 3 FFY ____2011_____ 10/1/11 - 9/30/12_	Work Statement for Year 4 FFY ____2012_____ 10/1/12 - 9/30/13	Work Statement for Year 5 FFY ____2013_____ 10/1/13 - 10/1/14
B.	Physical Improvements Subtotal	Annual Statement	64,527.72	64,527.72	64,527.72	64,527.72
C.	Management Improvements		16,003.24	16,003.24	16,003.24	16,003.24
D.	PHA-Wide Non-dwelling Structures and Equipment		15,000.00	15,000.00	15,000.00	15,000.00
E.	Administration		38,368.00	38,368.00	38,368.00	38,368.00
F.	Other		10,000.00	10,000.00	10,000.00	10,000.00
G.	Operations		95,920.00	95,920.00	95,920.00	95,920.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service		143,861.04	143,861.04	143,861.04	143,861.04
K.	Total CFP Funds		383,680.00	383,680.00	383,680.00	383,680.00
L.	Total Non-CFP Funds					
M.	Grand Total		383,680.00	383,680.00	383,680.00	383,680.00

Part I: Summary (Continuation)

PHA Name/Number: Housing Authority of the City of Aiken SC007		Locality (City/county & State) Aiken, Aiken County, South Carolina			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009__	Work Statement for Year 2 FFY __2010__	Work Statement for Year 3 FFY __2011__	Work Statement for Year 4 FFY __2012__	Work Statement for Year 5 FFY __2013__
		Annual Statement				

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ____2009_	Work Statement for Year ____2____ FFY ____2010____			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	SC007-2 Stoney Homes			SC007-2 Stoney Homes		
Annual	Dwelling Structures (1460)			Dwelling Structures (1460)		
Statement	Rehabilitation Contract	44 units	40,902.72	Rehabilitation Contract	44 units	40,902.72
	Total Acct 1460		40,902.72	Total Acct 1460		40,902.72
	Total SC007-2		40,902.72	Total SC007-2		40,902.72
	SC007-5B Bradby Homes	18 units		SC007-5B Bradby Homes	18 units	
	Dwelling Equipment (1465.1)			Dwelling Equipment (1465.1)		
	Appliances Replacement	12	5,250.00	Appliances Replacement	12	5,250.00
	Total SC007-5B		5,250.00	Total SC007-5B		5,250.00
	SC007-6 Hahn Village	100 units		SC007-6 Hahn Village	100 units	
	Dwelling Equipment (1465.1)			Dwelling Equipment (1465.1)		
	Appliances Replacement	30	13,125.00	Appliances Replacement	30	13,125.00
	Total SC007-6		13,125.00	Total SC007-6		13,125.00
	SC007-8 New Hope I	30 units		SC007-8 New Hope I	30 units	
	Dwelling Equipment (1465.1)			Dwelling Equipment (1465.1)		
	Appliances Replacement	6	2,625.00	Appliances Replacement	6	2,625.00
	Total SC007-8		2,625.00	Total SC007-8		2,625.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____ 2009_	Work Statement for Year _____ 4 _____ FFY _____ 2012 _____			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	SC007-2 Stoney Homes			SC007-2 Stoney Homes		
Annual	Dwelling Structures (1460)			Dwelling Structures (1460)		
Statement	Rehabilitation Contract	44 units	40,902.72	Rehabilitation Contract	44 units	40,902.72
	Total Acct 1460		40,902.72	Total Acct 1460		40,902.72
	Total SC007-2		40,902.72	Total SC007-2		40,902.72
	SC007-5B Bradby Homes	18 units		SC007-5B Bradby Homes	18 units	
	Dwelling Equipment (1465.1)			Dwelling Equipment (1465.1)		
	Appliances Replacement	12	5,250.00	Appliances Replacement	12	5,250.00
	Total SC007-5B		5,250.00	Total SC007-5B		5,250.00
	SC007-6 Hahn Village	100 units		SC007-6 Hahn Village	100 units	
	Dwelling Equipment (1465.1)			Dwelling Equipment (1465.1)		
	Appliances Replacement	30	13,125.00	Appliances Replacement	30	13,125.00
	Total SC007-6		13,125.00	Total SC007-6		13,125.00
	SC007-8 New Hope I	30 units		SC007-8 New Hope I	30 units	
	Dwelling Equipment (1465.1)			Dwelling Equipment (1465.1)		
	Appliances Replacement	6	2,625.00	Appliances Replacement	6	2,625.00
	Total SC007-8		2,625.00	Total SC007-8		2,625.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year <u>2</u> FFY <u>2010</u>		Work Statement for Year: <u>3</u> FFY <u>2011</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Operations (1406)			
Annual	Public Housing Operations	95,920.00	Public Housing Operations	95,920.00
Statement	Subtotal Acct 1406	95,920.00	Subtotal Acct 1406	95,920.00
	Management Improvement (1408)		Management Improvement (1408)	
	Computer software & hardware upgrades, consulting fees; office equipment; training	16,003.24	Computer software & hardware upgrades, consulting fees; office equipment; training	16,003.24
	Subtotal Acct 1408	16,003.24	Subtotal Acct 1408	16,003.24
	Administration (1410)		Administration (1410)	
	CFP Administration; Salaries & Benefits	38,368.00	CFP Administration; Salaries & Benefits	38,368.00
	Subtotal Acct 1410	38,368.00	Subtotal Acct 1410	38,368.00
	Fees and Costs (1430)		Fees and Costs (1430)	
	A & E Fees; Reimbursable Costs	10,000.00	A & E Fees; Reimbursable Costs	10,000.00
	Subtotal Acct 1430	10,000.00	Subtotal Acct 1430	10,000.00
	Collateralization or Debt Service (9000)		Collateralization or Debt Service (9000)	
	Capital Fund Borrowing Program Debt Service	143,861.04	Capital Fund Borrowing Program Debt Service	143,861.04
	Subtotal Acct 9000	143,861.04	Subtotal Acct 9000	143,861.04
	Subtotal of Estimated Cost	\$ 304,152.28	Subtotal of Estimated Cost	\$ 304,152.28

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year <u>4</u> FFY <u>2012</u>		Work Statement for Year: <u>5</u> FFY <u>2013</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Public Housing Operations	95,920.00	Public Housing Operations	95,920.00
	Subtotal Acct 1406	95,920.00	Subtotal Acct 1406	95,920.00
	Management Improvement (1408)		Management Improvement (1408)	
	Computer software & hardware upgrades, consulting fees; office equipment; training	16,003.24	Computer software & hardware upgrades, consulting fees; office equipment; training	16,003.24
	Subtotal Acct 1408	16,003.24	Subtotal Acct 1408	16,003.24
	Administration (1410)		Administration (1410)	
	CFP Administration; Salaries & Benefits	38,368.00	CFP Administration; Salaries & Benefits	38,368.00
	Subtotal Acct 1410	38,368.00	Subtotal Acct 1410	38,368.00
	Fees and Costs (1430)		Fees and Costs (1430)	
	A & E Fees; Reimbursable Costs	10,000.00	A & E Fees; Reimbursable Costs	10,000.00
	Subtotal Acct 1430	10,000.00	Subtotal Acct 1430	10,000.00
	Collateralization or Debt Service (9000)		Collateralization or Debt Service (9000)	
	Capital Fund Borrowing Program Debt Service	143,861.04	Capital Fund Borrowing Program Debt Service	143,861.04
	Subtotal Acct 9000	143,861.04	Subtotal Acct 9000	143,861.04
	Subtotal of Estimated Cost	\$ 304,152.28	Subtotal of Estimated Cost	\$ 304,152.28

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

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

Part I: Summary	
PHA Name: Housing Authority of The City of Aiken	Grant Type and Number Capital Fund Program Grant No: SC16S00750109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval: 865,619	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	85,500.00		0	0
4	1410 Administration (may not exceed 10% of line 21)	86,561.00		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,000.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	127,000.00		0	0
10	1460 Dwelling Structures	396,758.00		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	134,800.00		0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

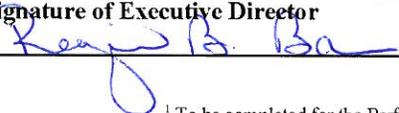
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Housing Authority of The City of Aiken		Grant Type and Number Capital Fund Program Grant No: SC16S00750109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 865,619	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	865,619.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director	
				Date	

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

Part II: Supporting Pages								
PHA Name: Housing Authority of The City of Aiken		Grant Type and Number Capital Fund Program Grant No: SC16S00750109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Management Improvements	1408						
	Computer software and hardware upgrades; 10 Computers; Staff Training			85,500.00				
	Subtotal Account 1408			85,500.00				
HA Wide	Administration	1410						
	CFP Administration; Salaries and Benefits			86,561.00				
	Subtotal Account 1410			86,561.00				
HA Wide	Fees and Costs	1430						
	A & E Fees; Physical Needs Assessment			35,000.00				
	Subtotal Account 1430			35,000.00				
	Site Improvements	1450						
SC007-8 & SC007-9	Erosion Control - New Hope Community			10,000.00				
SC007-5B	Gas Line Repair - Bradby Homes			7,000.00				
SC007-6	Fence at Hahn Village to close Maurice entrance			45,000.00				
HA Wide	Administrative Office Parking Plan			65,000.00				
	Subtotal Account 1450			127,000.00				

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								
PHA Name: Housing Authority of The City of Aiken			Grant Type and Number Capital Fund Program Grant No: SC16S00750109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Dwelling Structures	1460						
SC007-2	Complete Stoney Homes Rehabilitation			300,000.00				
SC0078 & SC007-9	New Hope Community - Cabinets and Interior Deferred Maintenance			56,758.00				
SC007-5B	Bradby Homes - Cabinets and Interior Deferred Maintenance			40,000.00				
	Subtotal Account 1460			396,758.00				
	Non-Dwelling Equipment	1475						
SC007-6	Wireless Security Camera System - Hahn Village			45,000.00				
HA Wide	Upgrade Telephone System			20,000.00				
HA Wide	Company Car			25,000.00				
HA Wide	Maintenance Vehicle; 18 foot trailer; 2 commercial lawn mowers; 2 weed eaters, edgers, blowers			44,800.00				
	Subtotal Account 1475			134,800.00				
	Grand Total			865,619.00				

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

² To be completed for the Performance and Evaluation Report.

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

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of The City of Aiken					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	02/28/10		02/28/12		
SC007-8 & SC007-9	02/28/10		02/28/12		
SC007-5B	02/28/10		02/28/12		
SC007-6	02/28/10		02/28/12		
SC007-2	02/28/10		02/28/12		

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

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

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: SC16P00750108 Replacement Housing Factor Grant No: Date of CFFP: 03/31/2009
FFY of Grant: 2008 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:1)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	95,920.00	95,920.00	95,920.00	55,951.00
3	1408 Management Improvements	16,003.24	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	38,368.00	38,368.00	38,368.00	22,380.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	10,000.00	10,000.00	10,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement		19,400.00	19,400.00	0
10	1460 Dwelling Structures	55,902.72	52,505.96	52,505.96	0
11	1465.1 Dwelling Equipment—Nonexpendable	23,625.00	23,625.00	23,625.00	0
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

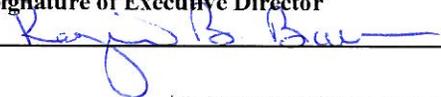
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 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: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: SC16P00750108 Replacement Housing Factor Grant No: Date of CFFP: 03/31/2009		FFY of Grant:2008 FFY of Grant Approval:	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,861.04	143,861.04	143,861.04	0
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	383,680.00	383,680.00	383,680.00	88,331.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Aiken			Grant Type and Number Capital Fund Program Grant No: SC16P00750108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Operations	1406	LS					
	Public Housing Operations			95,920.00	95,920.00	95,920.00	55,951.00	
	Subtotal Acct 1406			95,920.00	95,920.00	95,920.00	55,951.00	
HA Wide	Management Improvements	1408	LS					
	Computer software & hardware upgrades; consulting fees; office equipment;training			16,003.24	0	0	0	
	Subtotal Acct 1408			16,003.24	0	0	0	
HA Wide	Administration	1410	LS					
	CFP Administration: Salaries and Benefits			38,368.00	38,368.00	33,368.00	22,380.00	
	Subtotal Acct 1410			38,368.00	38,368.00	33,368.00	22,380.00	
HA Wide	Fees and Costs	1430	LS					
	A & E Fees; Reimbursable Costs			10,000.00	10,000.00	10,000.00	10,000.00	
	Subtotal Acct 1430			10,000.00	10,000.00	10,000.00	10,000.00	
	Dwelling Structures	1460						
SC007-2	Rehabilitation Contract		44 units	55,902.72	52,505.96	52,505.96	0	
	Subtotal Acct 1460			55,902.72	52,505.96	52,505.96	0	

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Aiken			Grant Type and Number Capital Fund Program Grant No: SC16P00750108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Dwelling Equipment	1465.1						
SC007-5B	Refrigerators, ranges, water heaters		12	5,250.00	5,250.00	5,250.00	0	
SC007-6	Refrigerators, ranges, water heaters		30	13,125.00	13,125.00	13,125.00	0	
SC007-8	Refrigerators, ranges, water heaters		6	2,625.00	2,625.00	2,625.00	0	
SC007-9	Refrigerators, ranges, water heaters		6	2,625.00	2,625.00	2,625.00	0	
	Subtotal Acct 1465.1			23,625.00	23,625.00	23,625.00	0	
HA Wide	Collateralization or Debt Service	9000	LS					
	Capital Fund Borrowing Program Debt Service			143,861.04	143,861.04	143,861.04	0	
	Subtotal Acct 9000			143,861.04	143,861.04	143,861.04	0	
	Grand Total			383,680.00	383,680.00	383,680.00	88,331.00	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of Aiken				Federal FFY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	06/12/10		06/12/12		
SC007-2	06/12/10		06/12/12		
SC007-5B	06/12/10		06/12/12		
SC007-6	06/12/10		06/12/12		
SC007-8	06/12/10		06/12/12		
SC007-9	06/12/10		06/12/12		

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

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

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

Part I: Summary	
PHA Name: Housing Authority of The City of Aiken	Grant Type and Number Capital Fund Program Grant No: SC16P00750107 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2007 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	91,165.00	91,165.00	91,165.00	91,165.00
3	1408 Management Improvements	43,700.00	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	37,632.00	37,632.00	37,632.00	37,632.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,000.00	7,675.76	7,675.76	7,675.76
8	1440 Site Acquisition				
9	1450 Site Improvement			0	0
10	1460 Dwelling Structures	28,711.96	95,986.20	95,986.20	94,889.90
11	1465.1 Dwelling Equipment—Nonexpendable	14,250.00	0		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 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: Housing Authority of The City of Aiken	Grant Type and Number Capital Fund Program Grant No: SC16P00750107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,861.04	143,861.04	143,861.04	59,942.10
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	376,320.00	376,320.00	376,320.00	291,304.76
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 8/19/09		Signature of Public Housing Director 	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Housing Authority of The City of Aiken			Grant Type and Number Capital Fund Program Grant No: SC16P00750107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA Wide	Operations	1406						
	PH Operations			91,165.00	91,165.00	91,165.00	91,165.00	
	Subtotal Account 1406			91,165.00	91,165.00	91,165.00	91,165.00	
HA Wide	Management Improvements	1408						
	Computer software & hardware; office equipment; consultants			43,700.00	0.00	0.00	0.00	
	Subtotal Account 1408			43,700.00	0.00	0.00	0.00	
HA Wide	Administration	1410						
	Prorated salaries & benefits for administration of CFP Program			37,632.00	37,632.00	37,632.00	37,632.00	
	Subtotal Account 1410			37,632.00	37,632.00	37,632.00	37,632.00	
HA Wide	Fees & Costs	1430						
	A & E Fees; reimbursable costs			17,000.00	7,675.76	7,675.76	7,675.76	
	Subtotal Account 1430			17,000.00	7,675.76	7,675.76	7,675.76	
HA Wide	Dwelling Structures	1460						
	Rehabilitation, replacement			28,711.96	95,986.20	95,986.20	94,889.90	
	Subtotal Account 1460			28,711.96	95,986.20	95,986.20	94,889.90	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of The City of Aiken				Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	09/12/09	10/01/07	09/12/11		
SC007-2	09/12/09	10/01/07	09/12/11		
SC007-5A	09/12/09	10/01/07	09/12/11		
SC007-5B	09/12/09	10/01/07	09/12/11		
SC007-6	09/12/09	10/01/07	09/12/11		
SC007-8	09/12/09	10/01/07	09/12/11		
SC007-9	09/12/09	10/01/07	09/12/11		

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: SC16P00750206 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2006 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	14,303.00		14,303.00	14,303.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

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

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

Part I: Summary						
PHA Name: Housing Authority of the City of Alken		Grant Type and Number Capital Fund Program Grant No: SC16P00750206 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2006 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	14,303.00		14,303.00	14,303.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director <i>Ray B. Bau</i>			Date 5/19/09		Signature of Public Housing Director	
					Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: SC16P00750106 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2006 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:1)
 Performance and Evaluation Report for Period Ending: 3/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	104,800.00	104,800.00	104,800.00	104,800.00
3	1408 Management Improvements	25,150.00	38,542.90	38,542.90	38,542.90
4	1410 Administration (may not exceed 10% of line 21)	68,711.00	48,400.00	48,400.00	48,400.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,000.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	106,408.96	138,125.45	138,125.45	138,125.45
11	1465.1 Dwelling Equipment—Nonexpendable	14,250.00	10,403.61	10,403.61	10,403.61
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	3,952.00	0.00	0.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

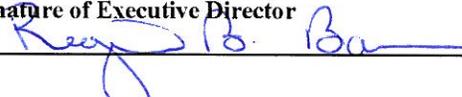
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: SC16P00750106 Replacement Housing Factor Grant No: 3/31/09 Date of CFFP:		FFY of Grant:2006 FFY of Grant Approval:	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	143,861.04	143,861.04	143,861.04	143,861.04
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	484,133.00	484,133.00	484,133.00	484,133.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director Date	

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

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Aiken			Grant Type and Number Capital Fund Program Grant No: SC16P00750106 CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA WIDE	Operations	1406	Lump Sum					
	Public Housing Operations			104,800.00	104,800.00	104,800.00	104,800.00	
	Subtotal Acct 1406			104,800.00	104,800.00	104,800.00	104,800.00	
HA WIDE	Management Improvements	1408	Lump Sum					
	Computer software & hardware; office equipment; consultants			25,150.00	38,542.90	38,542.90	38,542.90	
	Subtotal Acct 1408			25,150.00	38,542.90	38,542.90	38,542.90	
HA WIDE	Administration	1410	Lump Sum					
	Prorated salaries & benefits for administration of CFP Program			68,711.00	48,400.00	48,400.00	48,400.00	
	Subtotal Acct 1410			68,711.00	48,400.00	48,400.00	48,400.00	
HA WIDE	Fees & Costs	1430	Lump Sum					
	A & E Fees; reimbursable costs			17,000.00	0.00	0.00	0.00	
	Subtotal Acct 1430			17,000.00	0.00	0.00	0.00	
HA WIDE	Dwelling Structures	1460	As needed					
	Rehabilitation, replacement			106,408.96	138,125.45	138,125.45	138,125.45	
	Subtotal Acct 1460			106,408.96	138,125.45	138,125.45	138,125.45	

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.

² To be completed for the Performance and Evaluation Report.

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

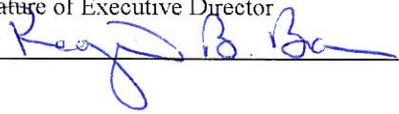
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of Aiken					Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE	07/18/08	03/31/07	07/18/10		
SC007-2	07/18/08	03/31/07	07/18/10		
SC007-5A	07/18/08	03/31/07	07/18/10		
SC007-5B	07/18/08	03/31/07	07/18/10		
SC007-6	07/18/08	03/31/07	07/18/10		
SC007-8	07/18/08	03/31/07	07/18/10		
SC007-9	07/18/08	03/31/07	07/18/10		

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

Part I: Summary						
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>SC16P00750105</u>			Replacement Housing Factor Grant No:	FFY of Grant: <u>2005</u> FFY of Grant Approval: _____
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:03/31/09 <input checked="" type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	104,800.00	104,800.00	104,800.00	104,800.00	
3	1408 Management Improvements	52,400.00	66,705.18	66,705.18	66,705.18	
4	1410 Administration (may not exceed 10% of line 21)	68,998.00	52,400.00	52,400.00	52,400.00	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	30,000.00	26,418.81	26,418.81	26,418.81	
8	1440 Site Acquisition					
9	1450 Site Improvement	5,000.00	5,000.00	5,000.00	5,000.00	
10	1460 Dwelling Structures	33,413.00	76,502.70	76,502.70	76,502.70	
11	1465.1 Dwelling Equipment—Nonexpendable	10,500.00	10,500.00	10,500.00	10,500.00	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	75,000.00	37,893.27	37,893.27	37,893.27	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					
18a	9002 Loan Debt Obligation	143,861.04	143,861.04	143,861.04	143,861.04	
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	108.96	0.00	0.00	0.00	
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2-19)	524,081.00	524,081.00	524,081.00	524,081.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

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

Part I: Summary					
PHA Name:		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>SC16P00750105</u>		Replacement Housing Factor Grant No:	
				FFY of Grant: <u>2005</u> FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director Date	

Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: SC16P00750105				Federal FFY of Grant: 2005		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ²	
HA WIDE	Operations	1406	Lump Sum					
	PH Operations			104,800.00	104,800.00	104,800.00	104,800.00	
	Subtotal Acct 1406			104,800.00	104,800.00	104,800.00	104,800.00	
HA WIDE	Management Improvements	1408	Lump Sum					
	Computer software & hardware; office equipment; consultants			52,400.00	66,705.18	66,705.18	66,705.18	
	Subtotal Acct 1408			52,400.00	66,705.18	66,705.18	66,705.18	
HA WIDE	Administration	1410	Lump Sum					
	Prorated salaries & benefits for administration of CFP Program			68,998.00	52,400.00	52,400.00	52,400.00	
	Subtotal Acct 1410			68,998.00	52,400.00	52,400.00	52,400.00	
HA WIDE	Fees & Costs	1430	Lump Sum					
	A & E Fees; reimbursable costs			30,000.00	26,418.81	26,418.81	26,418.81	
	Subtotal Acct 1430			30,000.00	26,418.81	26,418.81	26,418.81	
	Site Improvement	1450	Lump Sum					
SC007-6	Sidewalk repairs			5,000.00	5,000.00	5,000.00	5,000.00	
	Subtotal Acct 1450			5,000.00	5,000.00	5,000.00	5,000.00	

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								
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: SC16P00750105				Federal FFY of Grant: 2005		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ²	
HA WIDE	Dwelling Structures	1460	Lump Sum					
	Window screens, doors, water heaters			33,413.00	76,502.70	76,502.70	76,502.70	
	Subtotal Acct 1460			33,413.00	76,502.70	76,502.70	76,502.70	
HA WIDE	Dwelling Equipment	1465.1	As Needed					
	Replace ranges, refrigerators			10,500.00	10,500.00	10,500.00	10,500.00	
	Subtotal Acct 1465.1			10,500.00	10,500.00	10,500.00	10,500.00	
HA WIDE	Non Dwelling Equipment	1475						
	Trucks and vehicle replacement			75,000.00	37,893.27	37,893.27	37,893.27	
	Subtotal Acct 1475			75,000.00	37,893.27	37,893.27	37,893.27	
	Debt Reserves	9000	Lump Sum	108.96	0.00	0.00	0.00	
	Subtotal Acct 9000			108.96	0.00	0.00	0.00	
	Loan Debt Obligation	9002	Lump Sum	143,861.04	143,861.04	143,861.04	143,861.04	
	Subtotal Acct 9002			143,861.04	143,861.04	143,861.04	143,861.04	
	TOTAL			524,081.00	524,081.00	524,081.00	524,081.00	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of the City of Aiken					Federal FFY of Grant: 2005
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA WIDE	09/16/07	03/31/06	09/16/09		
SC007-2	09/16/07	03/31/06	09/16/09		
SC007-5A	09/16/07	03/31/06	09/16/09		
SC007-5B	09/16/07	03/31/06	09/16/09		
SC007-6	09/16/07	03/31/06	09/16/09		
SC007-8	09/16/07	03/31/06	09/16/09		
SC007-9	09/16/07	03/31/06	09/16/09		

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750208 Date of CFFP: 03/31/2009
FFY of Grant: 2008 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 ⁴	122,835.00		122,835.00	0

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

Part I: Summary					
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750208 Date of CFFP: 03/31/2009	FFY of Grant:2008 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	122,835.00		122,835.00	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director 	
				Date	

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

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

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750207 Date of CFFP: 03/31/2009
FFY of Grant: 2007 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/2009 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 ⁴	115,352.00		115,352.00	0

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750207 Date of CFFP: 03/31/2009		FFY of Grant:2007 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	115,352.00		115,352.00	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director 	
				Date	

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

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

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

Part I: Summary	
PHA Name: Housing Authority of the City Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750107 Date of CFFP: 03/31/2009
FFY of Grant: 2007 FFY of Grant Approval:	

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/09
 Final Performance and Evaluation Report

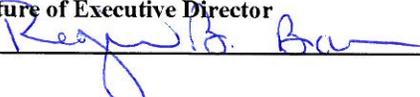
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 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 ⁴	167,079.00		167,079.00	2,673.25

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary						
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750107 Date of CFFP: 03/31/2009			FFY of Grant:2007 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	167,079.00		167,079.00	2,673.25	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 			Date 5/19/09	Signature of Public Housing Director		Date

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

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

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750406 Date of CFFP: 03/31/2009
FFY of Grant: 2006 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 ⁴	2,587.00		2,587.00	2,587.00

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750406 Date of CFFP: 03/31/2009			FFY of Grant:2006 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	2,587.00		2,587.00	2,587.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 			Date 5/19/09		Signature of Public Housing Director	
					Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750108 Date of CFFP: 03/31/2009
FFY of Grant: 2008 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 ⁴	177,335.00		177,335.00	0

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

Part I: Summary					
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750108 Date of CFFP: 03/31/2009	FFY of Grant:2008 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	177,335.00		177,335.00	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750306 Date of CFFP: 03/31/2009
FFY of Grant: 2006 FFY of Grant Approval:	

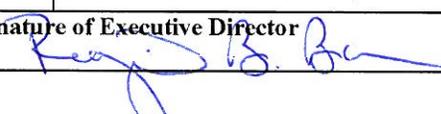
Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 ⁴	683.00		683.00	683.00

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

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

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

Part I: Summary						
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750306 Date of CFFP: 03/31/2009			FFY of Grant:2006 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	683.00		683.00	683.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director		
				Date		

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750206 Date of CFFP: 03/31/2009
FFY of Grant: 2006 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 ⁴	87,544.00		87,544.00	87,544.00

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

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

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

Part I: Summary						
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750206 Date of CFFP: 03/31/2009			FFY of Grant:2006 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	87,544.00		87,544.00	87,544.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director		
				Date		

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

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

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750106 Date of CFFP: 03/31/2009
FFY of Grant: 2006 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 ⁴	23,126.00		23,126.00	23,126.00

¹ To be completed for the Performance and Evaluation Report.

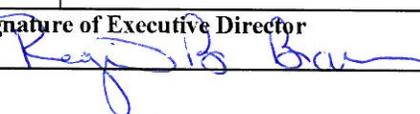
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750106 Date of CFFP: 03/31/2009			FFY of Grant:2006 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	23,126.00		23,126.00	23,126.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 			Signature of Public Housing Director		Date	
					5/19/09	

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750105 Date of CFFP: 03/31/2009
FFY of Grant: 2005 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 ⁴	156,296.00		156,296.00	156,296.00

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
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Part I: Summary						
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750105 Date of CFFP: 03/31/2009			FFY of Grant:2005 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09 <input checked="" type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	156,296.00		156,296.00	156,296.00	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director Date		

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750104 Date of CFFP: 03/31/2009
FFY of Grant: 2004 FFY of Grant Approval:	

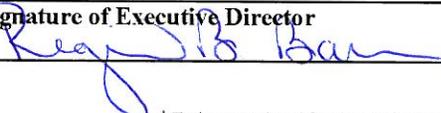
Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 ⁴	95,170.00		95,170.00	95,170.00

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

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

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

Part I: Summary					
PIIA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750104 Date of CFFP: 03/31/2009		FFY of Grant:2004 FFY of Grant Approval:	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	95,170.00		95,170.00	95,170.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 5/19/09		Signature of Public Housing Director 	
				Date	

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

Part I: Summary	
PHA Name: Housing Authority of the City of Aiken	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750103 Date of CFFP: 03/31/2009
FFY of Grant: 2003 FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: _____)
 Performance and Evaluation Report for Period Ending: 03/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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 ⁴	82,177.00	20,096.39	20,096.39	20,096.39

¹ To be completed for the Performance and Evaluation Report.

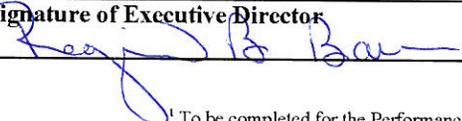
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary						
PHA Name: Housing Authority of the City of Aiken		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: SC16R00750103 Date of CFFP: 03/31/2009			FFY of Grant:2003 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/09				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	82,177.00	20,096.39	20,096.39	20,096.39	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director 			Date 5/19/09		Signature of Public Housing Director Date	

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

Violence Against Women Act (VAWA) Policy

Title VI of the VAWA adds a new housing provision that establishes several categories of protected individuals. Under the law victims of domestic violence, dating violence, sexual assault, and stalking are granted protections and cannot be denied or terminated from housing or housing assistance because of activity that is directly related to domestic violence. 2005 VAWA Pub. L. 109-162; Stat. 2960 signed into law on January 5, 2006 and codified at 42 U.S.C. §1437d(l) and 1435f(d), (0) & 1 and (u)

1.0 Purpose

The purpose of this Policy is to reduce domestic violence, dating violence, and stalking and to prevent homelessness by:

- (a) protecting the safety of victims;
- (b) creating long-term housing solutions for victims;
- (c) building collaborations among victim service providers; and
- (d) assisting AHA to respond appropriately to the violence while maintaining a safe environment for AHA, employees, tenants, applicants, Section 8 participants, program participants and others.

The policy will assist the Housing Authority of the City of Aiken (AHA) in providing rights under the Violence Against Women Act to its applicants, public housing residents, Section 8 participants and other program participants.

This Policy is incorporated into AHA's "Admission and Continued Occupancy Policy" and "Section 8 Administration Plan" and applies to all AHA housing programs.

2.0 Definitions

The definitions in this Section apply only to this Policy.

- 2.1 **Confidentiality:** Means that AHA will not enter information provided to AHA by a victim alleging domestic violence into a shared database or provide this information to any related entity except as stated in 3.4
- 2.2 **Dating Violence:** Violence committed by a person (a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such 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. 42 U.S.C. §1437d (u)(3)(A), § 13925.

- 2.3 Domestic Violence:** Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, committed by a person with whom the victim shares a child in common, committed by a person who is cohabitating with or has cohabitated with the victim as a spouse, committed by a person similarly situated to a spouse of the victim under the domestic or family violence laws of South Carolina, or committed 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 South Carolina. 42 U.S.C. §1437d(u)(3)(B), § 13925.
- 2.4 Immediate Family Member:** A spouse, parent, brother or sister, or child of a victim or an individual to whom the victim stands *in loco parentis*; or any other person living in the household of the victim and related to the victim by blood or marriage. 42 U.S.C. § 1437d(u)(3)(D), § 13925.
- 2.5 Perpetrator:** A person who commits an act of domestic violence, dating domestic violence or stalking against a victim.
- 2.6 Stalking:** (a) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate the victim; (b) to place under surveillance with the intent to kill, injure, harass or intimidate the victim; (c) in the course of, or as a result of such following, pursuit, surveillance, or repeatedly committed acts, to place the victim in reasonable fear of the death of, or serious bodily injury to the victim; or (d) to cause substantial emotional harm to the victim, a member of the immediate family of the victim or the spouse or intimate partner of the victim. 42 U.S.C. §1437d(u)(3)(C), § 13925.
- 2.7 Bona Fide Claim:** A *bonafide* claim of domestic violence, dating violence or stalking must include incidents that meet the terms and conditions in the above definitions.
- 2.8 Victim:** Is a person who is the victim of domestic violence, dating violence, or stalking under this Policy and who has timely and completely completed the certification under 3.2 and 3.3 or as requested by AHA.

3.0 Certification and Confidentiality

3.1 Failure to Provide Certification Under 3.2 and 3.3

The person claiming protection under VAWA shall provide complete and accurate certifications to AHA, owner or manager within 14 business days after the party requests in writing that the person completes the certifications. If the person does not provide a complete and accurate certification within the 14 business days, AHA, owner or manager may take action to deny or terminate participation or tenancy. 42 U.S.C. §14371 (5) & (6); 42 U.S.C. § 1437F(c)(9); 42 U.S.C. §1437f(d)(l)(B)(ii)&(iii); 42 U.S.C. §1437f(o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20) or for other good cause.

3.2 HUD Approved Certification

For each incident that a person is claiming as abuse, the person shall certify to AHA, owner or manager their victim status by completing a HUD approved certification form. The person shall certify the date, time and description of the incidents, that the incidents are *bonafide* incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator including but not limited to the name and, if known, all alias names, date of birth, address, contact information such as postal, e-mail or internet address, telephone or facsimile number or other identification.

3.3 Confirmation of Certification

A person who is claiming victim status shall provide to AHA, an owner or manager: (a) documentation signed by the victim and an employee, agent or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. §1746) the professional's belief that the incident(s) in question are *bonafide* incidents of abuse; or (b) a federal, state, tribal, territorial, local police or court record.

3.4 Confidentiality

AHA, the owner and managers shall keep all information provided to AHA under this Section confidential. AHA, owner and manager shall not enter the information into a shared database or provide to any related entity except to the extent that:

- (a) the victim request or consents to the disclosure in writing;
- (b) the disclosure is required for:
 - (i) eviction from public housing under 42 U.S.C. §1437 l(5)&(6)(See Section 4 in this Policy)
 - (ii) termination of Section 8 assistance under 42 U.S.C. §1437f(c)(9); 42 U.S.C. §1437f(d)(l)(B)(ii)&(iii); 42 U.S.C. §1437f (o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20)(See Section 4 in this Policy); or (c) the disclosure is required by applicable law.

4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy

4.1 AHA shall not deny participation or admission to a program on the basis of a person's abuse status, if the person otherwise qualifies for admission of assistance.

4.2 An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be a serious or repeated violation of the lease by the victim and shall not be good cause for denying to a victim admission to a program, terminating Section 8 assistance or occupancy rights, or evicting a tenant.

- 4.3 Criminal activity directly related 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 assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim of that domestic violence, dating violence or stalking.
- 4.4 Notwithstanding Sections 4.1, 4.2, and 4.2, AHA, an owner or manager may bifurcate a lease to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing, terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. 42 U.S.C. §1437d(l)(6)(B)
- 4.5 Nothing in Sections 4.1, 4.2, and 4.3 shall limit the authority of AHA, an owner or manager, when notified, to honor court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- 4.6 Nothing in Sections 4.1, 4.2, and 4.3 limits AHA, an owner or manager's authority to evict or terminate assistance to any tenant for any violation of lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However AHA, owner or manager may not hold a victim to a more demanding standard.
- 4.7 Nothing in Sections 4.1, 4.2, and 4.3 limits AHA, an owner or manager's authority to evict or terminate assistance, or deny admission to a program if the AHA, owner or manager can show an actual and imminent threat to other tenants, neighbors, guests, their employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.
- 4.8 Nothing in Sections 4.1, 4.2, or 4.3 limits AHA, an owner or manager's authority to deny admission, terminate assistance or evict a person who engages in criminal acts including but not limited to acts of physical violence or stalking against family members or others.
- 4.9 A Section 8 recipient who moves out of an assisted dwelling unit to protect their health or safety and who: (a) is a victim under this Policy; (b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and (c) has complied with all other obligations of the Section 8 program may receive a voucher and move to another Section 8 jurisdiction.

5.0 Actions Against a Perpetrator

The AHA may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take action to control or prevent the domestic violence, dating violence, or stalking. The action may include but is not limited to: (a) obtaining and enforcing a restraining or no contact order or order for protection against the perpetrator; (b) obtaining and enforcing a trespass against the perpetrator; (c) enforcing AHA or law enforcement's trespass of the perpetrator; (d) preventing the delivery of the perpetrator's mail to the victim's unit; (e) providing identifying information listed in 3.2; and (f) other reasonable measures.

6.0 AHA Right to Terminate Housing and Housing Assistance Under this Policy

6.1 Nothing in this Policy will restrict the AHA, owner or manager's right to terminate tenancy for lease violations by a resident who claims VAWA as a defense if it is determined by the AHA, owner or manager that such a claim is false.

6.2 Nothing in this Policy will restrict the AHA right to terminate tenancy if the victim tenant (a) allows a perpetrator to violate a court order relating to the act or acts of violence; or (b) if the victim tenant allows a perpetrator who has been barred from AHA property to come onto AHA property including but not limited to the victim's unit or any other area under their control; or (c) if the victim tenant fails to cooperate with an established safety strategy as designed by a local victim support service provider (see 7.2).

6.3 Nothing in this Policy will restrict the AHA right to terminate housing and housing assistance if the victim tenant who claims as a defense to an eviction or termination action relating to domestic violence has engaged in fraud and abuse against a federal housing program; especially where such fraud and abuse can be shown to have existed before the claim of domestic violence was made. Such fraud and abuse includes but is not limited to unreported income and ongoing boarders and lodgers violations, or damage to property.

7.0 Statements of Responsibility of Tenant Victim, the AHA to the Victim, and to the Larger Community.

7.1 A tenant victim has no less duty and responsibility under the lease to meet and comply with the terms of the lease than any other tenant not making such a claim. Ultimately all tenants must be able to take personal responsibility for themselves and exercise control over their households in order to continue their housing and housing assistance. The AHA will continue to issue lease violation notices to all residents who violate the lease including those who claim a defense of domestic violence.

7.2 AHA recognizes the pathologic dynamic and cycle of domestic violence and a victim of domestic violence will be referred to local victim support service providers to help victims break the cycle of domestic violence through counseling, referral and development of a safety strategy.

7.3 A tenant victim must take personal responsibility for exercising control over their household by accepting assistance and complying with the safety strategy or plan to best of victim's ability and reason under the circumstances. Failure to do this may be seen as other good cause.

7.4 All damages including lock changes will be the responsibility of the tenant victim. This is in keeping with other agency policies governing tenant caused damages.

8.0 Notice to Applicants, Participants, Tenants and Section 8 Managers and Owners.

AHA shall provide notice to applicants, participants, tenants, managers and owners of their rights and obligations under Section 3.4 Confidentiality and Section 4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy.

8.1 If the AHA, owner or manager knows that an applicant to or participant in a AHA housing program is the victim of dating violence, domestic violence or stalking, the AHA, owner or manager shall inform that person of this Policy and the person's rights under it.

9.0 Reporting Requirements

AHA shall include in its 5-year plan a statement of goals, objectives, policies or programs that will serve the needs of victims. AHA shall also include a description of activities, services or programs provided or offered either directly or in partnership with other service providers to victims, to help victims obtain or maintain housing or to prevent the abuse or to enhance the safety of victims.

10.0 Conflict and Scope

This Policy does not enlarge AHA's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law, regulation or ordinance shall control. If this Policy conflicts with another AHA policy such as its Statement of Policies or Section 8 Administration Plan, this Policy will control.

11.0 Amendment

The Executive Director may amend this policy when it is reasonably necessary to effectuate the Policy's intent, purpose or interpretation. The proposed amendment along with the rationale for the amendment shall be submitted to the Executive Director for consideration. Where reasonably necessary, the Executive Director may approve the amendment. The amendment shall be effective and incorporated on the date that the Executive Director signs the amendment.