

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of Bexar County</u> PHA Code: <u>TX452</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/2009</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>30</u> Number of HCV units: <u>1811</u>																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:35%;">Participating PHAs</th> <th rowspan="2" style="width:8%;">PHA Code</th> <th rowspan="2" style="width:20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width:15%;">Programs Not in the Consortia</th> <th colspan="2" style="width:24%;">No. of Units in Each Program</th> </tr> <tr> <th style="width:12%;">PH</th> <th style="width:12%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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:					
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:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> 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:																										
<b>5.2</b>	<b>Goals and Objectives.</b> 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.  It is our agency's goal to help victims of domestic violence access safe housing. Please see Chapter 4 of our Administrative Plan.																										
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  The Housing Authority of Bexar County has received American Recovery and Reinvestment Act funds for capital improvements and would like to include a budget for these funds within our Annual Plan. Please see attached.  (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.  Both the 5-Year and Annual PHA Plan will be located at our main administrative office located at 1017 N. Main Ave, Suite 201, San Antonio, TX 78212.																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>  HABC has not received a Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.  Please see attached.																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																										

9.0	<b>Housing Needs.</b> 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.
9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> 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>

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## Instructions form HUD-50075

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### 1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### 2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### 3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

### 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

### PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted, or planned for submission, and; 5) the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: (1) Any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; (3) How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. (Note: applies to only public housing).
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

#### 7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

(a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

(b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)

**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

(c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- To submit the initial budget for a new grant or CFFP;
- To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP, and
- To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

- At the end of the program year; until the program is completed or all funds are expended;
- When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- Upon completion or termination of the activities funded in a specific capital fund program year.

#### 8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

**9.1 Strategy for Addressing Housing Needs.** Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". (Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)

(c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. (Note: Standard and Troubled PHAs complete annually).

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

**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 Housing and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part 1: Summary**

PHA Name: **Housing Authority of Bexar County** Grant Type and Number: **TX59P4525001** FFY of Grant Approved: **60,586**  
 Capital Fund Program Grant No. Date of CFFP: **2008**

Line No.	Original Annual Statement Final Performance and Evaluation Report Period Ending	Reserve for Disasters/Emergencies	Revised Annual Statement/Revision Number <u>1</u>		Total Actual Costs (2)
			Original Total Estimated Costs	Revised (1)	
1	Summary by Development Account				
1	Total Non-CGP Funds				
3	1406 Operations (may not exceed 10% Line 20)		15,000	60,586	
4	1408 Management Improvements				
4	1410 Administration		1,500		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		40,886		
11	1465.1 Dwelling Equipment		3,200		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities				
18ba	1501 Collateralization of Debt Service paid by PHA				
	9000 Collateralization of Debt Service paid VIA System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)			60,586	
20	Amount of Annual Grant (sum of lines 2 - 19)		60,586		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related 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: \_\_\_\_\_ Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

*Michelle C. Valenzuela* 02/12/08

Annual Statement / Performance and Evaluation Report  
 Capital Fund Program, Capital Fund 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 II Supporting Pages

PHA Name: Housing Authority of Bexar County

Capital Fund Type and Number TX594525001  
 Capital Fund Program Grant No.  
 Replacement Housing Factor Grant No.

CFFP (Yes/NO):

Federal FFY of Grant:  
 2008

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Costs		Status of Work
				Original	Revised	Funds Obligated (2)	Funds Expended (2)	
Operations		1406		15,000	60,586			
Administration		1410		1,500				
Dwelling Structures		1460		40,886				
Dwelling Equipment		1465		3,200				

Signature of Executive and Date:

Signature of Public Housing Director Office of Native American Programs Administrator and Date:

- (1) To be completed for the Performance and Evaluation Report of 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  
 Caopital Fund Financing Program

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

**Part 1: Summary**

PHA Name: **Housing Authority of Bexar County**  
 Grant Type and Number: **TX59P4525001**  
 Capital Fund Program Grant No. \_\_\_\_\_  
 Date of CFFP: **2007**  
 FFY of Grant: \_\_\_\_\_  
 FFY of Grant Approved: **57,402**

Line No.	Original Annual Statement Final Performance and Evaluation Report Period Ending	Reserve for Disasters/Emergencies	Revised Annual Statement/Revision Number		Total Actual Costs (2)
			Original	Revised (1)	
	Summary by Development Account		Total Estimated Costs		
1	Total Non-CGP Funds		5,447		5,447.00
4	1406 Operations (may not exceed 10% Line 20)				
5	1408 Management Improvements				
6	1410 Administration		1,500	(1,500)	
7	1411 Audit				
8	1415 Liquidated Damages				
9	1430 Fees and Costs		3,500	(3,500)	
10	1440 Site Acquisition		5,000	(5,000)	
11	1450 Site Improvement				
12	1460 Dwelling Structures		39,855	12,100	51,955.00
13	1465.1 Dwelling Equipment		2,100	(2,100)	
14	1470 Nondwelling Structures				
15	1475 Nondwelling Equipment				
16	1485 Demolition				
17	1492 Moving to Work Demonstration				
18ba	1495.1 Relocation Costs				
	1499 Development Activities				
	1501 Collateralization of Debt Service paid by PHA				
	9000 Collateralization of 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)		57,402		57,402
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related 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: *Michelle A. Valadez* Date: *03/24/09*  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

Annual Statement / Performance and Evaluation Report  
 Capital Fund Program, Capital Fund 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 II Supporting Pages

PHA Name:

Housing Authority of Bexar County

Capital Fund Type and Number TX594525001  
 Capital Fund Program Grant No.  
 Replacement Housing Factor Grant No.

CFFP (Yes/NO):

Federal FFY of Grant:  
 2007

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Costs		Status of Work
				Original	Revised	Funds Obligated (2)	Funds Expended (2)	
Operations	Repair sidewalks, fencing driveways Dwelling Structures	1406		5,447	(1,500)	5,447	5,447.00	
Administration Fees & Costs	Dwelling structures renovate and/or repair exterior to include roofs, siding, rotten wood, gutters. Renovate and/or repair interior to include cabinets, painting, replace carpet, floor tile, plumbing HVAC units, water heaters, and etc.	1410		1,500				
Site Improvement		1430		3,500	(3,500)			
		1450		5,000	(5,000)			
				39,855	12,100	51,955	51,955.00	
				2,100	(2,100)			
				57,402		57,402	57,402.00	
	Totals	1465						

Signature of Executive and Date:

*Michael Valadez* 03/24/09

Signature of Public Housing Director Office of Native American Programs Administrator and Date:

X

- (1) To be completed for the Performance and Evaluation Report of 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  
 Caopital Fund Financing Program

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

**Part 1: Summary**

**Bexar County Housing Authority**

PHA Name: **Bexar County Housing Authority**  
 Grant Type and Number: **Capital Fund Program Grant No. TX59SS45250109**  
 Replacement Housing Factor Grant No. \_\_\_\_\_  
 Date of CFFP: \_\_\_\_\_  
 FFY of Grant Approved: **2009**

Line No.	Original Annual Statement Final Performance and Evaluation Report Period Ending	Revised Annual Statement/Revision Number _____		Total Actual Costs (2) Expended
		Final Performance and Evaluation Report Total Estimated Costs Original	Revision Number _____ Revised (1)	
1	Summary by Development Account			
2	Total Non-CGP Funds			
3	1406 Operations (may not exceed 10% Line 20)			
4	1408 Management Improvements			
5	1410 Administration	3,800		
6	1411 Audit			
7	1415 Liquidated Damages			
8	1430 Fees and Costs	2,889		
9	1440 Site Acquisition			
10	1450 Site Improvement	20,000		
11	1460 Dwelling Structures	50,000		
12	1465.1 Dwelling Equipment			
13	1470 Nondwelling Structures			
14	1475 Nondwelling Equipment			
15	1485 Demolition			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18a	1499 Development Activities			
18ba	1501 Collateralization of Debt Service paid by PHA 9000 Collateralization of 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)	76,689		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related 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: \_\_\_\_\_ Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

*Michael A. Mulcahy* 03/24/09

x \_\_\_\_\_ x \_\_\_\_\_

Annual Statement / Performance and Evaluation Report  
 Capital Fund Program, Capital Fund 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 II Supporting Pages

PHA Name:

Housing Authority of Bexar County

Capital Fund Type and Number  
 Capital Fund Program Grant No. TX59S45250109  
 Replacement Housing Factor Grant No.

CFFP (Yes/NO):

Federal FFY of Grant:  
 2009

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Costs		Status of Work
				Original	Revised	Funds Obligated (2)	Funds Expended (2)	
HA-Wide	Administration Administrative fees and costs.	1410	3,800					
HA-Wide	Fees & costs Engineer fees for Foundation Repair	1430	2,889					
HA-Wide	Site Improvement Repair and replacement of drive ways and sidewalks	1450	20,000					
HA-Wide	Dwelling Structures To repair foundations of five (5) single family homes.  A needs was made of the 30 scattered site homes was made and the above work was considered priority.	1460	50,000					
Total			76,689					

Signature of Executive and Date:

*Michelle Valverde* 03/20/09

Signature of Public Housing Director Office of Native American Programs Administrator and Date:

- (1) To be completed for the Performance and Evaluation Report of 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 Housing and Indian Housing

OMB No. 2577-0226  
 Expires 4/30/2011

**Part 1: Summary**

PHA Name  
**Housing Authority of Bexar County**

Grant Type and Number TX59PA4525001  
 Capital Fund Program Grant No.  
 Date of CFFP 2007

FFY of Grant  
 FFY of Grant Approved  
**57,402**

Line No.	Original Annual Statement Final Performance and Evaluation Report Period Ending	Reserve for Disasters/Emergencies	Revised Annual Statement/Revision Number		Total Actual Costs (2)	Expended
			Final Performance and Evaluation Report XX	Final Performance and Evaluation Report XX		
Summary by Development Account			Total Estimated Costs	Revised (1)	Obligated	Expended
Total Non-CGP Funds			Original	Revised (1)	Obligated	Expended
1	1406	Operations (may not exceed 10% Line 20)	5,447		5,447.00	5,447.00
2	1408	Management Improvements				
3	1410	Administration				
4	1411	Audit	1,500	(1,500)		
5	1415	Liquidated Damages				
6	1430	Fees and Costs	3,500	(3,500)		
7	1440	Site Acquisition	5,000	(5,000)		
8	1450	Site Improvement				
9	1460	Dwelling Structures	39,855	12,100	51,955.00	51,955.00
10	1465.1	Dwelling Equipment	2,100	(2,100)		
11	1470	Nondwelling Structures				
12	1475	Nondwelling Equipment				
13	1485	Demolition				
14	1492	Moving to Work Demonstration				
15	1495.1	Relocation Costs				
16	1499	Development Activities				
17	1501	Collateralization of Debt Service paid by PHA				
18ba	9000	Collateralization of 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)		57,402		57,402	57,402.00
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related 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 \_\_\_\_\_

Signature of Public Housing Director \_\_\_\_\_

Date \_\_\_\_\_

*Michelle A. Valente*  
 03/24/09

x \_\_\_\_\_

Page 1 of \_\_\_\_\_  
 HU 0075.1(4/2008)

Annual Statement / Performance and Evaluation Report  
 Capital Fund Program, Capital Fund 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 II Supporting Pages

Housing Authority of Bexar County

Capital Fund Type and Number TX594525001  
 Capital Fund Program Grant No.  
 Replacement Housing Factor Grant No.

CFFP (Yes/NO):

Federal FFY of Grant:  
 2007

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Costs		Status of Work
				Original	Revised	Funds Obligated (2)	Funds Expended (2)	
Operations		1406		5,447		5,447	5,447.00	
Administration		1410		1,500	(1,500)			
Fees & Costs		1430		3,500	(3,500)			
Site Improvement		1450		5,000	(5,000)			
Repair sidewalks, fencing driveways								
Dwelling Structures								
Dwelling structures renovate and/or		1460		39,855	12,100	51,955	51,955.00	
repair exterior to include roofs, siding,								
rotten wood, gutters. Renovate and/or								
repair interior to include cabinets,								
painting, replace carpet, floor tile,								
plumbing HVAC units, water heaters,								
and etc.								
Dwelling Equipment		1465		2,100	(2,100)			
Totals				57,402		57,402	57,402.00	

Signature of Executive and Date:

X *Michelle Valadez* 03/24/09

Signature of Public Housing Director Office of Native American Programs Administrator and Date:

X

- (1) To be completed for the Performance and Evaluation Report of 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 Housing and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part 1: Summary**

PHA Name  
**Housing Authority of Bexar County**

Grant Type and Number TX59P4525001  
 Capital Fund Program Grant No.  
 Date of CFFP 2008

FFY of Grant  
 FFY of Grant Approved  
**60,586**

Line No.	Original Annual Statement Final Performance and Evaluation Report Period Ending	Revised Annual Statement/Revision Number <u>1</u>		Total Actual Costs (2) Expended
		Total Estimated Costs Original	Revised (1)	
1	Summary by Development Account			
	Total Non-CGP Funds			
1406	Operations (may not exceed 10% Line 20)	15,000	60,586	
1408	Management Improvements			
1410	Administration	1,500		
1411	Audit			
1415	Liquidated Damages			
1430	Fees and Costs			
1440	Site Acquisition			
1450	Site Improvement			
1460	Dwelling Structures	40,886		
1465.1	Dwelling Equipment	3,200		
1470	Nondwelling Structures			
1475	Nondwelling Equipment			
1485	Demolition			
1492	Moving to Work Demonstration			
1495.1	Relocation Costs			
1499	Development Activities			
1501	Collateralization of Debt Service paid by PHA			
18ba	Collateralization of Debt Service paid VIA System of Direct Payment			
1502	Contingency (may not exceed 8% of line 20)		60,586	
19	Amount of Annual Grant (sum of lines 2 - 19)	60,586		
20	Amount of line 20 Related to LBP Activities			
21	Amount of line 20 Related Section 504 Activities			
22	Amount of line 20 Related to Security - Soft Costs			
23	Amount of line 20 Related to Security - Hard Costs			
24	Amount of line 20 Related to Energy Conservation Measures			
25	Amount of line 20 Related to Energy Conservation Measures			

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_ Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

*Michelle C. Valacich*  
 02/12/08

Annual Statement / Performance and Evaluation Report  
 Capital Fund Program, Capital Fund 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 II Supporting Pages

PHA Name:

Housing Authority of Bexar County

Capital Fund Type and Number TX594525001  
 Capital Fund Program Grant No.  
 Replacement Housing Factor Grant No.

CFFP (Yes/NO):

Federal FFY of Grant:  
 2008

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Costs		Status of Work
				Original	Revised	Funds Obligated (2)	Funds Expended (2)	
Operations Administration Dwelling Structures Dwelling Equipment		1406 1410 1460 1465		15,000	60,586			
				1,500				
				40,886				
				3,200				

Signature of Executive and Date:

Signature of Public Housing Director Office of Native American Programs Administrator and Date:

(1) To be completed for the Performance and Evaluation Report of Revised Annual Statement  
 (2) To be completed for the Performance and Evaluation Report

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 07/01/08, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

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

Housing Authority of Bexar County  
PHA Name

TX452  
PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 2005- 2009

Annual PHA Plan for Fiscal Year 2009

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

Name of Authorized Official	Title
Rudy Rodriguez	Chairman
Signature	Date
	05/21/09



Rudy Rodriguez  
Chairman

Dr. Morris Spector  
Vice-Chairman

Hugo A. Gutierrez, Jr.  
Commissioner

Ernest Leal  
Commissioner

Michele C. Valadez  
Executive Director

**Section 8 Housing Choice Voucher Program**

1017 N. Main Ave., Suite 201, San Antonio, Texas 78212  
(210) 225-0071 • Fax (210) 225-6976

**RESOLUTION NO. 09-002**

THE HOUSING AUTHORITY OF BEXAR COUNTY CERTIFICATION OF COMPLIANCE WITH THE PHA PLANS AND RELATED REGULATIONS

**WHEREAS**, Section 511 of the Quality of Housing and Work Responsibility Act of 1998, referred to as the "Public Housing Reform Act of 1998 (PHRA)", created the public housing agency plans – a 5-Year Plan and an Annual Plan,

AND

**WHEREAS**, the 5-Year Plan describes the mission of the Housing Authority of Bexar County and the agency's long range goals and objectives for achieving its mission over the subsequent 5 years,

AND

**WHEREAS**, the Annual Plan provides details describing the Housing Authority of Bexar County's immediate administration of operations, program participants, programs and services, and the agency's strategy for managing operational concerns, residents' concerns and needs, programs and services for the upcoming year.

AND

**WHEREAS**, the Board of Commissioners for the Housing Authority of Bexar County agree to make all certifications and agreements as part of the PHA Plan in accordance with the U.S. Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof.

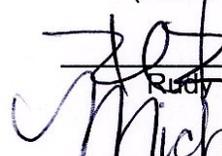
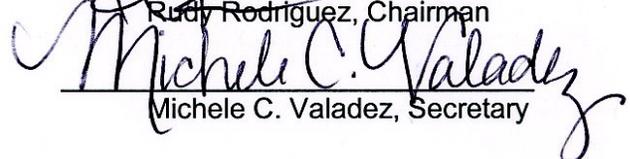
**NOW, THEREFORE BE IT RESOLVED**, by the Board of Commissioners for the Housing Authority of Bexar County as follows:

"To adopt and approve submission of the Annual Plan for the Housing Authority of Bexar County for fiscal year beginning July 1, 2008, hereinafter referred to as **THE PLAN** of which this document is a part".

The undersigned certifies that the foregoing is a true and exact copy of the resolution so adopted.

**ADOPTED AND APPROVED FOR HUD TRANSMISSION THIS** 21<sup>st</sup> **DAY OF** MAY 2009, by the Board of Commissioners of the Housing Authority of Bexar County.

Housing Authority of Bexar County  
(Public Housing Agency)

  
\_\_\_\_\_  
Rudy Rodriguez, Chairman  
  
\_\_\_\_\_  
Michele C. Valadez, Secretary

***THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER.***



TDD#210-226-2766



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

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

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

I, Nelson W. Wolff the Bexar County Judge certify that the Five Year and  
Annual PHA Plan of the Housing Authority of Bexar County is consistent with the Consolidated Plan of  
Bexar County prepared pursuant to 24 CFR Part 91.

  
\_\_\_\_\_  
Signed / Dated by Appropriate State or Local Official

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

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

Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No. 1559UB		2009	
Housing Authority of Bexar County		Replacement Housing Factor Grant No.:		FFY of Grant Approval:	
Date of CFP:				2009	
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no: )	
Original Annual Statement		Final Performance and Evaluation Report		Total Estimated Cost	
Performance and Evaluation Report for Period Ending:		Summary by Development Account		Total Actual Cost <sup>1</sup>	
Line	Description	Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	559UB			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

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

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  
 Expires 4/30/2011

<b>Part I: Summary</b>	
PHA Name: Housing Authority of Bexar County	Grant Type and Number Capital Fund Program Grant No: IX59P45250109 Date of CFFP: _____ Replacement Housing Factor Grant No: _____
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ Line Summary by Development Account	FFY of Grant: 2009 FFY of Grant Approval: _____
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost Revised Total Actual Cost <sup>1</sup>
Signature of Executive Director <i>[Handwritten Signature]</i>	Date 09-11-09
Signature of Public Housing Director _____	Date _____
Obligated	Expended





**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

<b>Part I: Summary</b>						
PHA Name/Number TX452 Bexar County HA		Locality (City/County & State) San Antonio, TX			<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 07/01/2005  TX59P4520501-05	Work Statement for Year 2 FFY 07/01/2006  TX59P4520501-06	Work Statement for Year 3 FFY 07/01/2007  TX59P4520501-07	Work Statement for Year 4 FFY 07/01/2008  TX59P4520501-08	Work Statement for Year 5 FFY 07/01/2009  TX59P4520501-09
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		1,500			
F.	Other		52,969	51,955		
G.	Operations			5,447	60,586	55,906
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		54,469	57,402	60,586	55,906
L.	Total Non-CFP Funds					
M.	Grand Total	61,577	54,469	57,402	60,586	55,906

**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

<b>Part I: Summary (Continuation)</b>						
PHA Name/Number TX452 Bexar County HA			Locality (City/county & State) San Antonio, TX		<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 07/01/2005	Work Statement for Year 2 FFY 07/01/2006	Work Statement for Year 3 FFY 07/01/2007	Work Statement for Year 4 FFY 07/01/2008	Work Statement for Year 5 FFY 07/01/2009
1406	Operations	Annual Statement		5,447	60,586	55,906
1410	Administration		1,500			
1430	Fees & Cost		3,500			
1460	Dwelling Structures		47,369	51,955		
1465.1	Dwelling Equipment		2,100			
		61,577	54,469	57,402	60,586	55,906





<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	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				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	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				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$