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| 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: ___Housing Authority of the City of Anacortes_____ PHA Code: ___WA010_____ PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): _4-1-09_____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|--------------------|----------|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------|-----|--------|--|--|--|--|--|--------|--|--|--|--|--|--------|--|--|--|--|--|
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: ___111_____ Number of HCV units: ___0_____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>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: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.0 | PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission :A 2009 Capital Funds Grant has been developed, 2006 and 2007 are completed, 2008 has been revised. AHA has adopted a No Smoking Policy for all Public Housing Properties, an Anti-Harassment Policy, revised Harbor House and Family Unit Pet Policies, and has eliminated the Harbor House Garden 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. All Plans are located at the Anacortes Housing Authority Office located at 719 Q Avenue, Anacortes, WA. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.3 | Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 9.1 | <p>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.</p> |
| 10.0 | <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. The Housing Authority strives to provide housing to those in need as quickly as possible, therefore turning units quickly, and seeking new affordable means to provide housing to all in need in the Anacortes Area..</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” A Substantial Deviation in the last year would be the elimination of the Mainstream Voucher Program. It became a financial hardship for this Housing Authority to provide vouchers to another county that could only be accessed by the State Ferry System. Skagit County Housing Authority agreed to transfer and add to their larger voucher program. Modifications to our program would be the addition or deletions of policies, which was addressed above 6.0.</p> |
| 11.0 | <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> |

**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 ___ 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 4-1-2009, 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 P/C/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.

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| Part I: Summary | |
| PHA Name: Housing Authority of the City of Anacortes | Grant Type and Number Capital Fund Program Grant No: WA01050106 |
| FFY of Grant: 2006 | Replacement Housing Factor Grant No: Date of CFFP: 2006 |
| FFY of Grant Approval: | |

Type of Grant

- Original Annual Statement
- Reserve for Disasters/Emergencies
- Performance and Evaluation Report for Period Ending:

Summary by Development Account

| Line | Original | Revised ² | Obligated | Expended |
|------|--|----------------------------|------------------|--------------------------------------|
| 1 | Total non-CFF Funds | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | | | |
| 3 | 1408 Management Improvements | 2000.00 | 2000.00 | 2000.00 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 10700.00 | 10694.60 | 10694.60 |
| 5 | 1411 Audit | | | |
| 6 | 1415 Liquidated Damages | | | |
| 7 | 1430 Fees and Costs | 117.20 | 117.20 | 117.20 |
| 8 | 1440 Site Acquisition | | | |
| 9 | 1450 Site Improvement | | | |
| 10 | 1460 Dwelling Structures | 192361.20 | 192361.20 | 192361.20 |
| 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 | | | |
| | Total Estimated Cost | | | Total Actual Cost¹ |
| | Original | Revised² | Obligated | Expended |

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

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

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

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| Part I: Summary PHA Name: Housing Authority of the City of Anacortes | | Grant Type and Number Capital Fund Program Grant No.: WA01050106 Replacement Housing Factor Grant No.: Date of CFFP: | FFY of Grant: 2006 FFY of Grant Approval: 2006 | | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: | | | | | |
| <input type="checkbox"/> Performance and Evaluation Report <input checked="" type="checkbox"/> Final Performance and Evaluation Report | | Total Estimated Cost Original Revised ² Obligated Total Actual Cost ¹ Expended | | | |
| Line | Summary by Development Account | 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) | 205173.00 | 205173.00 | 205173.00 | 205173.00 |
| 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 Theresa McCallum Date 3-2-09 | | 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

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| Part I: Summary | |
| PHA Name: Housing Authority of the City of Anacortes | Grant Type and Number Capital Fund Program Grant No: WA01050107 Replacement Housing Factor Grant No: Date of CFFP: 2007 |
| FFY of Grant: 2007 | FFY of Grant Approval: |

| | |
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| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: | |
| <input checked="" type="checkbox"/> Revised Annual Statement (revision no:6) <input checked="" type="checkbox"/> Final Performance and Evaluation Report | |

| Line | Summary by Development Account | Original | Revised ² | Obligated | Expended |
|--------------------------------------|--|-----------|----------------------|-----------|-----------|
| 1 | Total non-CFF Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 0 | 0 | 0 | 0 |
| 3 | 1408 Management Improvements | 2000.00 | 2000.00 | 2000.00 | 2000.00 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 9450.79 | 9450.79 | 9450.79 | 9450.79 |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 0 | 0 | 0 | 0 |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 161124.21 | 161124.21 | 161124.21 | 161124.21 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | 7000.00 | 6350.00 | 6350.00 | 6350.00 |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | 15476.00 | 16126.00 | 16126.00 | 16126.00 |
| 17 | 1499 Development Activities ⁴ | | | | |
| Total Estimated Cost | | | | | |
| Total Actual Cost¹ | | | | | |

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
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 Capital Fund Financing Program

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

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| Part I: Summary PHA Name: _____ Housing Authority of the City of _____ Grant Type and Number _____ Capital Fund Program Grant No: WA01050107 Replacement Housing Factor Grant No: _____ Date of CFFP: 2007 | | FFY of Grant: 2007 FFY of Grant Approval: 2007 | | | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ | | | | | |
| Summary by Development Account Total Estimated Cost Revised ² Obligated Total Actual Cost ¹ Expended | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | 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) | 195051.00 | 195051.00 | 195051.00 | 195051.00 |
| 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 Theresa McCallum Date 3-2-09 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.

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| Part I: Summary | |
| PHA Name: Housing Authority of the City of Anacortes | Grant Type and Number Capital Fund Program Grant No: WA01050108 |
| FFY of Grant: 2008 | Date of CFFP: |
| FFY of Grant Approval: | Replacement Housing Factor Grant No: |

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| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies | <input checked="" type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report |
|---|---|

| Line | Summary by Development Account | Total Estimated Cost | Obligated | Total Actual Cost ¹ |
|------|--|----------------------|-----------|--------------------------------|
| | Original | Revised ² | | Expended |
| 1 | Total non-CFF Funds | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 40000.00 | 40000.00 | 40000.00 |
| 3 | 1408 Management Improvements | 4000.00 | 4000.00 | 151.98 |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 10616.00 | 10616.00 | 0 |
| 5 | 1411 Audit | | | |
| 6 | 1415 Liquidated Damages | | | |
| 7 | 1430 Fees and Costs | 500.00 | 500.00 | 0 |
| 8 | 1440 Site Acquisition | | | |
| 9 | 1450 Site Improvement | | | |
| 10 | 1460 Dwelling Structures | 157213.00 | 157213.00 | 0 |
| 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 | | | |

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.
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|---|---|
| Part I: Summary | |
| PHA Name: Housing Authority of the City of Anacortes | Grant Type and Number Capital Fund Program Grant No.: WA01050108 Replacement Housing Factor Grant No.: Date of CFFP: 2008 |
| FFY of Grant: 2008 FFY of Grant Approval: 2008 | Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2-28-09 <input type="checkbox"/> Reserve for Disasters/Emergencies |
| Total Estimated Cost Revised ² Obligated Total Actual Cost ¹ Expended | |
| Line Summary by Development Account | Original |
| 18a 1501 Collateralization or Debt Service paid by the PHA | 212329.00 |
| 18ba 9000 Collateralization or Debt Service paid Via System of Direct Payment | 212329.00 |
| 19 1502 Contingency (may not exceed 8% of line 20) | 40151.98 |
| 20 Amount of Annual Grant:: (sum of lines 2 - 19) | 212329.00 |
| 21 Amount of line 20 Related to LBP Activities | 212329.00 |
| 22 Amount of line 20 Related to Section 504 Activities | 54616.00 |
| 23 Amount of line 20 Related to Security - Soft Costs | 212329.00 |
| 24 Amount of line 20 Related to Security - Hard Costs | 54616.00 |
| 25 Amount of line 20 Related to Energy Conservation Measures | 40151.98 |
| Signature of Executive Director Theresa McCallum Date 3-2-09 | Signature of Public Housing Director Date |

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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 CFFP Grants for operations.
⁴ RHF funds shall be included here.

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| Part I: Summary | |
| PHA Name: Housing Authority of the City of Anacortes Grant Type and Number Capital Fund Program Grant No: WA01050109 Replacement Housing Factor Grant No: Date of CFFP: 2009 | 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 | |
| Performance and Evaluation Report for Period Ending: | |
| <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | |

| Line | Summary by Development Account | Original | Revised ⁴ | Obligated | Total Actual Cost ¹ Expended |
|------|--|-----------|----------------------|-----------|---|
| 1 | Total non-CFF Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | 40000.00 | | | |
| 3 | 1408 Management Improvements | 4000.00 | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | 10616.00 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 500.00 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 157213.00 | | | |
| 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 | | | | |

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

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

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

| | | | |
|--|--|---|--|
| Part I: Summary PHA Name: Housing Authority of the City of Anacortes | | Grant Type and Number Capital Fund Program Grant No: WA01050109 Replacement Housing Factor Grant No: Date of CFP: 2009 | 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 | | | |
| Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Performance and Evaluation Report <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Summary by Development Account | | Total Estimated Cost | |
| Original Revised ² | | Obligated Expended | |
| Line | Total Actual Cost ¹ | | |
| 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) 212329.00 | | |
| 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 Theresa McCallum Date 3-2- | | 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.

8. Capital Fund Program Five-Year Action Plan

Attachment A:

Resident Comments on PHA Update and Capitol Funds Requests- 2009-2010
Received November 2008

Site Improvements

Build a new playground with a rubber surface instead of woodchips (Site I)*
Replace woodchips in playground*

Install cameras overlooking the dumpsters at all sites

Remodel Site I; consider having a number of one bedroom units*

Remove street lamp at Site I; replace with lights lower to the ground*

Reseed the grass-plots between doorways at Site I*

Repair the wooden frame enclosing the playground at Site I; consider covering frame with rubber bumpers.*

Install small bins for recyclables next to exterior garbage cans at all sites

Pressure-wash building exteriors on an annual basis

Garden areas for residents

Install carpet in living room

Install screen doors on the front doors

Harbor House Site Improvements

Replace old/scratched cupboard doors and drawers

Paint unit doors white

Paint hall rails white

Update linoleum in units

Install carpeting in unit diningroom, livingroom, bedroom

Plant native plants and grasses on grounds

Plan and install raised vegetable garden beds

Build a composter for organic gardening

Solar power: start building a solar array and add panels annually

Install additional exterior faucets at the ends of the building

More lighting for the parking lot*

Install a fence around the trash area*

More storage*

8. Capital Fund Program Five-Year Action Plan

Relocate the dumpster*
Clean rugs in elevators and common areas on a regular basis
Enlarge the laundry room
Enlarge the parking lot*
Wash upper floor window exteriors on an annual basis

AHA Facilities Improvements

Remodel office building to allow for more offices and storage space*
Remodel offices for more efficient use of space*
Improve the parking lot; allocate tenant and handicapped parking spaces closest to the entrance
Build a bigger shop & carport for maintenance trucks; enlarge maintenance staffs work area

Proposed Policy Amendments

Amend HH Pet Policy to allow two pets: cats or dogs

AHA Response to Capitol Fund Requests:

Those items with a () are currently on AHA's Five year plan in the continuation of renovation. Those italicized items are being considered under Routine Operations or future Capital Funds. Items in regular print have either been done under previous capital funds or not in the scope of work for capital funds.*

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

| Part I: Summary | | | | | | |
|--|--|---------------------------------------|---|---|---|---|
| PHA Name/Number Housing Authority of the City of Anacortes/WA010 | | | Locality (City/County & State) Anacortes, Skagit, WA | | <input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: x | |
| 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__ |
| B. | Physical Improvements Subtotal | Annual Statement | 157713.00 | 157713.00 | 157713.00 | 157713.00 |
| C. | Management Improvements | | 4000.00 | 4000.00 | 4000.00 | 4000.00 |
| D. | PHA-Wide Non-dwelling Structures and Equipment | | | | | |
| E. | Administration | | 10616.00 | 10616.00 | 10616.00 | 10616.00 |
| F. | Other | | | | | |
| G. | Operations | | 40000.00 | 40000.00 | 40000.00 | 40000.00 |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing – Debt Service | | | | | |
| K. | Total CFP Funds | | | | | |
| L. | Total Non-CFP Funds | | | | | |
| M. | Grand Total | | | | | |

| Part II: Supporting Pages – Physical Needs Work Statement(s) | | | | | | |
|---|---|--|----------------|---|--|----------------|
| Work Statement for Year 1 FFY _____ | Work Statement for Year <u>2012</u> FFY <u>2012</u> | | | Work Statement for Year: <u>2013</u> FFY <u>2013</u> | | |
| | 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 | 10-3 | 14 unit renovation Part of total cost | 157713.00 | 10-3 | 14 unit renovation Part of total cost | 157713.00 |
| Annual Statement | HA-WIDE | | 54616.00 | HA-WIDE | | 54616.00 |
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| | Subtotal of Estimated Cost | | \$212329.00 | Subtotal of Estimated Cost | | \$212329.00 |