



8.2	<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.
8.3	<b>Capital Fund Financing Program (CFFP).</b> <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	<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.

**Housing Needs of Families on the PHA's Waiting Lists**

Waiting list type: (select one)

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

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	13		22%
Extremely low income <=30% AMI	13	100%	
Very low income (>30% but <=50% AMI)	na		
Low income (>50% but <80% AMI)	na		
Families with children	9		
Elderly families	0		
Families with Disabilities	0		
Race/ethnicity	8(W)		
Race/ethnicity	5(B)		
Race/ethnicity	0		
Race/ethnicity	0		

Characteristics by Bedroom Size (Public Housing Only)			
1BR	5		
2 BR	5		
3 BR	3		
4 BR			
5 BR			
5+ BR			

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

If yes:

**HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? 0**

Does the PHA expect to reopen the list in the PHA Plan year?

No  Yes

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

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. Reduce turnover time for vacated public housing units. Our Housing Authority is experiencing vacancies due to other housing in our Jurisdiction.</b>
10.0	<p><b>Additional Information.</b> 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 has added a Police Substation to help provide drug free and safe housing to the tenants. We have meet all our goals to the best of our ability.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” Any time there is a change to a PHA plan or policy The PHA must consult with the Resident Advisory Board and must ensure consistency with the Consolidated Plan of the jurisdictions also the PHA must provide for a review of the amendments/modifications by the public during a 45 day public review period. The PHA may not adopt the amendment or modification until the PHA has called a meeting of its Board of Directors. This meeting must be open to the public. The PHA may not implement the amendment or modification until notification of the amendment or modification is provided to HUD and approved by HUD in accordance with HUD’s plan review procedures.</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:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) 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:

1. At the end of the program year; until the program is completed or all funds are expended;
2. 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
3. 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.

# **ATTACHMENT “H”**

## **Moulton Housing Authority (MHA)**

### **Violence Against Women Act (VAWA) Policy**

Adopted Date: 01-22-2008

Effective Date: 01-22-2008

#### **I. Purpose and Applicability**

The purpose of this Policy is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and more generally to set forth MHA’s policies and procedures regarding domestic violence, dating violence, and stalking, as hereinafter defined.

This Policy shall be applicable to the administration by MHA of all federally subsidized public housing. Notwithstanding its title, this Policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

#### **II. Goals and Objectives**

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking who are assisted by MHA;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintaining collaborative arrangements between MHA, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by MHA; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by MHA.

#### **III. Other MHA Policies and Procedures**

This Policy shall be referenced in and attached to MHA’s Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of MHA’s Admissions and Continued Occupancy Policy. MHA’s annual public housing agency plan shall also contain information concerning MHA’s activities, services or programs relating to domestic violence, dating violence, and stalking.

To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure of MHA, the provisions of this Policy shall prevail.

#### **IV. Definitions**

As used in this Policy:

- A. *Domestic Violence* – The term ‘domestic violence’ includes felony or misdemeanor

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

B. *Dating Violence* – means violence committed by a person—

(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and

(B) where the existence of such a relationship shall be determined based on a consideration of the following factors:

(i) The length of the relationship.

(ii) The type of relationship.

(iii) The frequency of interaction between the persons involved in the relationship.

C. *Stalking* – means –

(A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and

(B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to –

(i) that person;

(ii) a member of the immediate family of that person; or

(iii) the spouse or intimate partner of that person;

D. *Immediate Family Member* - means, with respect to a person –

(A) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or

(B) any other person living in the household of that person and related to that person by blood or marriage.

E. *Perpetrator* – means person who commits an act of domestic violence, dating violence or stalking against a victim.

## **V. Admissions and Screening**

A. *Non-Denial of Assistance*. MHA will not deny admission to public housing to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

3

## **VI. Termination of Tenancy or Assistance**

A. *VAWA Protections*. Under VAWA, public housing residents have the following specific protections, which will be observed by MHA:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a “serious or repeated” violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating

the tenancy or occupancy rights of or assistance to the victim of that violence.

2. In addition to the foregoing, tenancy or assistance will not be terminated by MHA as a Result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant's control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:

(a) Nothing contained in this paragraph shall limit any otherwise available authority of MHA to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant's household. However, in taking any such action, MHA may apply a more demanding standard to the victim of domestic violence, dating violence or stalking applied to other tenants.

(b) Nothing contained in this paragraph shall be construed to limit the authority of MHA to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or MHA, as the case may be, can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance.

*B. Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI.A.2. or Federal, State or local law to the contrary, MHA as the case may be, may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a resident or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the resident or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by MHA. Leases used for all public housing operated by MHA, shall contain provisions setting forth the substance of this paragraph.

## **VII. Verification of Domestic Violence, Dating Violence or Stalking**

*A. Requirement for Verification.* The law allows, but does not require, MHA to verify an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph VII.C., MHA shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by MHA.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways:

1. *HUD-approved form* - by providing to MHA a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD), that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD approved form, and the completed certification must include the name of the perpetrator.
2. *Other documentation* - by providing to MHA documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.
3. *Police or court record* – by providing to MHA a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.

B. *Time allowed to provide verification/ failure to provide.* An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by MHA, to provide verification, must provide such verification within 14 business days (*i.e.*, 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.

C. *Waiver of verification requirement.* The Executive Director of MHA, may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this policy based on the victim's statement or other corroborating evidence. Such waiver may be granted in the sole discretion of the Executive Director. Any such waiver must be in writing. Waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases, regardless of similarity in circumstances.

### **VIII. Confidentiality**

A. *Right of confidentiality.* All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to MHA in connection with a verification required under section VII of this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:

1. requested or consented to by the individual in writing, or

2. required for use in a public housing eviction proceeding as permitted in VAWA, or
3. otherwise required by applicable law.

B. *Notification of rights.* All residents of public housing administered by MHA shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

#### **IX. Court Orders/Family Break-up**

A. *Court orders.* It is MHA's policy to honor orders entered by courts of competent jurisdiction affecting individuals assisted by MHA. This includes cooperating with law enforcement authorities to enforce civil protection orders issued for the protection of victims and addressing the distribution of personal property among household members in cases where a family breaks up.

B. *Family break-up.* Other MHA policies regarding family break-up are contained in MHA's Public Housing Admissions and Continuing Occupancy Plan (ACOP).

#### **X. Relationships with Service Providers**

It is the policy of MHA to cooperate with organizations and entities, both private and governmental, that provide shelter and/or services to victims of domestic violence. If MHA staff become aware that an individual assisted by MHA is a victim of domestic violence, dating violence or stalking, MHA will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring MHA either to maintain a relationship with any particular provider of shelter or services to victims or domestic violence or to make a referral in any particular case. MHA's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which MHA has referral or other cooperative relationships.

#### **XI. Notification**

MHA shall provide written notification to applicants, tenants, concerning the rights and obligations created under VAWA relating to confidentiality, denial of assistance and, termination of tenancy or assistance.

#### **XII. Relationship with Other Applicable Laws**

Neither VAWA nor this Policy implementing it shall preempt or supersede any provision of Federal, State or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence or stalking.

#### **XIII. Amendment**

This policy may be amended from time to time by MHA as approved by the MHA Board of Commissioners.

**THE HOUSING AUTHORITY**

TINA OWENS- EXECUTIVE DIRECTOR  
JUDY HENRY-CHAIRMAN  
RODGER NIX- CHAIRMAN

OF THE CITY OF  
MOULTON, ALABAMA  
P.O. BOX 546/35650-0546  
256-974-1196

KENNETH BRACKINS- COMMISSIONER  
RUBY HARVILLE-COMMISSIONER  
DWIGHT BATES-CO-CHAIRMAN

A police substation will be added in McWhorter Apartments, Apartment 223 oject Project AL-08000000 were approved for this substation thru the HUD Office on 9-1-08. Approval for substation ends on 8-31-2011.

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

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

<b>Part I: Summary</b>		
<b>PHA Name: MOULTON HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09PO80501-10 Replacement Housing Factor Grant No: Date of CFFP: 2010	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$8,250.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$1,019.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$8,500.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$68,400.00			
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 <sup>4</sup>				

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

<b>Part I: Summary</b>					
PHA Name: MOULTON HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: AL09PO80501-10 Replacement Housing Factor Grant No: Date of CFFP: 2010		FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	\$86,169.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>Jina Duenz</i>		Date <i>9-14-09</i>		Signature of Public Housing Director _____ Date _____	

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

<b>Part II: Supporting Pages</b>								
PHA Name: MOULTON HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program Grant No: AL09PO80501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AL080000001 HA WIDE	OPERATIONS A) Move 10 % of CFP into operations account	1406	1LS	\$8,250.00				
AL080000001 HA WIDE	Administration a) Misc. expense for additional accounting costs and construction advertisement	1410	1LS	\$1,019.00				
AL080000001 HA WIDE	Fees and Cost a) Hire A/E firm to prepare contract documents and inspect	1430	1LS	\$8,500.00				
AL080000001 McWhorter Apt.	Dwelling Structures a) Demolition of existing kitchen cabinets.	1460	15DU	\$6,900.00				
	b) Furnish and Install new kitchen cabinets with tops and wall mounted laminates.		15 DU	\$41,250.00				
	c) Furnish and install new ranges and		15 DU	\$12,750.00				









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

<b>Part I: Summary</b>						
PHA Name/Number MOULTON HOUSING AUTHORITY AL080000001			MOULTON (Lawrence County) Alabama		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal		\$68,400.00	\$68,400.00		
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		\$1,019.00	\$1,019.00	\$1,019.00	\$1,019.00
F.	Other		\$8,500.00	\$8,500.00	\$8,500.00	\$8,500.00
G.	Operations		\$8,250.00	\$8,250.00	\$8,250.00	\$8,250.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$86,169.00	\$86,169.00	\$86,169.00	\$86,169.00
L.	Total Non-CFP Funds					
M.	Grand Total	\$86,169.00	\$86,169.00	\$86,169.00	\$86,169.00	\$86,169.00

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 Moulton Housing Authority/AL080000001			Locality Moulton (Lawrence County) Alabama		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
	AL080000001					
	AL 080-01 Kumpe		\$22,800.00	\$68,400.00	\$68,400.00	
	AL080-02 Petty					
	AL080-03 McWhorter		\$45,600.00			\$68,400.00
	AL080-04 McLemore					
	PHA Wide		\$17,769.00	\$17,769.00	\$17,769.00	\$17,769.00
	Total		\$86,169.00	\$86,169.00	\$86,169.00	\$86,169.00









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: The Moulton Housing Authority Moulton (Lawrence County) Alabama		Grant Type and Number Capital Fund Program Grant No: AL09P080501-09 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$8,600.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$393.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$8,500.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment Nonexpendable				
12	1470 Non-dwelling Structures	\$68,400.00			
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)	\$85,893.00			
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				

<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

Part I: Summary					
PHA Name: The Moulton Housing Authority Moulton (Lawrence County) Alabama		Grant Type and Number Capital Fund Program Grant No: <u>AL09P080501-09</u> Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised :	Obligated	Expended
Signature of Executive Director Ms. Tina Owens <i>Tina Owens</i>		Date 9-11-09	Signature of Public Housing Director		Date

Part II: Supporting Pages								
PHA Name: The Moulton Housing Authority Moulton (Lawrence County) Alabama		Grant Type and Number Capital Fund Program Grant No: AL09P080501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406						
	a) Move 10% of CFP into operations account.		1 LS	\$8,600.00				
PHA Wide	Administration	1410						
	a) Misc. expense for construction advertisement.		1 LS	\$393.00				
PHA Wide	Fees & Costs	1430						
	a) Hire A/E firm to prepare contract documents and inspect.		1 LS	\$8,500.00				
AL 080-03	Dwelling Structures	1460						
	a) Install new HVAC equipment.		11 DU	\$68,400.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.



Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Moulton Housing Authority Moulton (Lawrence County) Alabama					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	9/14/2011		9/14/2013		
AL 080-01	9/14/2011		9/14/2013		
AL 080-02	9/14/2011		9/14/2013		
AL 080-03	9/14/2011		9/14/2013		
AL 080-04	9/14/2011		9/14/2013		

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



Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

HA Name Moulton Housing Authority Comprehensive Grant Number AL09P08050108 FFY of Grant Approval 2008

Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	8,617.00	1,219.00	1,219.00	1,219.00
3	1408 Management Improvements				
4	1410 Administration	1,200.00	0	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,617.00	4000.00	4000.00	4000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	67,735.00	80,950.00	80,950.00	80,950.00
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	86,169.00	86,169.00	86,169.00	86,169.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**READ, CLEAR, AND RECOMMENDED FOR APPROVAL AND SIGNATURE**

Signature of Executive Director Sara Owens Date 1-7-09

Signature of Public Housing Director R. Conrad Sperry

DATE 1/23/09 date 1/23/09  
 [Signature]  
 [Signature]

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
AL080-01	OPERATIONS (a) Move 10% of CFP into operations	1406		8,617.00	1,219.00	1,219.00	1,219.00	
AL080-01	ADMINISTRATION (a) Misc. Expense for additional accounting cost and construction advertisement	1410		1,200.00	0	0	0	
AL080-01	FEES AND COST (a) Hire A/E Firm to prepare contract documents and inspect	1430		8,617.00	4000.00	4000.00	4000.00	
AL080-01	DWELLING STRUCTURE (a) Reroof 5 Type C Buildings (b) Reroof Office	1460		67,735.00	80,950.00	80,950.00	80,950.00	

Signature of Executive Director

*Jana Buerh*

Date

1-7-09

Signature of Public Housing Director

*A. Edwards Spring*

Date

1/23/2009

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
AL080-01	9-30-2010		01-05-2009	3-20-2012		01-05-09	
OFFICE	9-30-2010		01-05-2009	3-20-2012		01-05-2009	

Signature of Executive Director: *Juni Duenas* Date: *1-7-09*

Signature of Public Housing Director: *R. Roman* Date: *1/27/2009*

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 06/30/2005)

HA Name Moulton Housing Authority Comprehensive Grant Number AL09P08050107 FFY of Grant Approval 2007

Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	8,164.00	6,260.20	6,260.20	6,260.20
3	1408 Management Improvements				
4	1410 Administration	1,500.00	244.80	244.80	244.80
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,164.00	8,164.00	8,164.00	8,164.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	63,814.00	66,973.00	66,973.00	66,973.00
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>81,642.00</b>	<b>81,642.00</b>	<b>81,642.00</b>	<b>81,642.00</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

READ, CLEAR, AND RECOMMENDED FOR APPROVAL AND SIGNATURE

DATE SIGNATURE

1-7-09  
 [Signature]  
 1-7-09

Signature of Executive Director [Signature] Date 12-09-08

Signature of Public Housing Director [Signature] Date 1-7-09

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA WIDE	OPERATIONS (a) Move 10% of CFP into Operating Account	1406		8,164.00	6,260.20	6,260.20	6,260.20	
HA Wide	ADMINISTRATION (a) Misc. Expense for additional accounting cost and construction advertisement.	1410		1,500.00	244.80	244.80	244.80	
HA Wide	FEES AND COST (a) Hire A/E firm to prepare contract documents and inspect	1430		8,164.00	8,164.00	8,164.00	8,164.00	
AL080-03 AL080-01	DWELLING STRUCTURES (a) Reroof 5 type B Buildings.			63,814.00	66,973.00	66,973.00	66,973.00	

Signature of Executive Director

*Jina Luenz*

Date

12-09-08

Signature of Public Housing Director

*R. Edmond Sprayberry* 1/9/2009

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
HA WIDE	9-30-09		9-11-08	3-30-2011		10-16-08	
AL080-01-03	9-30-09		9-11-08	3-30-2011		10-16-08	

Signature of Executive Director		Date	Signature of Public Housing Director	Date
<i>Jana Quinn</i>		12-09-08	<i>R. Edmund Spradley</i>	1/7/2009

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part I: Summary

PHA Name: Moulton Housing Authority	Grant Type and Number Capital Fund Program Grant No. <u>AL09S080501-09</u> Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: ARRA 2009 FFY of Grant Approval:
--	---	--

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 2 1)				
3	1408 Management Improvements				
4	141 0 Administration (may not exceed 1 0% of line 2 1)	\$1,702.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$10,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$97,370.00			
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				
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)	\$109,072.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 304 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				

ENTERED BY: M  
 ENTERED ON: 4-17-09  
 LOCKS

- To be completed for the Performance and Evaluation Report.
- To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
- PHAs with under 250 units in management may use 1 00% of CFP Grants for operations.
- RHF funds shall be included here.

READ, CLEARED, AND RECOMMENDED  
 FOR APPROVAL AND SIGNATURE

DATE: 4/16/09  
 04/16/2009

SIGNATURE: [Signature]

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

Part I: Summary					
PHA Name Moulton Housing Authority		Grant Type and Number Capital Fund Program Grant No. <u>AL09S080501-09</u> Replacement Housing Factor Grant No. Date of CFFP:		FFY of Grant: ARRA 2009 FFY of Grant Approval:	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no. )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line		Total Estimated Cost		Total Actual Cost	
Summary by Development Account		Original	Revised :	Obligated	Expended
Signature of Executive Director <i>Tina A Owens</i> Ms. Tina Owens, Executive Director		Date <i>3-18-09</i>	Signature of Public Housing Director <i>R. Edward Spruill</i>		Date <i>4/16/2009</i>

Part II: Supporting Pages								
PHA Name: Moulton Housing Authority		Grant Type and Number Capital Fund Program Grant No: <u>AL09S080501-09</u> CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: ARRA 2009			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Administration	1410						
	a) Accounting and Misc. Expense.			\$1,702.00				
PHA Wide	Fees & Costs	1430						
	a) Employ A/E firm for plans, specifications and inspect.			\$10,000.00				
	Dwelling Structures	1460						
AL 080-01	a) Install new replacement windows with storm windows.			\$80,080.00				
AL 080-02	a) Install new replacement windows with storm windows.			\$17,290.00				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.









U. S. Department of Housing and Urban Development  
Birmingham Office  
Region IV  
Medical Forum Building, Suite 900  
950 22<sup>nd</sup> Street, North  
Birmingham, Alabama 35203-5301

Ms. Tina Owens  
Executive Director  
Moulton Housing Authority  
PO Box 546  
Moulton, AL 35650-0546

AUG 20 2009

Dear Ms. Owens:

SUBJECT: ARRA Grant Documents  
AL09S05550109  
Moulton Housing Authority

This letter acknowledges receipt of your Board Resolution for the ARRA funding, the PNA HUD-52832, Physical Needs Assessment and the addendum to the Moulton Procurement Policy to meet ARRA requirements. The documents have been reviewed and are acceptable.

If you have any questions concerning this correspondence, please telephone Sal Modi, General Engineer, at (205) 745-4428.

Sincerely,

*for* R. Edmond Sprayberry  
Director  
Office of Public Housing

*HUD's mission is to increase homeownership, support community  
development and increase access to affordable housing free from discrimination.*

www.hud.gov • espanol.hud.gov

**Physical Needs Assessment**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(exp. 12/31/2011)

HA Name <b>Moulton Housing Authority</b>			<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number <b>AL080000001</b>		Development Name <b>McWhorter Apartments</b>		
		DOFA Date or Construction Date <b>8/21/1971 DOFA</b>		
Development Type	Occupancy Type	Structure Type	Number of Buildings	Number of Vacant Units
Rental <input checked="" type="checkbox"/>	Family <input checked="" type="checkbox"/>	Detached/Semi-Detached <input checked="" type="checkbox"/>	<b>11</b>	<b>0</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution	<b>0</b> %
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 _____ 1 <b>2</b> 2 <b>12</b>	
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 <b>10</b> 4 _____ 5 _____	Total Current Units
Section 23, Bond Financed <input type="checkbox"/>			5+ _____	<b>58</b>
General Description of Needed Physical Improvements				Urgency of Need (1-5)

Replace and update Windows built in 1952 to more energy efficient double pane insulated windows and screens.

1

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	\$ 109,072.00
Per Unit Hard Cost	\$ 4,544.56
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date Assessment Prepared	6/17/09
Source(s) of Information	PHA Architect provided information on cost analysis of Windows and Screens.

**Environmental Assessment  
and Compliance Findings  
for the Related Laws**

U.S. Department of Housing  
and Urban Development

1. Project Number **AL09308050109**  
HUD Program **CPF/ARRA**  
2. Date Received

RMS: HI-00487R

Findings and Recommendations are to be prepared after the environmental analysis is completed. Complete items 1 through 15 as appropriate for all projects. For projects requiring an environmental assessment, also complete Parts A and B. For projects categorically excluded under 24 CFR 50.20, complete Part A. Attach notes and source documentation that support the findings.

3. Project Name and Location (Street, City, County, State)  
**KUMP HOMES 001 020**  
**PETTY HOMES 002 004**  
**MCHOTER APTS 003 023**  
**MCMORE APTS. 004 011**

4. Applicant Name and Address (Street, City, State, Zip Code), and Phone  
**Moulton Housing Authority**  
**PO Box 546**  
**Moulton, AL 35650-0546**

5.  Multifamily  Elderly  Other  
If Other, explain.

6. Number of 58 Dwelling Units 27 Buildings  
2 Stories Acres

7. Displacement  No  Yes  
If Yes, explain.

8.  New Construction  Rehabilitation  Other  
(if Other, explain)

10. Planning Findings. Is the project in compliance or conformance with the following plans?

Local Zoning	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
Coastal Zone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Not Applicable
Air Quality (SIP)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

9. Has an environmental report (Federal, State, or local) been used in completing this form?  No  Yes  
If Yes, identify: \_\_\_\_\_  
Explain any "No" answer: \_\_\_\_\_

11. Environmental Finding (check one)  
 Categorical exclusion is made in accordance with § 50.20 or Environmental Assessment and a Finding of No Significant Impact (FONSI) is made in accordance with § 50.33 or  
 Environmental Assessment and a Finding of Significant Impact is made, and an Environmental Impact Statement is required in accordance with §§ 50.33(d) and 50.41.

Are there any unresolved conflicts concerning the use of the site?  
 No  Yes (explain): \_\_\_\_\_

Project is recommended for approval (List any conditions and requirements) |  Project is recommended for rejection (State reasons)

**SITE VISIT NOT MADE, BASED ON INFORMATION FROM PHA AND PREVIOUS SITE VISITS.**

12. Preparer (signature) [Signature] Date 4/16/09 13. Supervisor (signature) [Signature] Date 04/16/2009

14. Comments by Environmental Clearance Officer (ECO) (required for projects over 200 lots/units)

ECO (signature) \_\_\_\_\_ Date \_\_\_\_\_  
X

15. Comments (if any) by HUD Approving Official

HUD Approving Official (signature) X [Signature] Date 4/16/2009

**Part A. Compliance Findings for §50.4 Related Laws and Authorities**

§ 50.4 Laws and Authorities	Project is in Compliance		Source Documentation and Requirements for Approval
	Yes	No	
16. Coastal Barrier Resources	✓		
17. Floodplain Management (24 CFR Part 55)	✓		
18. Historic Preservation (36 CFR Part 800)	✓		
19. Noise Abatement (24 CFR Part 51 Subpart B)	✓		
20. Hazardous Operations (24 CFR Part 51 Subpart C)	✓		
21. Airport Hazards (24 CFR Part 51 Subpart D)	✓		
22. Protection of Wetlands (E. O. 11990)	✓		
23. Toxic Chemicals & Radioactive Materials(§ 50.3(i))	✓		
24. Other § 50.4 authorities (e.g., endangered species, sole source aquifers, farmlands protection, flood, insurance, environmental justice)	✓		

**Part B. Environmental/Program Factors**

Factors	Anticipated Impact/Deficiencies			Source Documentation and Requirements for Approval
	None	Minor	Major	
25. Unique Natural Features and Areas				
26. Site Suitability, Access, and Compatibility with Surrounding Development				
27. Soil Stability, Erosion, and Drainage				
28. Nuisances and Hazards (natural and built)				
29. Water Supply / Sanitary Sewers				
30. Solid Waste Disposal				
31. Schools, Parks, Recreation, and Social Services				
32. Emergency Health Care, Fire and Police Services				
33. Commercial / Retail and Transportation				
34. Other				

## PHYSICAL NEEDS ASSESSMENTS FOR 5 YEAR PLAN

**Physical Needs Assessment  
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 2577-0157  
(exp. 12/31, 1201 1)

HA Name <b>Moulton Housing Authority</b>		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number AL080000001 AL09P080001		Development Name <b>Kumpe</b>	
		DOFA Date 1953 or Construction Date _____	
Development Type		Number of Buildings 10	
Rental <input checked="" type="checkbox"/>	Occupancy Type	Number of Vacant Units 0	
Turnkey III - Vacant <input type="checkbox"/>	Family <input checked="" type="checkbox"/>	Current Bedroom Distribution	
Turnkey III - Occupied <input type="checkbox"/>	Elderly <input type="checkbox"/>	0 _____ 1 <u>2</u> 2 <u>10</u> _____ %	
Mutual Help <input type="checkbox"/>	Mixed <input type="checkbox"/>	3 <u>8</u> 4 _____ 5 _____	Total Current Units
Section 23. Bond Financed <input type="checkbox"/>		5+ _____	20
General Description of Needed Physical Improvements		Urgency of Need (1-5)	
Kitchen renovations.		3	
Sewer line replacement.		3	
Total Preliminary Estimated Hard Cost for Needed Physical Improvements		\$ 1,59,600.00	
Per Unit Hard Cost		\$ 7,980.00	
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Date Assessment Prepared		September 14, 2009	
Source(s) of Information			

**Physical Needs Assessment  
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 2577-0157  
(exp. 12/31, 1201 1)

HA Name <b>Moulton Housing Authority</b>		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number AL080000001 AL09P080003	Development Name <b>McWorter</b>	DOFA Date or Construction Date <b>1971</b>	
Development Type	Occupancy Type	Structure Type	Number of Buildings
Rental <input checked="" type="checkbox"/>	Family <input checked="" type="checkbox"/>	Detached/Semi-Detached <input checked="" type="checkbox"/>	13
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0    1    5    2    12    %
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3    6    4    5
Section 23. Bond Financed <input type="checkbox"/>			5+ _____
General Description of Needed Physical Improvements			Total Current Units 23
Kitchen renovations.			Urgency of Need (1-5) 3
Energy efficient replacement windows.			3
Total Preliminary Estimated Hard Cost for Needed Physical Improvements		\$	\$182,400.00
Per Unit Hard Cost		\$	\$7,296.00
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Development Has Long-Term Physical and Social Viability		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Date Assessment Prepared		September 14, 2009	
Source(s) of Information			

**Physical Needs Assessment  
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 2577-0157  
(exp. 12/31, 2011)

HA Name <b>Moulton Housing Authority</b>		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision Number _____	
Development Number AL08000001 AL09P080004		Development Name <b>Mclemore</b>	
		DOFA Date or Construction Date <b>1983</b>	
Development Type	Occupancy Type	Structure Type	Number of Buildings
Rental <input checked="" type="checkbox"/>	Family <input checked="" type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	<b>1</b>
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey III - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input checked="" type="checkbox"/>	0 _____ 1 <b>11</b> 2 _____ %
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 _____ 4 _____ 5 _____
Section 23. Bond Financed <input type="checkbox"/>			Total Current Units <b>11</b>
General Description of Needed Physical Improvements			Urgency of Need (1-5)
Energy efficient replacement windows.			3
Air Conditioner and Heat Units			3
Total Preliminary Estimated Hard Cost for Needed Physical Improvements		\$ <b>\$68,400.00</b>	
Per Unit Hard Cost		\$ <b>\$6,218.00</b>	
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Date Assessment Prepared		<b>September 14, 2009</b>	
Source(s) of Information			

**Physical Needs Assessment  
Comprehensive Grant Program (CGP)**

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

OMB Approval No. 2577-0157  
(exp. 12/31, 1201 1)

HA Name <b>Moulton Housing Authority</b>		<input checked="" type="checkbox"/> Original	
Development Number <b>PHA Wide</b>		<input type="checkbox"/> Revision Number _____	
Development Name <b>PHA Wide</b>		DOFA Date <b>5/6/1905</b>	
Construction Date			
Development Type	Occupancy Type	Structure Type	Number of Buildings
Rental <input type="checkbox"/>	Family <input type="checkbox"/>	Detached/Semi-Detached <input type="checkbox"/>	
Turnkey III - Vacant <input type="checkbox"/>	Elderly <input type="checkbox"/>	Row <input type="checkbox"/>	Current Bedroom Distribution
Turnkey I/II - Occupied <input type="checkbox"/>	Mixed <input type="checkbox"/>	Walk-Up <input type="checkbox"/>	0 _____ 1 _____ 2 _____ %
Mutual Help <input type="checkbox"/>		Elevator <input type="checkbox"/>	3 _____ 4 _____ 5 _____
Section 23. Bond Financed <input type="checkbox"/>			Total Current Units
General Description of Needed Physical Improvements			Urgency of Need (1-5)
Energy efficient replacement windows at HA office.			3
Total Preliminary Estimated Hard Cost for Needed Physical Improvements		\$ <b>\$5,500.00</b>	
Per Unit Hard Cost		\$ <b>\$5,500.00</b>	
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Development Has Long-Term Physical and Social Viability		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Date Assessment Prepared		September 14, 2009	
Source(s) of Information			