

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

1.0	PHA Information PHA Name: _____ Oxnard Housing Authority _____ PHA Code: _____ PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): _____ 7//2010 _____				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____ 780 _____ Number of HCV units: _____ 1659 _____				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	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.				

	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Tenant selection and assignment – local displacement preference (Public Housing) Re-examinations for remaining members of tenant family. (Public Housing & HCV/Sec 8) Insert VAWA language in all appropriate sections (HCV/Sec 8) Criminal activity: clarify reasons for which a family can be denied assistance or terminated (HCV/Sec 8) Definition of :current” drug user is added (HCV/Sec 8) Informal hearing rights exceptions in case of termination (HCV/Sec 8) Change in unit size voucher regardless gender relation or relationship. (HCV/Sec 8) Change in wait list – proof of residency, address change method of notification, number of reinstatements & income verification limits. (HCV/Sec 8) Change in calculating income, and reduction in repayment agreements amounts (HCV/Sec 8) Change in when over housed families are transferred to smaller units (HCV/Sec 8) Foreclosed properties are ineligible for Section 8 (HCV/Sec 8) Editorial change: Change where referenced to “Housing Program Manager” to “housing management” (HCV/Sec 8) Insert new language in Section 3.III.C. regarding criminal activity involvement (HCV/Sec 8) Change how to report (in writing) changes in family circumstances (HCV/Sec 8) Update waiting list-number of reactivation of 3 times; thereafter removed from waiting list (HCV/Sec 8) Change Section 4.III.B-the number of vouchers is changed from 50 to 14 (HCV/Sec 8) Eliminate local displacement preferences under Section 4.III.C and replace preference to residents of Oxnard and how to prove address residency. HCV/Sec 8) Added to Section 4.III.C. new language to definition of “substandard housing” (HCV/Sec 8) Change Section 4.III.D Notification of Selection (HCV/Sec8) Change unit size under Section 5.II.C how vouchers will be issued to over-housed. (HCV/Sec 8) Change how calculating of assets under Section 6.I.H. (HCV/Sec 8) Add new language to Section 6.I.H. regarding periodic payments (HCV/Sec 8) Change under Section 6.III.A and under Section 11.II.B language delete with new text:”permit a family to stay in larger unit” and add new language in 11.II.B. “OHA will apply the new voucher size at the time of the annual re-examination”. (HCV/Sec8) Replace language under Section 7.III.C, how SS/SSI is verified. (HCV/Sec8) Change Section 11.II.B to read “At OHA desecration, may issue a larger voucher for additions to following cases;” Change Section 11.II.C – eliminate last two sentences from the paragraph Change Section 12.I.E – change to “previous twelve months” Exclude under Section 13.I.D Owner Qualifications to exclude any property under the control of the foreclosure process Add to Section 13.VIII.A Project Based Assistance “only if there is funding available for regular vouchers” Change Section 16.III.C Informal Hearings wording from “voucher” to “certificate” and insert new various new language regarding illegal activities and breach of repayment agreement. Change Section 12.I.E language “current drug use” “any use in the previous 12 months” Add to Section 15.VIII.A “only if there is funding available for regular voucher” Change Section 16.IV.B. from “one-third to 30%” and add new language regarding receipt of payments and consequences</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. 435 South D Street</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</p> <p>With respect to the Demolition of public housing, the Plan was amended to include the following language: The Courts Housing Development Project: The application for demolition and disposition for 31.1 The Courts has been approved by HUD. The Housing Authority has also received approval of federal 501© (3) non-profit status from the Internal Revenue Service for the development corporation “Las Cortes”. The corporation will own and manage the replacement housing units will be developed as part of The Courts project.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. Capital Fund information in this packet is in tab 8 and 9.</p>
8.1	<p>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.</p> <p>Capital Fund information in this packet is in tab 8 and 9.</p>
8.2	<p>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.</p> <p>Capital Fund information in this packet is in tab 8 and 9.</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p>Capital Fund information in this packet is in tab 8 and 9.</p>

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.

Housing Needs Assessment: set forth on pages iii to viii of the City of Oxnard Consolidated Plan (included in this packet).

9.1 **Strategy for Addressing Housing Needs.** Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.**

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

(a) **Progress in Meeting Mission and Goals.** Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

The OHA is on target to fulfill our mission of promoting adequate and affordable housing. Economic opportunity and a suitable living environment free from discrimination, and to meet our goal of: (1) expanding the supply of assisted housing; (2) reducing public housing vacancies; (3) leveraging private or other public funding to create additional housing opportunities; (4) improving the quality of assisted housing, including renovating and/or modernizing existing public housing units; (5) increasing assisted housing choices; (6) continue income mixing and deconcentration of poverty; promote self-sufficiency of assisted households; (8) ensure equal opportunity and affirmatively further fair housing; (9) provide homeownership training for assisted households and other sectors; and (10) convert to Project-Based Accounting and Asset Management.

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

The OHA definition of "significant amendment and substantial deviation/modification" is any amendment that would materially alert a provision of the Plan or have a significant impact on the status of the Plan participants requires approval of the Housing Commission via public notification and hearing process.

11.0 **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.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
- (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. 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.
- (g) Challenged Elements
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

**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 X Annual PHA Plan for the PHA fiscal year beginning 7/1/10, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

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

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

Oxnard CA Housing Authority
PHA Name

CA031
PHA Number/HA Code

_____ 5-Year PHA Plan for Fiscal Years 20____ - 20_____

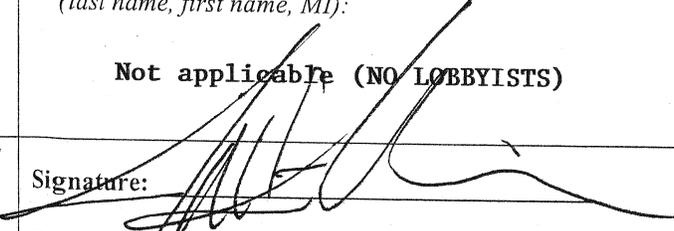
XX Annual PHA Plan for Fiscal Years 2010 - 2011

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

Name of Authorized Official: Dr. Thomas E. Holden 	Title: Chairman, Board of Commissioners
Signature	Date: April 13, 2010

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

<p>1. Type of Federal Action: a. contract <u>b</u> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance</p>	<p>2. Status of Federal Action: a. bid/offer/application <u>a</u> b. initial award c. post-award</p>	<p>3. Report Type: Submitted with Annual Agency Plan a. initial filing <u>a</u> b. material change For material change only: Year _____ quarter _____ Date of last report _____</p>
<p>4. Name and Address of Reporting Entity: <u>X</u> Prime _____ Subawardee Tier _____, if Known: Housing Authority of the City of Oxnard 435 South D Street Oxnard CA, 93030 Congressional District, if known: 23</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Not applicable Congressional District, if known:</p>	
<p>6. Federal Department/Agency: U.S. Department of Housing and Urban Development</p>	<p>7. Federal Program Name/Description: CFDA Number, if applicable: <u>14.884</u></p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known: \$</p>	
<p>10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> Not applicable (NO LOBBYISTS)</p>	<p>b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> Not applicable (NO LOBBYISTS)</p>	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature:  Print Name: <u>William E. Wilkins</u> Title: _____ <u>Housing Director</u> Telephone No.: <u>805-385-8094</u> Date: <u>6/3/10</u></p>	
<p>Federal Use Only</p>	<p>Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)</p>	

HOUSING AUTHORITY OF THE CITY OF OXNARD

RESOLUTION NO. 1237

RESOLUTION APPROVING THE ANNUAL AGENCY PLAN AND THE 2010 CAPITAL FUND ANNUAL STATEMENT AND FIVE-YEAR CAPITAL FUND PLAN AND AUTHORIZING THE HOUSING DIRECTOR TO EXECUTE AND SUBMIT THE REVISED PLANS AND CAPITAL ANNUAL STATEMENT

WHEREAS, the Housing Authority of the City of Oxnard ("OHA") is required by the U. S. Department of Housing and Urban Development ("HUD") to develop and adopt a Five Year Agency Plan, update same with an Annual Plan ("the Plan"), and submit the Five-Year and Annual Plans for HUD's review and approval in order to be eligible to receive HUD funding utilized for the OHA's operation; and

WHEREAS, the Housing Authority of the City of Oxnard adopted a Five-Year Plan in 2004; and

WHEREAS, on March 23, 2010, the OHA conducted a public hearing on the proposed Annual Plan update to the Five-Year Plan and on the proposed 2010-2011 Capital Fund Annual Statement and Five-Year Capital Fund Plan;

WHEREAS, the OHA wishes to update its Plan by adoption of the 2010 Annual Plan and the 2010-2011 Capital Fund Annual Statement and Five-Year Capital Fund Plan;

NOW THEREFORE, the Board of Commissioners of the Housing Authority of the City of Oxnard resolves as follows:

1. The Annual Agency Plan and the 2010-2011 Capital Fund Annual Statement and Five-Year Capital Fund Plan are approved and adopted, as presented to the Commission on March 23, 2010; and
2. The Chairman is authorized and directed to execute the Department of Housing and Urban Development (HUD) Public Housing Agency Certification Compliance Form certifying the Housing Authority's compliance with HUD's policies and procedures; and
3. The Housing Director is authorized to execute and submit all reports and documents required to comply with HUD's policies and procedures regarding the Agency Plan; and
4. The Housing Director is authorized to accept and expend the funds as indicated in the revised 2010-2011 Capital Fund Annual Statement and Five-Year Capital Fund Plan.

APPROVED AND ADOPTED THIS 23rd Day of March 2010 by the following vote:

AYES: Commissioners Holden, Herrera, Maulhardt, Pinkard, MacDonald, Andrade, Vega.

NOES: None.

ABSENT: None.



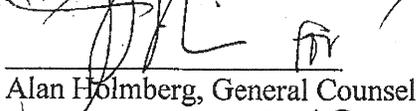
Dr. Thomas E. Holden, Chairman

ATTEST:



Daniel Martinez, Secretary-Designate

APPROVED AS TO FORM:



Alan Holmberg, General Counsel

3-17-10

Certification of Payments to Influence Federal Transactions

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

OMB Approval No. 2517-0107 (Exp. 03/31/2010)

Applicant Name

Housing Authority of the City of Oxnard

Program/Activity Receiving Federal Grant Funding

Capital Fund

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

William E. Wilkins

Title

Housing Director

Signature

Date (mm/dd/yyyy)

4/13/2008

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Housing Authority of the City of Oxnard

Program/Activity Receiving Federal Grant Funding

Capital Fund

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

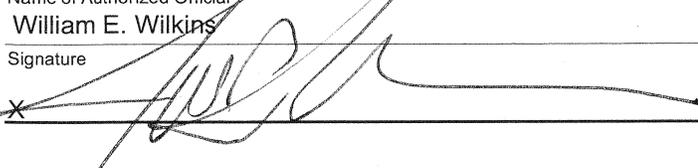
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official William E. Wilkins	Title Housing Director
Signature 	Date 4/13/2010

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

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

Part I: Summary

PIHA Name: Oxnard Housing Authority	Grant Type and Number Capital Fund Program Grant No: CA16-P031-501-10	Replacement Housing Factor Grant No:	FFY of Grant: 2010
	Date of CFFP:		FFY of Grant Approval:

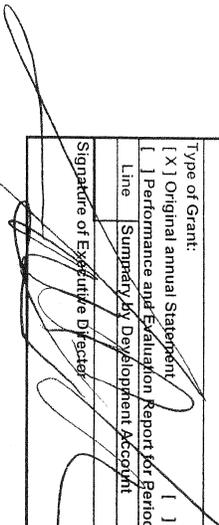
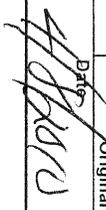
Line	Type of Grant: <input checked="" type="checkbox"/> Original annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1		Total non-CFFP Funds				
2		1406 Operations (may not exceed 20% of line 20) ³	\$ 380,500.00			
3		1408 Management Improvements	\$ 175,500.00			
4		1410 Administration (may not exceed 10% of line 20)	\$ 190,250.00			
5		1411 Audit	\$ -			
6		1415 Liquidated Damages	\$ -			
7		1430 Fees and Costs	\$ 120,000.00			
8		1440 Site Acquisition	\$ -			
9		1450 Site Improvement	\$ -			
10		1460 Dwelling Structures	\$ 487,381.00			
11		1465.1 Dwelling Equipment - Nonexpendable	\$ 20,000.00			
12		1470 Non Dwelling Structures	\$ -			
13		1475 Non Dwelling Equipment	\$ 40,000.00			
14		1485 Demolition	\$ -			
15		1492 Moving to Work Demonstration	\$ -			
16		1495.1 Relocation Costs	\$ -			
17		1499 Development Activities ⁴	\$ -			
18a		1501 Collateralization or Debt Service paid by PIHA	\$ 438,869.00			
18ba		9000 Collateralization or Debt Service paid Via System of Direct Payment	\$ -			
19		1502 Contingency (may not exceed 8% of line 20)	\$ 50,000.00			
20		Amount of Annual Grant (sum of lines 2 - 19)	\$ 1,902,500.00			
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 - Soft Costs				
24		Amount of line 20 Related to Security - Hard Costs				
25		Amount of line 20 Related to Energy Conservation Measures				

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PIHAs with under 250 units in management may use 100% of CFFP 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

US 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: Oxnard Housing Authority		Grant Type and Number Capital Fund Program Grant No: CA16-P031-501-10		Replacement Housing Factor Grant No:		FFY of Grant: 2010	
		Date of CFFP:				FFY of Grant Approval:	
Type of Grant: <input checked="" type="checkbox"/> Original annual Statement/ <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Date	Original	Total Estimated Cost	Revised	Obligated	Total Actual Cost Expended
	Signature of Executive Director				Signature of Public Housing Director		

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

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

Part II: Supporting Pages

PHA Name:		Grant Type and Number		FFFP (YES/ NO):		Federal FFY of Grant:		Status of Work	
Oxnard Housing Authority		Capital Fund Program Grant No: CA16-P031-501-10				2010			
Development Number/PHA-Wide Activities		Replacement Housing Factor Grant No:							
General Description of Major Work Categories		Development Account No.		Quantity		Total Estimated Cost		Total Actual Cost	
						Original		Revised ¹	
						Funds Obligated ²		Funds Expended ²	
CAL 31-0	Operations	1406			\$ 380,500.00				
PHA WIDE	FIG Professional Development	1408			\$ 1,500.00				
	PH Professional Development	1408			\$ 10,000.00				
	PH Consultant	1408			\$ -				
	Resident Services	1408			\$ 164,000.00				
	FIG Furniture and Equipment	1408			\$ -				
	PH Furniture and Equipment	1408			\$ -				
	PH Training/Additional Funding	1408			\$ -				
	Management Fees	1410			\$ 190,250.00				
	A&E Fees	1430			\$ 40,000.00				
	Planning Sal/Ben	1430			\$ 80,000.00				
	Computer Hardware	1475			\$ 40,000.00				
	Bond Payment	1501			\$ 438,869.00				
	Contingency	1502			\$ 50,000.00				
	Total 31-0:				\$ 1,395,119.00				

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

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

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

Part II: Supporting Pages
 PHA Name: Oxnard Housing Authority Grant Type and Number: Capital Fund Program Grant No: CA16-P031-501-10 CFFP (YES/ NO): Federal FFY of Grant: 2010

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	CFFP Bond			5,745,000				
	Total CFFP Bond ¹			5,745,000				
	Usage							
	CFFP Underwriters Discount			86,175				
	CFFP Issuance Cost			52,428				
	CFFP Debt Service Reserve			456,138				
	CFFP Capitalization Interest			130,693				
	CFFP Project Construction			5,016,653				
	CFFP Rounding Amount			2,903				
	Total CFFP Usage:			5,745,000				
	CFFP Project Construction Usage Details							
	CFFP Administration 31-0			362,743				
	CFFP Vacancy Cost 31-0			68,014				
	CFFP Maintenance Cost 31-0			27,205				
	CFFP Contingency 31-0			158,701				
	Total 31-0:			616,663				
	CFFP Construction Cost 31-3			3,000,000				
	Total 31-3:			3,000,000				
	CFFP Construction Cost 31-4			1,400,000				
	Total 31-4:			1,400,000				
	CFFP Total Project Construction Cost			5,016,653				

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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program

Development Number Name/H/A-Wide Activities	Oxnard Housing Authority		Federal FY of Grant: 2010	
	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Original Obligation End Date	Actual Obligation End Date
CAL 31-0 PHA-Wide	6/30/2012	6/30/2014		
CAL 31-1 The Courts	6/30/2012	6/30/2014		
CAL 31-2 Felicia Court	6/30/2012	6/30/2014		
CAL 31-3 Colonia Road	6/30/2012	6/30/2014		
CAL 31-4 Pleasant Valley	6/30/2012	6/30/2014		
CAL 31-5 Plaza Vista	6/30/2012	6/30/2014		
CAL 31-7 Scattered Sites	6/30/2012	6/30/2014		
CAL 31-8 Palm Vista	6/30/2012	6/30/2014		

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

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/20011

Part I: Summary

PHA Name/Number	Oxnard Housing Authority	Locality (City/County & State)	Oxnard/ Ventura / California	<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
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
B. Physical Improvements Subtotal	Annual Statement	\$724,800.00	\$750,000.00	\$789,800.00	\$715,000.00
C. Management Improvements		\$178,500.00	\$178,500.00	\$178,500.00	\$178,500.00
D. PHA-Wide Non-dwelling Structures and Equipment		\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00
E. Administration		\$190,250.00	\$190,250.00	\$190,250.00	\$190,250.00
F. Other		\$178,200.00	\$178,200.00	\$178,200.00	\$178,200.00
G. Operations		\$243,000.00	\$243,000.00	\$243,000.00	\$243,000.00
H. Demolition					
I. Development					
J. Capital Fund Financing - Debt Service		\$440,174.00	\$440,677.00	\$440,209.00	\$438,799.00
K. Total CPP Funds		\$1,994,924.00	\$2,020,627.00	\$2,059,959.00	\$1,983,749.00
L. Total Non-CPP Funds					
M. Grand Total		\$1,994,924.00	\$2,020,627.00	\$2,059,959.00	\$1,983,749.00

Signature on p 2

Capital Fund Program—Five-Year Action Plan

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 (Continuation)

PHA Name/Number Development Number and Name	Work Statement for Year 1 FFY 2010	Locality (City/county & State) Work Statement for Year 2 FFY 2011	Oxnard/ Ventura / California Work Statement for Year 3 FFY 2012	<input checked="" type="checkbox"/> Original 5-Year Plan Work Statement for Year 4 FFY 2013	<input type="checkbox"/> Revision No: Work Statement for Year 5 FFY 2014
	Annual Statement				
CAL 31-0 OHA-Wide -----		\$1,270,124.00	\$1,270,627.00	\$1,270,159.00	\$1,268,749.00
CAL 31-1 The Courts -----		\$0.00	\$0.00	\$0.00	\$0.00
CAL 31-2 Felicia Court ---		\$130,000.00	\$70,000.00	\$7,800.00	\$150,000.00
CAL 31-3 Colonia Road -		\$271,800.00	\$30,000.00	\$0.00	\$150,000.00
CAL 31-4 Pleasant Valley		\$50,000.00	\$100,000.00	\$280,000.00	\$50,000.00
CAL 31-5 Plaza Vista -----		\$118,000.00	\$24,000.00	\$0.00	\$65,000.00
CAL 31-7 Scattered Sites		\$60,000.00	\$205,000.00	\$120,000.00	\$200,000.00
CAL 31-8 Palm Vista -----		\$95,000.00	\$321,000.00	\$382,000.00	\$100,000.00
Total CFP Funds -----		\$1,994,924.00	\$2,020,627.00	\$2,059,959.00	\$1,983,749.00



Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/20011

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Quantity	Estimated Cost
Development Number/Name General Description of Major Work Categories	Development Number/Name General Description of Major Work Categories	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
Sec Annual Statement	CAL 31-2 ----- Vinyl Fencing	CAL 31-2 -----	100	\$120,000.00
	Security Cameras	2 Dbl. Trash Enclosures	2	\$70,000.00
	CAL 31-3 ----- Vinyl Fencing	CAL 31-3 -----	70	\$80,000.00
	Stoves	Gutters	70	\$37,800.00
	504 Compliance			\$129,000.00
	A&E Fees	CAL 31-4 -----		\$10,000.00
	Relocation			\$15,000.00
	CAL 31-4 ----- Security Cameras	North Walls Insulation	100	\$100,000.00
	Laundry Drains/ Low Tops Only			\$50,000.00
	CAL 31-5 -----	CAL 31-5 -----		
	Kitchen Faucets	Exhaust Fans	50	\$24,000.00
	Kitchen Cabinets			\$108,000.00
	CAL 31-7 -----	CAL 31-7 -----		
		504 Compliance		\$174,000.00
		A&E Fees		\$10,000.00
		Relocation		\$21,000.00
	CAL 31-8 -----	CAL 31-8 -----		
	Closet Doors	Exhaust Fans	14	\$48,000.00
		Kitchen Flooring	100	\$95,000.00
		504 Compliance		\$147,000.00
	Shower Meter Valves	A&E Fees		\$10,000.00
	Hallway Windows	Relocation		\$21,000.00
	Subtotal of Estimated Cost	Subtotal of Estimated Cost		\$ 724,800.00
				\$ 750,000.00

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/20011

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2010	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
Development Number/Name General Description of Major Work Categories PHA- WIDE CAL 31-0	Development Number/Name General Description of Major Work Categories PHA- WIDE CAL 31-0	Development Number/Name General Description of Major Work Categories PHA- WIDE CAL 31-0
Estimated Cost	Estimated Cost	Estimated Cost
Operations	Operations	Operations
\$243,000.00	\$243,000.00	\$243,000.00
FIG Prof. Development	FIG Prof. Development	FIG Prof. Development
\$1,500.00	\$1,500.00	\$1,500.00
RI Prof. Development	RI Prof. Development	RI Prof. Development
\$1,500.00	\$1,500.00	\$1,500.00
PH Prof. Development	PH Prof. Development	PH Prof. Development
\$10,000.00	\$10,000.00	\$10,000.00
Disaster Preparedness	Disaster Preparedness	Disaster Preparedness
\$1,500.00	\$1,500.00	\$1,500.00
PH Consultant	PH Consultant	PH Consultant
\$11,000.00	\$11,000.00	\$11,000.00
Resident Services	Resident Services	Resident Services
\$164,000.00	\$164,000.00	\$164,000.00
Management Fees	Management Fees	Management Fees
\$190,250.00	\$190,250.00	\$190,250.00
A & E Fees	A & E Fees	A & E Fees
\$40,000.00	\$40,000.00	\$40,000.00
Advertising	Advertising	Advertising
\$500.00	\$500.00	\$500.00
Permit Fees	Permit Fees	Permit Fees
\$7,700.00	\$7,700.00	\$7,700.00
Planning Salaries / Benefits	Planning Salaries / Benefits	Planning Salaries / Benefits
\$80,000.00	\$80,000.00	\$80,000.00
Computer Hardware	Computer Hardware	Computer Hardware
\$40,000.00	\$40,000.00	\$40,000.00
CFFP Bond Payment	CFFP Bond Payment	CFFP Bond Payment
\$440,209.00	\$440,209.00	\$438,799.00
Contingency	Contingency	Contingency
\$50,000.00	\$50,000.00	\$50,000.00
Subtotal of Estimated Cost	Subtotal of Estimated Cost	Subtotal of Estimated Cost
\$ 1,270,159.00	\$ 1,268,749.00	\$ 1,268,749.00

Annual Statement/Performance and Evaluation Report
 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: **OXNARD HOUSING AUTHORITY**

Grant Type and Number: **CA016P031502-06**

Capital Fund Program Grant Date of CFFP: **5/11/2000**

Replacement Housing Factor Grant No:

FY of Grant: **2006**

FY of Grant Approval: **2006**

Type of Grant: Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement/Revision Number

Performance and Evaluation Report for Program Year Ending 12/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated		Total Actual Cost
			Revised	Obligated	
1	Total Non-CGP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21)	29,835	29,835	29,835	29,835
3	1408 Management Improvements	10,012	10,012	10,012	8,944
4	1410 Administration (may not exceed 10% of line 21)	14,917	14,917	14,917	14,917
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	8,350	8,350	8,350	8,350
11	1465 1 Dwelling Equipment - Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	86,065	86,065	86,065	50,522
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495 1 Relocation Costs	0	0	0	0
17	1499 Development Activities	0	0	0	0
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 21)	0	0	0	0
20	Amount of Annual Grant (Sum of lines 2-20)	149,179	149,179	149,179	112,668
21	Amount of Line 21 Related to LBP Activities	0	0	0	0
22	Amount of Line 21 Related to Section 504 Compliance	0	0	0	0
23	Amount of Line 21 Related to Security - Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security - Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

Signature of Executive Director: *Charles M. Sabatini for WPAO*

Signature of Public Housing Director

Date

Annual Statement/Performance and Evaluation Report
 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 II: Supporting Pages

PHA Name: OXNARD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: CA16 P031 502 06		Federal FY of Grant: 2007		Status of Proposed Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost			
				Original	Revised	Funds Obligated	Funds Expended
CAL 31-0	Operations	1406		29,835	29,835	29,835	
	Total			29,835	29,835	29,835	
	Prof Dev Trng	1408		10,012	10,012	10,012	8,944
	CF Staff Salary	1410		14,917	14,917	14,917	14,917
	Computer System Upgrade	1475		86,065	86,065	86,065	50,522
	CAL 31-0 TOTAL			140,829	140,829	140,829	104,218
CAL 31-8	GFI Installations	1460		5,000	5,000	5,000	5,000
	Door Closures/Missing			3,350	3,350	3,350	3,350
	CAL 31-8 TOTAL			8,350	8,350	8,350	8,350
	CA016 P031 502 06			149,179	149,179	149,179	112,568

(1) To be completed for the Performance and Evaluation Report of a Revised Annual Statement
 (2) To be completed for the Performance and Evaluation Report
 Page 2 Of 3
 Form HUD-50075.1 (4/2008)

Part I: Summary

PHA Name: OXNARD HOUSING AUTHORITY	Grant Type and Number: CA01EP031501-07	FFY of Grant: 2007
	Capital Fund Program Grant: Replacement Housing Factor Grant No.	FFY of Grant Approval: 2007
	Date of CFFP: 09/19/02	

Type of Grant: Original Annual Statement and Evaluation Report for Program Year Ending 12/31/09 Revised Annual Statement/Revision Number Performance and Evaluation Report for Program Year Ending 12/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Total Non-CGP Funds	0	0		
1406	Operations (may not exceed 20% of line 21)	152,142	152,142	152,142	152,142
1408	Management Improvements	280,164	280,164	280,164	280,164
1410	Administration (may not exceed 10% of line 21)	185,000	185,000	185,000	185,000
1411	Audit	0	0	0	0
1415	Liquidated Damages	0	0	0	0
1430	Fees and Costs	184,111	62,634	62,634	62,634
1440	Site Acquisition	0	0	0	0
1450	Site Improvement	305,550	468,203	468,203	250,513
1480	Dwelling Structures	222,270	208,129	208,129	158,065
1485.1	Dwelling Equipment - Non-expendable	0	0	0	0
1470	Non-dwelling Structures	0	0	0	0
1475	Non-dwelling Equipment	107,474	80,440	80,440	16,987
1485	Demolition	0	0	0	0
1492	Moving to Work Demonstration	0	0	0	0
1495.1	Relocation Costs	0	0	0	0
1499	Development Activities	0	0	0	0
8a	1501 Collateralization or Debt Service paid by the PHA	441,426	441,426	441,426	441,426
8ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
9	1502 Contingency (may not exceed 8% of line 21)	0	0	0	0
20	Amount of Annual Grant (Sum of lines 2-20)	1,858,137	1,858,137	1,858,137	1,526,931
21	Amount of Line 21 Related to LBP Activities	0	0	0	0
22	Amount of Line 21 Related to Section 504 Compliance	0	0	0	0
23	Amount of Line 21 Related to Security - Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
Signature of Executive Director		Signature of Public Housing Director		Date	

Cherie M. Sabatini for WSD
 WSD PHA

Part II: Supporting Pages

PHA Name: OXNARD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No. CA16 P031 501 07			Federal FY of Grant: 2007		Status of Proposed Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Obligated Funds	Funds Expended
CA1 31-0	Operations	1406		152,142	152,142	152,142	152,142
	Total			152,142	152,142	152,142	152,142
	HA Consultant	1408		7,078	7,078	7,078	5,870
	HA Prof Dev Trng			25,668	25,668	25,668	25,668
	WTTW - Sal & Ben			58,160	58,160	58,160	61,608
	RI Prof Dev Trng			1,539	1,539	1,539	1,539
	RI Staffing/Salaries			152,009	152,009	152,009	152,009
	5 Yr Energy Audit			15,710	15,710	15,710	13,470
	Total			260,164	260,164	260,164	260,164
	CF Staff Benefits	1410		43,911	43,911	43,911	43,911
	CF Staff Salary			124,161	124,161	124,161	124,161
	SF Staff Sundry			5,736	5,736	5,736	5,736
	CF Staff Telephone			9,268	9,268	9,268	9,268
	CF Staff Travel			1,924	1,924	1,924	1,924
	Total			185,000	185,000	185,000	185,000
	OHA Wide 504 Comp Assessment	1430		19,540	19,540	19,540	2,575
	A/E Fees			16,000	16,000	16,000	57,708
	Advertising			434	434	434	0
	Permit Fees			7,698	7,698	7,698	43
	Planning			116,000	116,000	116,000	2,307
	Total			159,672	159,672	159,672	62,634
	Site Improvements	1450		3,849	3,849	3,849	0
	Total			3,849	3,849	3,849	0
	Computer System Upgrade	1475		69,750	69,750	69,750	0
	Computer Hardware			37,724	37,724	37,724	16,987
	Total			107,474	107,474	107,474	16,987
	GFFP Bond Payment	1501		441,426	441,426	441,426	441,426
	Total			441,426	441,426	441,426	441,426
	CA1 31-0 TOTAL:			1,309,727	1,309,727	1,309,727	1,118,353
CA1 31-1	Remainder of Sec Light	1460		7,440	7,440	7,440	7,440
PHA-WIDE	Total			7,440	7,440	7,440	7,440

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement:

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

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

Part II: Supporting Pages

PHA Name: OXNARD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: CA16 P031 501 07			Federal FY of Grant: 2007		Status of Proposed Work
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Funds Expended	
				Original	Revised		
	CAL 31-1 TOTAL:			7,440	7,440	7,440	
CAL 31-2	Remainder of Sec Light	1460		3,720	3,720	8,600	
PHA-WIDE	Total			3,720	3,720	8,600	
	CAL 31-2 TOTAL:			3,720	3,720	8,600	
CAL 31-3	A/E Fees	1430		11,143	11,143	0	
PHA-WIDE	Total			11,143	11,143	0	
	Parking	1450		232,500	232,500	187,758	
	Exterior Concrete Stairs			20,820	20,820	12,811	
	Trash Enclosures			29,781	29,781	26,674	
	Side Yard Fences			18,600	18,600	23,270	
	Total			301,701	301,701	250,513	
	Remainder of Sec Light	1460		2,790	2,790	0	
	Total			2,790	2,790	0	
	CAL 31-3 TOTAL:			315,634	315,634	250,513	
CAL 31-4	A/E Fees	1430		4,457	4,457	0	
PHA-WIDE	Total			4,457	4,457	0	
	Remainder of Sec Light	1460		3,720	3,720	5,000	
	Total			3,720	3,720	5,000	
	CAL 31-4 TOTAL:			8,177	8,177	5,000	
CAL 31-5	A/E Fees	1430		8,839	8,839	0	
PHA-WIDE	Total			8,839	8,839	0	

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

(2) To be completed for the Performance and Evaluation Report

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:

CXNARD HOUSING AUTHORITY

Federal FFY of Grant:

2007

Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Fund Expended (Quarter Ending Date)		Reason for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AL 31-0	9/12/2009	9/12/2009	9/12/2011		
AL 31-1	9/12/2009	9/12/2009	9/12/2011		
AL 31-2	9/12/2009	9/12/2009	9/12/2011		
AL 31-3	9/12/2009	9/12/2009	9/12/2011		
AL 31-4	9/12/2009	9/12/2009	9/12/2011		
AL 31-5	9/12/2009	9/12/2009	9/12/2011		
AL 31-7	9/12/2009	9/12/2009	9/12/2011		

Part I: Summary

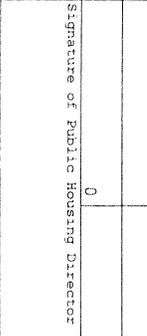
PHA Name: OXNARD HOUSING AUTHORITY
 Grant Type and Number: CA016P031501-08
 Capital Fund Program Grant Date of CFFP: 05/24/21
 Replacement Housing Factor Grant No:
 FY of Grant: 2008
 FY of Grant Approval: 2008

Line	Type of Grant	Type of Grant		Type of Grant		Type of Grant	
		Original	Revised	Total Estimated	Obligated	Total Actual Cost	Expended
1	Total Non-CGP Funds	0	0	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21)	243,000	243,000	243,000	120,003	120,003	120,003
3	1408 Management Improvements	208,500	208,500	208,500	164,000	164,000	164,000
4	1410 Administration (may not exceed 10% of line 21)	181,919	181,919	181,919	124,372	124,372	124,372
5	1411 Audit	0	0	0			
6	1415 Liquidated Damages	0	0	0			
7	1430 Fees and Costs	95,000	95,000	95,000	221	221	221
8	1440 Site Acquisition	0	0	0			
9	1450 Site Improvement	11,000	11,000	11,000	6,579	6,579	6,579
10	1460 Dwelling Structures	560,350	560,350	560,350	267,116	267,116	264,225
11	1465.1 Dwelling Equipment - Nonexpendable	0	0	0			
12	1470 Non-dwelling Structures	0	0	0			
13	1475 Non-dwelling Equipment	40,000	40,000	40,000	0	0	0
14	1485 Demolition	0	0	0			
15	1492 Moving to Work Demonstration	0	0	0			
16	1495.1 Relocation Costs	0	0	0			
17	1499 Development Activities	0	0	0			
18a	1501 Collateralization or Debt Service paid by the PHA	439,476	439,476	439,476	439,476	439,476	439,476
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0			
19	1502 Contingency (may not exceed 8% of line 21)	39,946	39,946	39,946	0	0	0
20	Amount of Annual Grant (Sum of lines 2-20)	1,819,191	1,819,191	1,819,191	1,121,767	1,108,876	1,108,876
21	Amount of Line 21 Related to LBP Activities	0	0	0	0	0	0
22	Amount of Line 21 Related to Section 504 Compliance	0	0	0	0	0	0
23	Amount of Line 21 Related to Security - Soft Costs	0	0	0	0	0	0
24	Amount of Line 20 Related to Security - Hard Costs	0	0	0	0	0	0
25	Amount of Line 20 Related to Emergency Conservation Measures	0	0	0	0	0	0

Signature of Executive Director



Signature of Public Housing Director



Date

Part II: Supporting Pages

PHA Name: OXNARD HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No. CA16 P031 501 08			Federal FY of Grant: 2008		Status of Proposed Work	
	Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost	Funds Obligated	Funds Expended
CAL31-0	Operations		1406		243,000	120,003	120,003
	Total				243,000	120,003	120,003
	AS Prof Dev		1408		8,000	0	0
	CFAM Prof Dev				5,000	0	0
	FIC Prof Dev				1,500	0	0
	RI Prof Dev				1,500	0	0
	HA Prof Dev				10,000	0	0
	Disaster Prep				7,500	0	0
	HA Consultant				11,000	0	0
	RI Sal/Ben				164,000	164,000	164,000
	Total				208,500	164,000	164,000
	Sal/Ben		1410		167,448	0	0
	Sundry				6,547	0	0
	Telephone				6,000	0	0
	Management Fee				0	124,372	124,372
	Travel				1,924	0	0
	Total				181,919	124,372	124,372
	A&E Fees		1430		25,000	220	220
	Planning				70,000	0	0
	Total				95,000	220	220
	Computer Hardware		1475		40,000	0	0
	Total				40,000	0	0
	Bond Payment		1501		439,476	439,476	439,476
	Total				439,476	439,476	439,476
	Contingency		1502		39,946	0	0
	Total				39,946	0	0
	CAL 31-0 TOTAL				1,247,841	848,071	848,072
CAL 31-2	Ground Shop Renovation		1460		20,000	0	0
	504 Compliance				25,000	0	0
	Stove/Refrigerators				75,000	47,274	47,274
	Shut-off Valves				20,000	10,463	10,463
	Total				140,000	57,737	57,737

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

(2) To be completed for the Performance and Evaluation Report:

Part I: Summary

PHA Name: OXNARD HOUSING AUTHORITY
 Grant Type and Number: CA016P031501-09
 Capital Fund Program Grant: Replacement Housing Factor Grant No.
 Date of CFFP:
 FFY of Grant: 2009
 FFY of Grant Approval: 2009

Type of Grant: Original Annual Statement and Evaluation Report for Program Year Ending 12/31/09 Revised Annual Statement/Revision Report
 Performance and Evaluation Report for Program Year Ending 12/31/09 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21)	341,000	341,000	0	0
3	1408 Management Improvements	198,000	198,000	0	0
4	1410 Administration (may not exceed 10% of line 21)	195,488	195,488	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	130,000	130,000	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	436,070	436,070	0	0
10	1460 Dwelling Structures	122,324	122,324	0	0
11	1465.1 Dwelling Equipment - Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	40,000	40,000	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	0	0	0	0
17	1499 Development Activities	0	0	0	0
18a	1501 Collateralization or Debt Service paid by the PHA	442,002	442,002	0	0
18Ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 21)	50,000	50,000	0	0
20	Amount of Annual Grant (Sum of lines 2-20)	1,954,884	1,954,884	0	0
21	Amount of Line 21 Related to LBP Activities	0	0	0	0
22	Amount of Line 21 Related to Section 504 Compliance	0	0	0	0
23	Amount of Line 21 Related to Security Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

Signature of Executive Director

Signature of Public Housing Director

Date

Part II: Supporting Pages

PHA Name: OXNARD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: CA16 P031 501 09		Federal FY of Grant: 2009		Status of Proposed Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
CAL 31-4	Plumbing	1460		3,600	3,600	0	0
	Total			3,600	3,600	0	0
	CAL 31-4 TOTAL			3,600	3,600	0	0
CAL 31-7	504 Compliance	1460		13,500	13,500	0	0
	Carport Covers			436,070	436,070	0	0
	Total			449,570	449,570	0	0
	CAL 31-7 TOTAL			449,570	449,570	0	0
CAL 31-8	A&E Fees	1430		10,000	10,000	0	0
	Total			10,000	10,000	0	0
	504 Compliance	1460		18,471	18,471	0	0
	Hallway Windows			40,500	40,500	0	0
	Large Parce Box			25,000	25,000	0	0
	Total			83,971	83,971	0	0
	CAL 31-8 TOTAL			93,971	93,971	0	0
	CA016 P031 501 08			1,954,884	1,954,884	0	0

(1) To be completed for the Performance and Evaluation Report of a Revised Annual Statement
 (2) To be completed for the Performance and Evaluation Report
 Page 3 Of 4
 Form HUD-5007.5.1 (4/2008)

Annual Statement/Performance and Evaluation Report
 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. 2577-022
 Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: OXNARD HOUSING AUTHORITY		Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Fund Expended (Quarter Ending Date)	Reason for Revised Target Dates	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date
CAL 31-0	6/30/2011		6/30/2013	
CAL 31-2	6/30/2011		6/30/2013	
CAL 31-3	6/30/2011		6/30/2013	
CAL 31-4	6/30/2011		6/30/2013	
CAL 31-5	6/30/2011		6/30/2013	
CAL 31-7	6/30/2011		6/30/2013	
CAL 31-8	6/30/2011		6/30/2013	

Part I: Summary

PHA Name: OXNARD HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant Date of CFFP: _____	CA16S031 50109 Replacement Housing Factor Grant No.	FFY of Grant: 2009 FFY of Grant Approval: 2009
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Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Program Year Ending 12/31/09
 Revised Annual Statement/Revision Number
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21)	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	230,273	230,273	230,273	41,476
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	40,000	40,000	6,865	6,865
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	1,954,463	1,954,463	700,569	342,995
11	1465.1 Dwelling Equipment - Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1492 Moving to Work Demonstration	0	0	0	0
16	1495.1 Relocation Costs	78,000	78,000	0	0
17	1499 Development Activities	0	0	0	0
18a	1501 Collateralization or Debt Service paid by the PHA	0	0	0	0
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0	0	0	0
19	1502 Contingency (may not exceed 8% of line 21)	0	0	0	0
20	Amount of Annual Grant (Sum of lines 2-20)	2,302,736	2,302,736	937,707	391,336
21	Amount of Line 21 Related to LBP Activities	0	0	0	0
22	Amount of Line 21 Related to Section 504 Compliance	0	0	0	0
23	Amount of Line 21 Related to Security - Soft Costs	0	0	0	0
24	Amount of line 20 Related to Security - Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

Signature of Executive Director: *Chelle McBeath* for 10/5/09
 Signature of Public Housing Director: _____
 Date: 10/5/09

Annual Statement/Performance and Evaluation Report
 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 II: Supporting Pages

PHA Name: OXNARD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No. CAS-16 PG31 50109		Federal FY of Grant: 2009		Status of Proposed Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
CAL 31-0	Admin Salaries	1410		230,273	230,273	230,273	41,476
	Total			230,273	230,273	230,273	41,476
	CAL 31-0 TOTAL			230,273	230,273	230,273	41,476
CAL 31-2	A&E Fees	1430		10,000	10,000	0	0
	Total			10,000	10,000	0	0
	504 Compliance	1460		186,000	186,000	0	0
	Total			186,000	186,000	0	0
	Relocation	1495		21,000	21,000	0	0
	Total			21,000	21,000	0	0
	CAL 31-2 TOTAL			217,000	217,000	0	0
CAL 31-3	A&E Fees	1430		10,000	10,000	0	0
	Total			10,000	10,000	0	0
	504 Compliance	1460		129,000	129,000	0	0
	Total			129,000	129,000	0	0
	Relocation	1495		15,000	15,000	0	0
	Total			15,000	15,000	0	0
	CAL 31-3 TOTAL			154,000	154,000	0	0
CAL 31-4	Stoves & Refrigerators	1460		120,000	120,000	0	0
	Total			120,000	120,000	0	0
	CAL 31-4 TOTAL			120,000	120,000	0	0
CAL 31-5	Electrical Upgrade	1460		20,000	20,000	20,000	15,754
	Lateral Drains			20,000	20,000	1,500	750
	Elevators			100,000	100,000	0	0
	Total			140,000	140,000	21,500	16,504

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement:

(2) To be completed for the Performance and Evaluation Report:

Part II: Supporting Pages

PHA Name: OXNARD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: CAS16 P031 50109		Federal FY of Grant: 2009				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
CAL 31-5 TOTAL								
	A&E Fees	1430		10,000	10,000	6,865	6,865	
	Total			10,000	10,000	6,865	6,865	
CAL 31-7								
	504 Compliance	1460		174,000	174,000	0	0	
	Bathroom Rehab			175,000	175,000	0	0	
	Stoves & Refrigerators			120,000	120,000	120,000	93,656	
	Carports & Vinyl Fences (Cuesta, Fremont, Hill)			200,000	200,000	200,000	84,104	
	Sliding Glass Doors/Windows			92,463	92,463	92,463	59,149	
	Laundry Drains			80,000	80,000	80,000	7,500	
	Total			841,463	841,463	492,463	244,409	
	Relocation	1495		21,000	21,000	0	0	
	Total			21,000	21,000	0	0	
CAL 31-7 TOTAL								
				872,463	872,463	499,326	251,274	
CAL 31-8								
	A&E Fees	1430		10,000	10,000	0	0	
	Total			10,000	10,000	0	0	
	Sliding Glass Doors/Windows	1460		150,000	150,000	150,000	59,149	
	Elevators			100,000	100,000	300	300	
	Trash Compactor			50,000	50,000	16,306	6,879	
	504 Compliance			147,000	147,000	0	0	
	Electrical Upgrade			20,000	20,000	20,000	15,754	
	Unit Doors			71,000	71,000	0	0	
	Total			536,000	538,000	186,606	82,082	
	Relocation	1485		21,000	21,000	0	0	
	Total			21,000	21,000	0	0	
CAL 31-8 TOTAL								
				569,000	569,000	186,606	82,082	
CAL 31-8 TOTAL				2,302,736	2,302,736	937,707	391,336	

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

(2) To be completed for the Performance and Evaluation Report

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:
OXNARD HOUSING AUTHORITY

Federal FFY of Grant:
2009

Development Number Name/PHA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Fund Expended (Quarter Ending Date)		Reason for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
CAL 31-0	3/17/2010		3/17/2012		
CAL 31-2	3/17/2010		3/17/2012		
CAL 31-3	3/17/2010		3/17/2012		
CAL 31-4	3/17/2010		3/17/2012		
CAL 31-5	3/17/2010		3/17/2012		
CAL 31-7	3/17/2010		3/17/2012		
CAL 31-8	3/17/2010		3/17/2012		