



8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>All applicable plans not closed out are attached.</b>
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. <b>Plan Attached</b>
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

**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. PHA Housing needs form attached

**Statement of Housing Needs** [24 CFR Part 903.12 (b), 903.7(a)]

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

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

Waiting list type: (select one)  
 Section 8 tenant-based assistance  
 Public Housing  
 X 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	82		33
Extremely low income <=30% AMI	68	83%	
Very low income (>30% but <=50% AMI)	7	8%	
Low income (>50% but <80% AMI)	7	8%	
Families with children	70	85%	
Elderly families	1	1%	
Families with Disabilities	10	12	
Race/ethnicity WNH	63	77%	
Race/ethnicity Black	5	6%	
Race/ethnicity Hispanic	9	11%	
Race/ethnicity Other	5	6%	

Characteristics by Bedroom Size (Public Housing Only)			
1BR	12	29%	5
2 BR	40	53%	13
3 BR	24	15%	17
4 BR	6	3%	4
5 BR	N/A	N/A	N/A
5+ BR	N/A	N/A	N/A

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

9.0

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b> Provide voucher mobility counseling to Section 8 tenants. Conduct outreach efforts to more potential voucher landlords. Further reduce time for Public Housing turnovers. Continue to utilize Capital Funds to make property improvements.</p>
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. <b>We feel that we consistently meet our annual and 5 year goals but always look for ways to increase housing opportunities for those we serve.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" <b>For the Putnam Housing Authority, Significant Amendment, Substantial Deviation/Modification is defined as discretionary changes in the plans or policies of the Putnam Housing Authority that fundamentally changes the mission, goals or objectives or plans of the agency and which require formal approval of the Board of Commissioners.</b></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>

(f) No comments submitted by the Resident Advisory Board.

(g) No challenges to the Annual/5-Year Plan were presented.

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the  5-Year and/or  Annual PHA Plan for the PHA fiscal year beginning 2011, 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.

Putnam Housing Authority      CT024  
 PHA Name      PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 10 - 20 14  
 Annual PHA Plan for Fiscal Years 20 10 - 20 11

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

Name of Authorized Official	Title
<u>Shby Olson</u>	<u>Chairman</u>
Signature	Date
<u>Shby Olson</u>	<u>5/25/2010</u>

**Civil Rights Certification**

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

**Civil Rights Certification**

**Annual Certification and Board Resolution**

*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 Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency 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, and will affirmatively further fair housing.

Pulman Housing Authority  
PHA Name

CT024  
PHA Number/HA Code

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

Kathy Carter

Title

Executive Director

Signature

Kathy Carter

Date

5-24-10

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

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

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

I, Douglas Cutler the Town Administrator of Putnam certify that the Five Year and  
Annual PHA Plan of the Putnam is consistent with the Consolidated Plan of  
Putnam, CT prepared pursuant to 24 CFR Part 91.

Douglas M. Cutler 5/24/10

Signed / Dated by Appropriate State or Local Official

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

*Pitman Housing Authority*

Program/Activity Receiving Federal Grant Funding

*Operating Subsidy - 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

*Kathy Carter*

Title

*Executive Director*

Signature

*X Kathy Carter*

Date

*5-24-10*

# Certification of Payments to Influence Federal Transactions

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

Putnam Housing Authority  
Applicant Name

Capital Fund Operating Subsidy  
Program/Activity Receiving Federal Grant Funding

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 <u>Kathy Carter</u>	Title <u>Executive Director</u>
Signature <u>Kathy Carter</u>	Date (mm/dd/yyyy) <u>5-24-10</u>

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____ if known: Putnam Housing Authority 123 Luccania Avenue Putnam, CT 06220 Congressional District, if known: 4 <sup>c</sup> 2nd	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>   Congressional District, if known:	
<b>6. Federal Department/Agency:</b>  HUD	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> 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 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.	Signature: <u>Kathy Carter</u> Print Name: <u>Kathy Carter</u> Title: <u>Executive Director</u> Telephone No.: <u>860 963-6829</u> Date: <u>5-24-10</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

**PART VII: NOTIFICATION TO APPLICANTS AND TENANTS  
REGARDING PROTECTIONS UNDER THE VIOLENCE AGAINST WOMEN  
REAUTHORIZATION ACT OF 2005 (VAWA)**

**16-VII.A. OVERVIEW**

The Violence against Women Reauthorization Act of 2005 (VAWA) requires PHAs to inform public housing tenants of their rights under this law, including their right to confidentiality and the limits thereof. Since VAWA provides protections for applicants as well as tenants, PHAs may elect to provide the same information to applicants [24 CFR 5.2007(3)].

This part describes the steps that the PHA will take to ensure that all actual and potential beneficiaries of its public housing program are notified about their rights under VAWA.

**16-VII.B. VAWA NOTIFICATION**

PHA Policy

The PHA will post the following information regarding VAWA in its offices and on its Web site. It will also make the information readily available to anyone who requests it.

A summary of the rights and protections provided by VAWA to public housing applicants and residents who are or have been victims of domestic violence, dating violence, or stalking (see sample notice in Exhibit 16-1)

The definitions of *domestic violence*, *dating violence*, and *stalking* provided in VAWA (included in Exhibit 16-1)

An explanation of the documentation that the PHA may require from an individual who claims the protections provided by VAWA (included in Exhibit 16-1)

A copy of form HUD-50066, Certification of Domestic Violence, Dating Violence, or Stalking

A statement of the PHA's obligation to keep confidential any information that it receives from a victim unless (a) the PHA has the victim's written permission to release the information, (b) it needs to use the information in an eviction proceeding, or (c) it is compelled by law to release the information (included in Exhibit 16-1)

The National Domestic Violence Hot Line: 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY) (included in Exhibit 16-1)

Contact information for local victim advocacy groups or service providers

## **16-VII.C. NOTIFICATION TO APPLICANTS**

### PHA Policy

The PHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each applicant of PHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The PHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA (see section 3-III.F).

## **16-VII.D. NOTIFICATION TO TENANTS [24 CFR 5.2007(3)]**

VAWA requires PHAs to notify tenants assisted under public housing of their rights under this law, including their right to confidentiality and the limits thereof.

### PHA Policy

The PHA will provide all tenants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of PHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The PHA will also include in all lease termination notices a statement explaining the protection against termination or eviction provided by VAWA (see Section 13-IV.D).

**EXHIBIT 16-1: SAMPLE NOTICE TO PUBLIC HOUSING APPLICANTS AND RESIDENTS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)**

*This sample notice was adapted from a notice prepared by the National Housing Law Project.*

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or “VAWA.” This notice explains your rights under VAWA.

**Protections for Victims**

If you are eligible for public housing, the housing authority cannot refuse to admit you to the public housing program solely because you are a victim of domestic violence, dating violence, or stalking.

If you are the victim of domestic violence, dating violence, or stalking, the housing authority cannot evict you based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, or stalking that are caused by a member of your household or a guest can't be the reason for evicting you if you were the victim of the abuse.

**Reasons You Can Be Evicted**

The housing authority can still evict you if the housing authority can show there is an *actual* and *imminent* (immediate) threat to other tenants or housing authority staff if you are not evicted. Also, the housing authority can evict you for serious or repeated lease violations that are not related to the domestic violence, dating violence, or stalking against you. The housing authority cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

**Removing the Abuser from the Household**

The housing authority may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the public housing unit. If the housing authority chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, the housing authority must follow federal, state, and local eviction procedures.

## **Proving that You Are a Victim of Domestic Violence, Dating Violence, or Stalking**

The housing authority can ask you to prove or “certify” that you are a victim of domestic violence, dating violence, or stalking. In cases of termination or eviction, the housing authority must give you at least 14 business days (i.e. Saturdays, Sundays, and holidays do not count) to provide this proof. The housing authority is free to extend the deadline. There are three ways you can prove that you are a victim:

- Complete the certification form given to you by the housing authority. The form will ask for your name, the name of your abuser, the abuser’s relationship to you, the date, time, and location of the incident of violence, and a description of the violence.
- Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing “under penalty of perjury.”
- Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, the housing authority may evict you.

### **Confidentiality**

The housing authority must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority to release the information.
- The housing authority needs to use the information in an eviction proceeding, such as to evict your abuser.
- A law requires the housing authority to release the information.

If release of the information would put your safety at risk, you should inform the housing authority.

### **VAWA and Other Laws**

VAWA does not limit the housing authority’s duty to honor court orders about access to or control of a public housing unit. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

### **For Additional Information**

If you have any questions regarding VAWA, please contact the Putnam Housing Authority at (860) 963-6829.

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

## Definitions

For purposes of determining whether a tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines *domestic violence* to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim
- A person with whom the victim shares a child in common
- A person who is cohabitating with or has cohabitated with the victim as a spouse
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- 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

VAWA defines *dating violence* as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines *stalking* as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (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.



**PART I: SUMMARY**

PHA Name/Number Putnam Housing CT24-1			Locality : 123 Laconia Avenue Putnam, CT.		Original 5-Year Plan:X	Revision No:
A.	Development Number and Name CT24-1 Hampshire Heights	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>B</b>	Physical Improvements Subtotal	Annual Statement	\$15,000.00	\$115,000.00	\$35,000.00	\$75,000.00
C.	Management Improvements		\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment		\$100,000.00	\$-0-	\$80,000.00	\$40,000.00
<b>E</b>	<b>ADMINISTRATION</b>		\$23,000.00	\$23,000.00	\$23,000.00	\$23,000.00
F.	Other- A/E Services		\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
G.	Operations		\$72,000.00	\$72,000.00	\$72,000.00	\$72,000.00
H.	Demolition		\$-0-	\$-0-	\$-0-	\$-0-
I.	Development		\$-0-	\$-0-	\$-0-	\$-0-
J.	Capital Fund Financing – Debt Service		\$-0-	\$-0-	\$-0-	\$-0-
K.	Total CFP Funds		\$240,000.00	\$240,000.00	\$240,000.00	\$240,000.00
L.	Total Non-CFP Funds		\$-0-	\$-0-	\$-0-	\$-0-
M.	Grand Total		\$240,000.00	\$240,000.00	\$240,000.00	\$240,000.00







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

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY		Work Statement for Year: _____ FFY	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE ANNUAL Statement			<b>XIV.</b>	
		Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost

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

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY		Work Statement for Year: _____ FFY	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE ANNUAL Statement			<b>XVI.</b>	
		Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost

**Part I: Summary**

<b>PHA Name:</b> Putnam Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P02450108 Replacement Housing Factor Grant No: Date of CFFP: 2008	<b>FFY of Grant:</b> 2008 <b>FFY of Grant Approval:</b> 2008
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**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 3/31/2010       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	\$-0-	\$-0-		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$55,000.00	\$79,167.00	\$79,167.00	\$79,167.00
3	1408 Management Improvements	\$20,000.00	\$20,000.00	\$20,000.00	\$19,911.49
4	1410 Administration (may not exceed 10% of line 21)	\$22,000.00	\$24,685.00	\$24,685.00	\$24,685.00
5	1411 Audit	\$-0-	\$-0-		
6	1415 Liquidated Damages	\$-0-	\$-0-		
7	1430 Fees and Costs	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
8	1440 Site Acquisition	\$-0-	\$-0-		
9	1450 Site Improvement	\$-0-	\$5,000.00	\$5,000.00	\$5,000.00
10	1460 Dwelling Structures	\$100,000.00	\$70,550.00	\$70,550.00	\$34,964.30
11	1465.1 Dwelling Equipment—Nonexpendable	\$23,000.00	\$13,000.00	\$13,000.00	\$9,107.00
12	1470 Non-dwelling Structures	\$-0-	\$24,450.00	\$24,450.00	\$14,450.00
13	1475 Non-dwelling Equipment	\$-0-	\$-0-		
14	1485 Demolition	\$-0-	\$-0-		
15	1492 Moving to Work Demonstration	\$-0-	\$-0-		
16	1495.1 Relocation Costs	\$-0-	\$-0-		
17	1499 Development Activities <sup>4</sup>	\$-0-	\$-0-		

<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 I: Summary</b>		
<b>PHA Name:</b> Putnam Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P02450108 Replacement Housing Factor Grant No: Date of CFFP: 2008	<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>

**Type of Grant**

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no: )

Performance and Evaluation Report for Period Ending: 3/31/2010     
  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	\$-0-	\$-0-		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$-0-	\$-0-		
19	1502 Contingency (may not exceed 8% of line 20)	\$-0-			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$230,000.00	\$246,852.00	\$246,852.00	\$197,284.79
21	Amount of line 20 Related to LBP Activities	\$-0-	\$-0-		
22	Amount of line 20 Related to Section 504 Activities	\$-0-	\$-0-		
23	Amount of line 20 Related to Security - Soft Costs	\$-0-	\$-0-		
24	Amount of line 20 Related to Security - Hard Costs	\$-0-	\$-0-		
25	Amount of line 20 Related to Energy Conservation Measures	\$33,000.00	\$33,000.00	\$33,000.00	

<b>Signature of Executive Director</b> <i>Kathy Carter</i>	<b>Date</b> 3-31-10	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<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: Putnam Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P02450108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</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>	
CT24-1	Clerical, Financial, Maintenance	1406		\$55,000.00	\$79,167.00	\$79,167.00	\$79,167.00	
CT24-1	Management Improvements/ Training	1408		\$20,000.00	\$20,000.00	\$20,000.00	\$19,911.49	
CT24-1	Administration	1410		\$22,000.00	\$24,685.00	\$24,685.00	\$24,685.00	
CT24-1	Fees & Costs- A/E Services	1430		\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	
CT24-1 08-1	Bathroom Renovations in 122 Apts.	1460		\$100,000.00	\$70,550.00	\$70,550.00	\$34,964.30	
CT24-1 08-2	Heating Line/Hot Water Tank repairs	1470		\$10,000.00	\$10,000.00	\$10,000.00	\$-0-	
CT24-1 08-3	Refrigerator Replacement in misc. units	1465.1		\$23,000.00	\$13,000.00	\$13,000.00	\$9,107.00	75%
CT24-1 08-4	Central Boiler Room Renovations- Expansion Tank Replacement	1470		\$-0-	\$14,450.00	\$14,450.00	\$14,450.00	100%
CT24-1 08-5	Misc. Sidewalk/Curbing Repairs	1450		\$-0-	\$5,000.00	\$5,000.00	\$5,000.00	100%

<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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Putnam Housing Authority				Federal FFY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
CT24-1 08-1	9/30/09				Additional funding required
CT24-1 08-2	9/30/09				Reappropriating funds for tank repairs
CT24-1 08-3	9/30/09				Reappropriating funds for expansion tank repl.
CT24-1 08-4	10/30/09				Emergency replacement of boiler expansion tank
CT24-1 08-5	12/30/09				

<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.

<b>Part I: Summary</b>	
<b>PHA Name: Putnam Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P02450109 Replacement Housing Factor Grant No: Date of CFFP: 2009
<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 3/31/2010       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	\$-0-	\$-0-		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$58,000.00	\$58,000.00	\$58,000.00	\$30,771.83
3	1408 Management Improvements	\$20,000.00	\$20,000.00	\$20,000.00	\$12,983.32
4	1410 Administration (may not exceed 10% of line 21)	\$22,000.00	\$24,000.00	\$24,000.00	\$18,995.20
5	1411 Audit	\$-0-	\$-0-		
6	1415 Liquidated Damages	\$-0-	\$-0-		
7	1430 Fees and Costs	\$10,000.00	\$10,036.00	\$5,000.00	\$-0-
8	1440 Site Acquisition	\$-0-	\$-0-		
9	1450 Site Improvement	\$-0-	\$-0-		
10	1460 Dwelling Structures	\$110,000.00	\$110,000.00		\$-0-
11	1465.1 Dwelling Equipment—Nonexpendable	\$23,000.00	\$23,000.00	\$23,000.00	\$599.90
12	1470 Non-dwelling Structures	\$-0-	\$-0-		
13	1475 Non-dwelling Equipment	\$-0-	\$-0-		
14	1485 Demolition	\$-0-	\$-0-		
15	1492 Moving to Work Demonstration	\$-0-	\$-0-		
16	1495.1 Relocation Costs	\$-0-	\$-0-		
17	1499 Development Activities <sup>4</sup>	\$-0-	\$-0-		

<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 I: Summary</b>		
<b>PHA Name:</b> Putnam Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P02450109 Replacement Housing Factor Grant No: Date of CFFP: 2009	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 3/31/2010       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	\$-0-	\$-0-		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$-0-	\$-0-		
19	1502 Contingency (may not exceed 8% of line 20)	\$-0-			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$243,000.00	\$245,036.00	\$130,000.00	\$63,350.25
21	Amount of line 20 Related to LBP Activities	\$-0-	\$-0-		
22	Amount of line 20 Related to Section 504 Activities	\$-0-	\$-0-		
23	Amount of line 20 Related to Security - Soft Costs	\$-0-	\$-0-		
24	Amount of line 20 Related to Security - Hard Costs	\$-0-	\$-0-		
25	Amount of line 20 Related to Energy Conservation Measures	\$10,000.00	\$10,000.00		

<b>Signature of Executive Director</b> <i>Keith Carter</i>	<b>Date</b> 3-31-10	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<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.





**Part I: Summary**

<b>PHA Name: Putnam Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26S02450109 Replacement Housing Factor Grant No: Date of CFFP: 2009	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
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**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 3/31/2010       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	\$-0-			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$-0-			
3	1408 Management Improvements	\$-0-			
4	1410 Administration (may not exceed 10% of line 21)	\$17,000.00	\$17,000.00	\$17,000.00	\$4,580.92
5	1411 Audit	\$-0-			
6	1415 Liquidated Damages	\$-0-			
7	1430 Fees and Costs	\$5,465.00	\$15,465.00	\$15,465.00	\$14,310.70
8	1440 Site Acquisition	\$-0-			
9	1450 Site Improvement	\$-0-			
10	1460 Dwelling Structures	\$290,000.00	\$280,000.00	\$280,000.00	\$-0-
11	1465.1 Dwelling Equipment—Nonexpendable	\$-0-			
12	1470 Non-dwelling Structures	\$-0-			
13	1475 Non-dwelling Equipment	\$-0-			
14	1485 Demolition	\$-0-			
15	1492 Moving to Work Demonstration	\$-0-			
16	1495.1 Relocation Costs	\$-0-			
17	1499 Development Activities <sup>4</sup>	\$-0-			

<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.

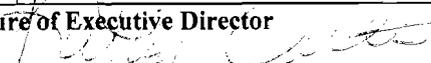
<b>Part I: Summary</b>		
<b>PHA Name:</b> Putnam Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26S02450109 Replacement Housing Factor Grant No: Date of CFFP: 2009	<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>

**Type of Grant**

Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no:      )

Performance and Evaluation Report for Period Ending: 3/31/2010       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	\$-0-			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$-0-			
19	1502 Contingency (may not exceed 8% of line 20)	\$-0-			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$312,465.00	\$312,465.00	\$312,465.00	\$18,891.62
21	Amount of line 20 Related to LBP Activities	\$-0-			
22	Amount of line 20 Related to Section 504 Activities	\$-0-			
23	Amount of line 20 Related to Security - Soft Costs	\$-0-			
24	Amount of line 20 Related to Security - Hard Costs	\$-0-			
25	Amount of line 20 Related to Energy Conservation Measures	\$110,000.00			

<b>Signature of Executive Director</b> 	<b>Date</b> 3-31-11	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<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

**Part I: Summary**

<b>PHA Name:</b> Putnam Housing <b>Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P02450110 Replacement Housing Factor Grant No: Date of CFFP: 2010	<b>FFY of Grant:</b> 2010 <b>FFY of Grant Approval:</b> 2010
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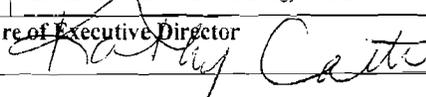
**Type of Grant**  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:     Final Performance and Evaluation Report

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	\$-0-			
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$72,000.00			
3	1408 Management Improvements	\$20,000.00			
4	1410 Administration (may not exceed 10% of line 21)	\$23,000.00			
5	1411 Audit	\$-0-			
6	1415 Liquidated Damages	\$-0-			
7	1430 Fees and Costs	\$5,000.00			
8	1440 Site Acquisition	\$-0-			
9	1450 Site Improvement	\$25,000.00			
10	1460 Dwelling Structures	\$20,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	\$25,000.00			
12	1470 Non-dwelling Structures	\$-0-			
13	1475 Non-dwelling Equipment	\$50,000.00			
14	1485 Demolition	\$-0-			
15	1492 Moving to Work Demonstration	\$-0-			
16	1495.1 Relocation Costs	\$-0-			
17	1499 Development Activities <sup>4</sup>	\$-0-			

<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>						
<b>PHA Name:</b> Putnam Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: CT26P02450110 Replacement Housing Factor Grant No: Date of CFFP: 2010			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b> <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	\$-0-				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$-0-				
19	1502 Contingency (may not exceed 8% of line 20)	\$-0-				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$240,000.00				
21	Amount of line 20 Related to LBP Activities	\$-0-				
22	Amount of line 20 Related to Section 504 Activities	\$-0-				
23	Amount of line 20 Related to Security - Soft Costs	\$-0-				
24	Amount of line 20 Related to Security - Hard Costs	\$-0-				
25	Amount of line 20 Related to Energy Conservation Measures	\$45,000.00				
Signature of Executive Director		Date		Signature of Public Housing Director		
		3-26-10				

<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.



