

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: <u>Milford Redevelopment and Housing Partnership</u> PHA Code: <u>CT030</u> 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): <u>04/01/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>329</u> Number of HCV units: <u>266</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input 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
					PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (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.				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>				
8.0	Capital Improvements.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.				

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	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

5.1 Mission

The mission of the Milford Redevelopment and Housing Partnership (MRHP) is to assist low-income families with safe, decent, and affordable housing opportunities as they strive to achieve independence and self reliance and improve the quality of their lives. The Authority is committed to operating in a fiscally prudent, efficient, ethical, and professional manner. The MRHP will strive to provide a suitable living environment for the families we serve without discrimination.

5.2 Goals and Objectives

PHA Goal: Expand the supply of assisted housing

Objectives:

Apply for additional rental vouchers:

Leverage private or other public funds to create additional housing opportunities:

Acquire or build units or developments

PHA Goal: Improve the quality of assisted housing

Objectives:

Improve voucher management: (SEMAP score) *Recognized as a high performer by 2011*

Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)

Renovate or modernize public housing units: *On an ongoing basis*

Demolish or dispose of obsolete public housing:

PHA Goal: Increase assisted housing choices

Objectives:

Conduct outreach efforts to potential voucher landlords. *Annually*

Increase voucher payment standards. *To assure participation of Section 8 landlords with quality property.*

PHA Goal: Provide an improved living environment

Objectives:

Implement public housing security improvements:

Designate developments or buildings for particular resident groups (elderly, persons with disabilities)

PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

Provide or attract supportive services to increase independence for the elderly or families with disabilities. *On an ongoing basis*

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: *On an ongoing basis*

Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: *On an ongoing basis*

The goals and objectives adopted by the Milford Redevelopment and Housing Partnership are:

Goal One: Manage the Milford Redevelopment and Housing Partnership existing public housing program in an efficient and effective manner thereby qualifying as at least a standard performer.

Objectives:

- 1.) The Milford Redevelopment and Housing Partnership shall promote a motivating work environment with a capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing industry.*

Goal two: Provide a safe and secure environment in Milford Redevelopment and Housing Partnership's public housing developments.

Objectives:

- 1.) The Milford Redevelopment and Housing Partnership shall continue to reduce crime in its developments so that the crime rate is less than the surrounding neighborhood.*
- 2.) Improve willingness of residents to report incidents of crime to the Milford Police Department and to empower residents to actively work with the police to achieve a safe and secure environment.*

Goal three: Expand the range and quality of housing choices available to participants in the Milford Redevelopment and Housing Partnership tenant-based assistance program.

Objectives:

- 1.) The Milford Redevelopment and Housing Partnership shall achieve and sustain a utilization rate of 98% in its tenant-based program.*

- 2.) *The Milford Redevelopment and Housing Partnership shall attract 5 new landlords who want to participate in the program by December 31, 2010.*

Goal four: Enhance the image of public housing in our community.

Objective:

- 1.) *The MRHP will continue to assess the operational needs of the organization for the purpose of improving neighborhood appearance in keeping with the value of the surrounding communities.*

6A: PHA Plan Elements

1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait Lit Procedures.

Revised

2. Financial Resources

Revised

3. Rent Determination

No Revision

4. Operation and Management

No Revision

5. Grievance Procedures

No Revision

6. Designated Housing for Elderly and Disabled Families

No Revision

7. Community Service and Self-Sufficiency

No Revision

8. Safety and Crime Prevention

No Revision

9. Pets

Revised

10. Civil Rights Certification

No Revision

11. Fiscal Year Audit

Revised

12. Asset Management

No Revisions

13. Violence Against Women Act (VAWA)

Revised

6B PHA PLAN LOCATIONS

Jepson Manor
166 Harrison Ave
Milford, CT 06460

Catherine McKeen Village
95 Jepsen Drive
Milford, CT 06460

Foran Towers
264 High St.
Milford, CT 06460

Island View Park
100 Viscount Drive
Milford, CT 06460

DeMaio Gardens
75 DeMaio Drive
Milford, CT 06460

7.0 Demolition and Disposition

Demolition/Disposition Activity Description	
1a. Development name and address: Scattered Sites, 136 Merwin Ave, Milford, CT 06460	
1b. Development (project) number: CT26P030-009-91F	
2. Activity type: Demolition <input type="checkbox"/> Disposition of a single family house Disposition <input checked="" type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (07/31/10)	
5. Number of units affected: One	
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: 11/30/10 b. Projected end date of activity: 12/31/10	

9. Statement of Housing Needs

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	451	5	3	2	5	3	1
Income >30% but <=50% of AMI	372	4	3	2	5	3	1
Income >50% but <80% of AMI	442	3	2	1	4	2	1
Elderly	232	4	3	2	4	2	1
Families with Disabilities	75	5	3	2	4	2	1
Black Non-Hispanic	143	NFA	NFA	NFA	NFA	NFA	NFA
Hispanic	252	NFA	NFA	NFA	NFA	NFA	NFA
White Non-Hispanic	860	NFA	NFA	NFA	NFA	NFA	NFA
Race/Ethnicity							

Code 1-5: One being no impact, five being severe impact.

* No Information Available – NFA

9.1 Strategy for Addressing Needs

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Employ effective maintenance and management policies to minimize the number of public housing units off-line

Reduce turnover time for vacated public housing units

Reduce time to renovate public housing units

Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program

Strategy 2: Increase the number of affordable housing units by:

Apply for additional section 8 units should they become available

Leverage affordable housing resources in the community through the creation of mixed - finance housing

Strategy 1: Target available assistance to the elderly:

Seek designation of public housing for the elderly

Strategy 1: Target available assistance to Families with Disabilities:

Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing

Apply for special-purpose vouchers targeted to families with disabilities, should they become available

Affirmatively market to local non-profit agencies that assist families with disabilities

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Affirmatively market to races/ethnicities shown to have disproportionate housing needs

Strategy 2: Conduct activities to affirmatively further fair housing

Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units

Market the section 8 program to owners outside of areas of poverty /minority concentrations

10 A. Progress in Meeting PHA Goals and Objectives

HUD Strategic Goal: Goal #1

Acquire or build units or developments: In order to increase the quality and quantity of public housing units, the Milford Redevelopment and Housing Partnership has acquired five duplexes and two single family homes and a six unit building for a total of eighteen additional units.

Improve public housing management (PHAS Scores): All efforts of the Housing Partnership are being directed to improve the quality of life for residents in both the Public Housing Program and Section 8 Program. As a direct result of those efforts, the Milford Redevelopment and Housing Partnership is a Standard Performer and is working toward becoming a High Performer.

Renovate or modernize public housing units: The Housing Partnership continues to upgrade and improve the Public Housing inventory through the Capital Fund Program.

Conduct outreach efforts to potential voucher landlords: The Partnership together with its Section 8 Contractor has expanded its efforts to recruit new Section 8 Landlords.

Increase voucher payment standards: The Partnership has increased the payment standard up to a maximum of 110% of the Fair Market Rent and will review the standard yearly in order to provide the appropriate standard amount for the clients to lease decent, safe and affordable units.

HUD Strategic Goal #2:

Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: The rehabilitation of the Jepson Manor property will provide the Partnership with a family development that is competitive with units in the private sector and will attract higher income, qualified families.

Implement public housing security improvements: In order to provide further security for elderly residents in public housing, the Partnership has alarmed all side entrances in all of the elderly developments. Subject to funding the Partnership intends to procure a web enabled camera based security system for all developments.

HUD Strategic Goal: Goal #3

Provide or attract supportive services to increase independence for the elderly or families with disabilities: In an effort to provide a wide range of support services for elderly and families with disabilities, the Partnership has created a Public Housing Assistant Manager position. This staff person will enable the elderly/families with disabilities to access various support services needed to achieve independent living.

HUD Strategic Goal: Goal #4

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability: The Housing Partnership is committed to a regional advertising approach for Section 8 Landlords and Tenants.

Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability:

Upgrade facilities for persons with disabilities and comply with PHAS exigent and fire safety requirements

Other PHA Goals and Objectives

PHA Goal #1

The Partnership has done the following:

Implemented an updated and improved automated accounting system to manage fiscal responsibilities.

Provided employees with access to web based information

Contracted with a qualified Housing Quality Standard Inspection Service who is trained on the most recent HQS revisions including the Lead Based Paint revisions.

Initiated a Departmentalized and Asset based Budgeting Process.

Implemented a work center concept to improve responsiveness and delivery of service to the clients.

Achieved and maintained all GAP Requirements.

Implemented cost accounting procedures to improve organization efficiency and economy of operations.

PHA Goal #2

The Milford Redevelopment and Housing Partnership shall reduce crime in its developments so that the crime rate remains less than their surrounding neighborhoods: Improved security at elderly developments and the Partnership also performs applicant criminal background investigation reports.

PHA Goal #3

The Milford Redevelopment and Housing Partnership is working to maintain the goal of a 98% utilization rate in its tenant based programs and is attracting new landlords through news releases and landlord workshops.

PHA Goal #4

The Milford Redevelopment and Housing Partnership has implemented an outreach program to inform the community of what good managers of the public's dollars the Housing Partnership is: It actively participates in community organizations such as the Rotary, and attends monthly meetings of the Social Service Network. The Partnership also provides prompt response to all media requests.

10 b. Significant Amendment and Substantial Deviation/Modification.

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

11F. Resident Advisory Board Comments

The only Resident Advisory Board comment was in reference to the Pet Policy. The Resident Advisory Board wanted the Pet Policy to clarify whether tenant's visitors can bring pets into the developments if they were visiting.

Response: (See Attached Pet Policy)

Visiting pets that are staying overnight for one or more days must be registered with the MRHP Office. Extended overnights that result from pet sitting arrangements cannot extend more than two weeks in any twelve (12) month period. ALL requirements of this pet policy pertain to pets staying overnight with the exception of the pet deposit. However, the resident remains responsible for damages to MRHP property and will be charged for repairs or staff time involved in clean-up of pet accidents.

Any pet visiting a MRHP development, but not staying overnight, is required to be kept on lead or kenneled when not in a resident's unit AND must be in the company of its owner for the duration of the visit. No visiting pet may be left unattended at any time.

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

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

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

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

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

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

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

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

MILFORD REDEVELOPMENT AND HOUSING PARTNERSHIP

Violence Against Women Act

The Milford Redevelopment and Housing Partnership provides or offers the following activities, services, or programs that helps children and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

The Violence against Women Act protects tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking from being evicted or terminated from housing assistance based on acts of such violence against them. Generally, the law provides that criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy right if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse. The law also provides that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim or that violence and will not be "good cause" for termination of the assistance, tenancy, or occupancy rights of a victim of such violence.

It is the Partnership's plan that future/current residents of the public housing program and participants of the Housing Choice Voucher Program will be given a copy of PIH Notice 2006-42. Residents of the Public Housing complexes will be provided this notice when the lease is executed, or upon recertification while participants of the HCV Program will be apprised during their briefing session or upon recertification. The contents therein will be explained to the family members that attend these appointments.

The requirement contained in the law that precludes eviction based on domestic violence, dating violence, or stalking will be explained to new landlords and those currently involved in the program at time of recertification. During the lease period, the landlords will be advised of the VAWA requirements should tenant-eviction because of actions become a reality.

Landlords of/and new participants to the Housing Choice Voucher Program or families relocating to a different unit will be required to complete the reissued Housing Assistance Payments Contract and Tenancy Addendum that incorporated the restrictions of the Act.

Families currently residing in the Public Housing developments, as well as the HCV participants who have not submitted a Request for Tenancy Approval, will be notified of the safe-guards against eviction/termination, as well as the requirement for certification and verification.

Any family who requests relief from eviction or termination because of domestic violence, dating violence, or stalking will be required to submit the Certification Form and provide restraining orders, police reports, letters from shelters, or other such documentation as necessary to verify the request. Additionally, the Partnership will obtain information from the local police department as to the nature and type of police calls made to the respective address as further verification.

MILFORD REDEVELOPMENT AND HOUSING PARTNERSHIP (MRHP)

VIOLENCE AGAINST WOMEN ACT POLICY

1.0 **GOALS & ACTIVITIES:** The purpose of this policy is to reduce domestic violence, dating violence, and stalking and to prevent homelessness by:

- a. protecting the safety of victims;
- b. creating long-term housing solutions for victims;
- c. building collaborations among victim service providers; and
- d. assisting MRHP to respond appropriately to the violence while maintaining a safe environment for MRHP employees, tenants, applicants, Section 8 participants, public housing program participants and others.

The policy will assist the MRHP in providing rights under the Violence Against Women Act to its applicants, public housing residents, Section 8 participants and other program participants.

2.0 **MISSION STATEMENT:** MRHP's policy is to comply with the 2005 VAWA pub. L 109-162; Stat.2960 signed into law on January 5, 2006 and codified at 42 U.S.C. § 1437d (1) and 1437 (d), (o) & 1 and (u). MRHP shall not discriminate against an applicant, public housing resident, Section 8 program participant or other program participant on the basis of the rights or privileges provided under the VAWA.

The Policy is incorporated into MRHP's "Tenant Selection and Assignment Policy" and "Section 8 Program Administrative Plan".

3.0 **CERTIFICATION AND CONFIDENTIALITY:**

3.1 **Failure to provide certification under 3.2 and 3.3:** The person shall provide complete and accurate certifications to MRHP, owner or property manager within 14 business days after the party requests in writing that the person completes the certifications. If the person does not provide a complete and accurate certification within the 14 business days, MRHP, the owner or property manager may take action to deny or terminate participation or tenancy under; 42 U.S.C. § 1437 1 (5) & (6); 42 U.S.C. § 1437 (d) (c) (3); 42 U.S.C. 7 1437f (c) (9); 42 U.S.C. § 1437f (d)(1)(B) (ii) & (iii); 42 U.S.C. § 1437f (o)(7)(C) & (D); or 42 U.S.C. § 1437f (o)(20) or for other good cause.

3.2 **HUD Approved Certification:** For each incident that a person is claiming is abuse, the person shall certify to MRHP, owner or property manager their victim status by completing a HUD approved certification form. The person shall certify the date, time and description of the incidents, that the incidents are bona fide incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator including, but not limited to the

name and, if known, all alias names, date of birth, address, contact information such as postal, e-mail or internet address, telephone or facsimile number or other information.

3.3 **Other Certification:** A person who is claiming victim status shall provide to MRHP, an owner or manager: (a) documentation signed by the victim and an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the person has sought assistance in addressing domestic violence, dating violence or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. § 1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse; or (b) a federal, state, tribal, territorial, local police or court record.

3.4 **Confidentiality:** MRHP, the owner and/or property manager shall keep all information provided to MRHP under this Section confidential. MRHP, owner and/or property manager shall not enter the information into a shared database or provide to any related entity except to the extent that:

- (a) The victim requests or consents to the disclosure in writing:
- (b) The disclosure is required for:
 - (i) Eviction from public housing under 42 U.S.C. § 1437 I (5) & (6) (See Section 5 in this Policy)
 - (ii) Termination of Section 8 assistance under 42 U.S.C. § 1437f (c)(9); 42 U.S.C. § 1437f (d)(I)(B)(ii) & (iii); 42 U.S.C. & 1437f (O)(7)(C)&(D); or 42 U.S.C. & 1437f(o)(20)(See Section 4 in this Policy; or
- (c) The disclosure is required by applicable law.

3.5 **Compliance Not Sufficient to Constitute Evidence of Unreasonable Act:**

The MRHP, owner or manager compliance with Section 3.1, 3.2 and 3.3 shall alone not be sufficient to show evidence of an unreasonable act or omission by them.

4.0 **APPROPRIATE BASIS FOR DENIAL OF ADMISSION, ASSISTANCE OR TENANCY:**

4.1 MRHP shall not deny participation or admission to a program on the basis of a person's victim status, if the person otherwise qualifies for admission of assistance.

- 4.2 An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be a serious or repeated violation of the lease by the victim and shall not be good cause for denying to a victim admission to a program, terminating Section 8 assistance or occupancy rights, or eviction of a tenant.
- 4.3 Criminal activity directly related to domestic violence, dating violence, or talking engaged in by a member of tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim of that domestic violence, dating violence or stalking.
- 4.4 Notwithstanding Section 4.1, 4.2 and 4.3 MRHP, an owner or manager may bifurcate a lease to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing, terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. 42 U.S.C. § 1437d (1)(6)(B)
- 4.5 Nothing in Section 4.1 and 4.3 shall limit the Partnership, an owner or manager, when notified, to honor a court order addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- 4.6 Nothing in Section 4.1, 4.2 and 4.3 limits MRHP, an owner or manager's authority to evict or terminate assistance to any tenant for any violation of lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However, MRHP, owner or manager may not hold a victim to a more demanding standard.
- 4.7 Nothing in Section 4.1, 4.2 and 4.3 limits MRHP, an owner or manager's authority to evict or terminate assistance, or deny admission to a program if the MRHP, owner or manager can show an actual and imminent threat to other tenants, neighbors, guests, their employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.
- 4.8 Nothing in Section 4.1, 4.2 or 4.3 limits MRHP, an owner or manager's authority to deny admission, terminate assistance or evict a person who engages in criminal acts including, but not limited to, acts of physical violence or stalking against family members or others.
- 4.9 A Section 8 recipient who moves out of a assisted dwelling unit to protect their health or safety and who: (a) is a victim under this policy; (b) reasonably believes he or she was imminently threatened by harm from

further violence if he or she remains in the unit; and (c) has complied with all others obligations of the Section 8 program may receive a voucher and move to another Section 8 jurisdiction.

- 4.10 A public housing tenant who wants a transfer to protect their health or safety and who: (a) is victim under this policy; (b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the units; and (3) has complied with all other obligations of the public housing income program may transfer to another MRHP unit, receive a Section 8 Voucher and stay in Connecticut or move to another Section 8 jurisdiction.
- 5.0 **ACTIONS AGAINST A PERPETRATOR:** MRHP may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this policy. The victim shall take action to control, or prevent the domestic violence, dating violence, or stalking. The action may include, but is not limited to: (a) obtaining and enforcing a restraining or no contact order or order for protecting against the perpetrator; (b) obtaining and enforcing a trespass against the perpetrator; (c) enforcing MRHP or law enforcement's trespass of the perpetrator (d) preventing the delivery of the perpetrator's mail to the victim's unit; (e) providing identifying information listed in 3.2 and (f); and other reasonable measures.
- 6.0 **NOTICE TO APPLICANTS, PARTICIPANTS, TENANTS AND SECTION 8 MANAGERS AND OWNERS:** MRHP shall provide notice to applicants, participants, tenants, managers and owners of their rights and obligations under Section 3.4 Confidentiality and Section 4.0 Appropriate Basis for Denial or Admission, Assistance or Tenancy.
- 7.0 **REPORTING REQUIREMENTS:** MRHP shall include in its 5-year plan a statement of goals, objectives, policies or programs that will serve the needs of victims: MRHP shall also include a description of activities, services or programs provided or offered either directly or in partnership with service providers to victims, to help victims obtain or maintain housing or to prevent the abuse or to enhance the safety of victims.
- 8.0 **CONFLICT AND SCOPE:** This Policy does not enlarge MRHP's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law regulation or ordinance shall control. If this Policy conflicts with another MRHP policy such as its Statement of Policies or Section 8 Administration Plan, this Policy will control.
- 9.0 **AMENDMENT:** The Executive Director may amend this policy when it is reasonably necessary to effectuate the Policy's intent, purpose or interpretation. The proposed amendment along with the rationale for the amendment shall be submitted to the Executive Director for consideration. Where reasonably necessary, the Executive Director may approve the amendment. The amendment shall be effective and incorporated on the date the Executive Director signs the amendment.

MILFORD REDEVELOPMENT AND HOUSING PARTNERSHIP

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING

Certification must be made as provided in Section A and either B, or Section C below:

-
1. Date delivered to resident: _____.
 2. Must complete and return form by _____ (14 business days after resident's receipt).
 3. If cannot complete form by this date, contact _____ at _____.

A. **RESIDENT/APPLICANT MUST COMPLETE:**

Attach complete and sign HUD Form 50066-copy attached

B. **CERTIFICATION IS MADE BY PROVIDING POLICE REPORT OR COURT RECORD:**

1. Name of the victim of domestic violence, dating violence or stalking:

2. Victim address: _____
3. Head of Household on lease if not the victim:

4. Perpetrator's name if known:

5. If perpetrator's name is not known explain why:

6. Perpetrator's relation to victim: _____
7. Date and description of the qualifying incidents:

8. Certification of the violence:

Attached is a copy of a police report, temporary, or permanent restraining order, or other police or court record relating to the violence.

I hereby certify that the description of an incident or incidents of domestic violence, dating violence or stalking set forth in the attached police report, or court record is true and correct.

Signature of resident: _____ Dated: _____

C. **IF CERTIFICATION IS BY AN EMPLOYEE, AGENT OR VOLUNTEER OF A VICTIM SERVICE PROVIDER, ATTORNEY, OR MEDICAL PROFESSIONAL FROM WHOM THE VICTIM HAS SOUGHT HELP IN ADDRESSING DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING OR ITS EFFECTS:**

The SERVICE PROVIDER OR PROFESIONAL must complete this section:

1. Name of the victim of domestic violence, dating violence or stalking: _____
2. Victim's address: _____
3. Head of Household on lease if not the victim:

4. Perpetrator's name. If known: _____
5. If perpetrator's name is not known explain why:

6. Perpetrator's relation to victim: _____
7. Dates and description of the qualifying incidents:

(Attach additional sheet if necessary)

8. Certification of the violence.

A professional who helped the victim address the violence must complete the following section:

1. Name of person Completing this section: _____
2. What category best describes you? ____ Attorney ____ Medical Professional ____ Victim Service Provider
3. Title _____ Phone# _____
4. Agency / Business Name: _____
5. Address: _____

I hereby certify under penalty of perjury that the foregoing is true and correct and believe that the incident(s) described above are bona fide incidents of abuse.

Signature: _____ Date Signed: _____

Attested to as true and correct:

Signature of the victim: _____ Date Signed: _____

Part I: Summary

PHA Name/Number A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Locality (City/County & State)			Original 5-Year Plan		Revision No:
			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	Approved Statement	330,000.00	330,000.00	330,000.00	330,000.00	320,000.00	
C.	Management Improvements		10,000.00	10,000.00	10,754.00	10,754.00	10,000.00	
D.	PHA-Wide Non-dwelling Structures and Equipment		0.00	0.00	0.00	0.00	0.00	
E.	Administration		40,000.00	40,000.00	40,000.00	40,000.00	40,000.00	
F.	Other		57,345.00	57,345.00	56,591.00	56,591.00	67,345.00	
G.	Operations		0.00	0.00	0.00	0.00	0.00	
H.	Demolition		0.00	0.00	0.00	0.00	0.00	
I.	Development		0.00	0.00	0.00	0.00	0.00	
J.	Capital Fund Financing -- Debt Service		0.00	0.00	0.00	0.00	0.00	
K.	Total CFP Funds		0.00	0.00	0.00	0.00	0.00	
L.	Total Non-CFP Funds		0.00	0.00	0.00	0.00	0.00	
M.	Grand Total		437,345.00	437,345.00	437,345.00	437,345.00	437,345.00	

Capital Fund Program—Five-Year Action Plan

Part I: Summary (Continuation)

PHA Name/Number Development Number and Name	Work Statement for Year 1 FFY 2010	Locality (City/county & State)			<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
		Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013		
CT 30-1 Jepsen Manor	Annual Statement	0.00	0.00	0.00	0.00	0.00
CT 30-2 McKeen Village		180,000.00	250,000.00	175,000.00		320,000.00
CT 30-4 Foran Towers		0.00	0.00	0.00	0.00	0.00
CT 30-5 Island View Park		80,000.00	80,000.00	77,500.00		0.00
CT 30-6 DeMaio Gardens		70,000.00	0.00	77,500.00		0.00
PHA-Wide		107,345.00	107,345.00	107,345.00		117,345.00

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

Work Statement for Year 1 FFY 2010	Work Statement for Year 2011 FFY 2011			Work Statement for Year: 2012 FFY 2012		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	CT 30-2 McKeen Village	Replace Roof	180,000.00	CT 30-2 McKeen Village	Bathroom Upgrades	250,000.00
		Subtotal	180,000.00		Subtotal	250,000.00
	CT 30-5 Island View	Elevator Upgrades	80,000.00			
		Subtotal	80,000.00	CT 30-5 Island View	Masonry Waterproofing	80,000.00
	CT 30-6 DeMaio Gardens	Masonry Waterproofing	70,000.00		Subtotal	80,000.00
		Subtotal	70,000.00			
	PHA-Wide	Management Improvements	10,000.00	PHA-Wide	Management Improvements	10,000.00
		Administration	40,000.00		Administration	40,000.00
		Fees and Costs	57,345.00		Fees and Costs	57,345.00
		Subtotal	107,345.00		Subtotal	107,345.00
	Subtotal of Estimated Cost		\$437,345.00	Subtotal of Estimated Cost		\$437,345.00

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

Work Statement for Year 1 FFY 2010	Work Statement for Year 2013 FFY 2013			Work Statement for Year: 2014 FFY 2014		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	CT 30-2 McKeen Village	Window Replacement	125,000.00	CT 30-2 McKeen Village	Parking Lot and Driveway Replacement	120,000.00
		Entry Door Replacement	50,000.00		Boiler Replacement	150,000.00
		Subtotal	175,000.00		Water Heater Replacement	50,000.00
					Subtotal	320,000.00
	CT 30-5 Island View	Hallway Ventilation	77,500.00			
		Subtotal	77,500.00			
	CT 30-6 DeMato Gardens	Hallway Ventilation	77,500.00			
		Subtotal	77,500.00			
	PHA-Wide	Management Improvements	10,754.00	PHA-Wide	Contingency	10,000.00
		Administration	40,000.00		Management Improvements	10,000.00
		Fees and Costs	56,591.00		Administration	40,000.00
		Subtotal	107,345.00		Fees and Costs	57,345.00
					Subtotal	117,345.00
		Subtotal of Estimated Cost	\$437,345.00		Subtotal of Estimated Cost	\$437,345.00

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

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

Part I: Summary		FFY of Grant: 2010 FFY of Grant Approval: 2010	
PHA Name: Millford Redevelopment & Housing Partnership		Grant Type and Number Capital Fund Program Grant No: CT26P03050110 Replacement Housing Factor Grant No: Date of CFFP:	
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:)	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
1	Total non-CFF Funds	0.00	
2	1406 Operations (may not exceed 20% of line 21) ³	0.00	
3	1408 Management Improvements	10,000.00	
4	1410 Administration (may not exceed 10% of line 21)	40,000.00	
5	1411 Audit	0.00	
6	1415 Liquidated Damages	0.00	
7	1430 Fees and Costs	60,000.00	
8	1440 Site Acquisition	0.00	
9	1450 Site Improvement	0.00	
10	1460 Dwelling Structures	325,000.00	
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	
12	1470 Non-dwelling Structures	0.00	
13	1475 Non-dwelling Equipment	0.00	
14	1485 Demolition	0.00	
15	1492 Moving to Work Demonstration	0.00	
16	1495.1 Relocation Costs	0.00	
17	1499 Development Activities ⁴	0.00	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary		FFY of Grant: 2010 FFY of Grant Approval: 2010	
PHA Name: MRHP	Grant Type and Number Capital Fund Program Grant No: CT26P03050110 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line		Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	
19	1502 Contingency (may not exceed 8% of line 20)	2,345.00	
20	Amount of Annual Grant: (sum of lines 2 - 19)	437,345.00	
21	Amount of line 20 Related to LBP Activities	0.00	
22	Amount of line 20 Related to Section 504 Activities	0.00	
23	Amount of line 20 Related to Security - Soft Costs	0.00	
24	Amount of line 20 Related to Security - Hard Costs	0.00	
25	Amount of line 20 Related to Energy Conservation Measures	0.00	
Signature of Executive Director		Signature of Public Housing Director	
		Date 01-12-16	

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

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

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2009	
PHA Name: Milford Redevelopment & Housing Partnership		Capital Fund Program Grant No: CT26P03050109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2009	
Type of Grant		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:2)			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Final Performance and Evaluation Report			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09					
Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹	
Line		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	
2	1406 Operations (may not exceed 20% of line 21) ³	0.00	0.00	0.00	
3	1408 Management Improvements	15,000.00	15,000.00	0.00	
4	1410 Administration (may not exceed 10% of line 21)	40,000.00	40,000.00	40,000.00	
5	1411 Audit	0.00	0.00	0.00	
6	1415 Liquidated Damages	0.00	0.00	0.00	
7	1430 Fees and Costs	60,754.00	60,754.00	60,000.00	
8	1440 Site Acquisition	0.00	0.00	0.00	
9	1450 Site Improvement	0.00	10,800.00	0.00	
10	1460 Dwelling Structures	321,591.00	300,373.00	0.00	
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	
12	1470 Non-dwelling Structures	0.00	0.00	0.00	
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	
14	1485 Demolition	0.00	0.00	0.00	
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	
16	1495.1 Relocation Costs	0.00	0.00	0.00	
17	1499 Development Activities ⁴	0.00	0.00	0.00	

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Annual Statement of 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		FFY of Grant: 2009 FFY of Grant Approval: 2009	
PHA Name: Milford Redevelopment & Housing Partnership	Grant Type and Number Capital Fund Program Grant No: CT26P03050109 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ² Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	437,345.00	100,000.00
21	Amount of line 20 Related to LBP Activities	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00
Signature of Executive Director		Signature of Public Housing Director	
Date 01-12-10		Date	

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

Part II: Supporting Pages		Federal FFY of Grant: 2009					
PHA Name: Milford Redevelopment & Housing Partnership		Grant Type and Number					
Capital Fund Program Grant No: CT26P03050109		Capital Fund Program Grant No: CT26P03050109					
CFPP (Yes/No):		CFPP (Yes/No):					
Replacement Housing Factor Grant No:		Replacement Housing Factor Grant No:					
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
PHA-Wide Management Imp.	Management Improvements	1408	100%	15,000.00	15,000.00	0.00	
PHA-Wide Administration	Administration	1410	100%	40,000.00	40,000.00	40,000.00	
PHA-Wide Fees & Costs	Architectural/Engineering and Modernization Consulting Fees	1430	100%	60,754.00	60,754.00	60,000.00	
CT30-1	Renovate two (2) units	1460	2 units	321,591.00	150,373.00	0.00	
	Sidewalk 504 Upgrades	1450	100%	0.00	10,800.00	0.00	
CT30-4	Window Replacement	1460	43 units	0.00	150,000.00	0.00	
PHA-Wide	Contingency	1502	100%	0.00	10,418.00	0.00	
	GRANT TOTAL			437,345.00	437,345.00	100,000.00	

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

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

Part I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name: Milford Redevelopment & Housing Partnership		Capital Fund Program Grant No: CT26S03050109 Replacement Housing Factor Grant No: _____		2009	
Date of CFFP: _____				FFY of Grant Approval: 2009	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no:1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 21) ³	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	40,000.00	50,000.00	50,000.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	45,000.00	60,000.00	60,000.00	20,688.55
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	467,907.00	417,907.00	140,000.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
17	1499 Development Activities ⁴	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	5,000.00	30,000.00	0.00	0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	557,907.00	557,907.00	250,000.00	20,688.55
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

¹ To be completed for the Performance and Evaluation Report.

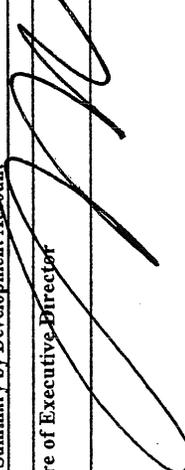
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary		FFY of Grant: 2009	
PHA Name: Milford Redevelopment & Housing Partnership		FFY of Grant Approval: 2009	
Grant Type and Number Capital Fund Program Grant No: CT26S03050109		Replacement Housing Factor Grant No:	
Date of CFFP:			
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09 <input type="checkbox"/> Final Performance and Evaluation Report		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost¹
		Original	Revised²
Signature of Executive Director		Date	
		01-12-10	
		Obligated	Expended
		Signature of Public Housing Director	
		Date	

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

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

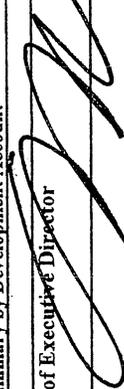
Part I: Summary	
PHA Name: Milford Redevelopment & Housing Partnership	Grant Type and Number Capital Fund Program Grant No: CT26P03050108 Replacement Housing Factor Grant No: Date of CFFP: _____
FFY of Grant: 2008 FFY of Grant Approval: 2008	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:2)			Total Actual Cost ¹	
			Total Estimated Cost	Revised ²	Obligated	Expended	
Summary by Development Account							
1	Total non-CFF Funds	0.00	0.00	0.00	0.00	0.00	0.00
2	1406 Operations (may not exceed 20% of line 21) ³	0.00	0.00	0.00	0.00	0.00	0.00
3	1408 Management Improvements	20,000.00	5,000.00	5,000.00	5,000.00	1,801.00	1,801.00
4	1410 Administration (may not exceed 10% of line 21)	40,000.00	40,000.00	40,000.00	40,000.00	40,000.00	40,000.00
5	1411 Audit	0.00	0.00	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	70,754.00	57,266.00	57,266.00	57,266.00	28,336.88	28,336.88
8	1440 Site Acquisition	0.00	0.00	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	305,000.00	270,488.00	270,488.00	79,734.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	0.00	68,000.00	68,000.00	68,000.00	0.00	0.00
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00	0.00	0.00
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00	0.00	0.00
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00	0.00	0.00
17	1499 Development Activities ⁴	0.00	0.00	0.00	0.00	0.00	0.00
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	5,000.00	0.00	0.00	0.00	0.00	0.00
20	Amount of Annual Grant: (sum of lines 2 – 19)	440,754.00	440,754.00	440,754.00	250,000.00	70,137.88	70,137.88
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security – Soft Costs	0.00	0.00	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security – Hard Costs	0.00	0.00	0.00	0.00	0.00	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00	0.00	0.00

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

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

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

Part I: Summary		FFY of Grant: 2008	
PHA Name: Milford Redevelopment & Housing Partnership	Grant Type and Number Capital Fund Program Grant No.: CT26P03050108 Date of CFFP: _____	Replacement Housing Factor Grant No.:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09	<input type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Revised ¹	Obligated
Signature of Executive Director		Date	
		01-12-10	
Signature of Public Housing Director		Date	

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

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

Part II: Supporting Pages									
PHA Name: MRHP		Grant Type and Number Capital Fund Program Grant No: CT26P03050108 CFFP (Yes/No):			Federal FFY of Grant: 2008				
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		
PHA-Wide	Management Improvements	1408	100%	20,000.00	5,000.00	5,000.00	1,801.00		
PHA-Wide	Administration	1410	100%	40,000.00	40,000.00	40,000.00	40,000.00		
PHA-Wide	Fees & Costs	1430	100%	70,754.00	57,266.00	57,266.00	28,336.88		
CT30-4	Replacement of Windows	1460	43 units	120,000.00	0.00	0.00	0.00		
CT30-5	Community Kitchen 504 Upgrades	1470	1 building	0.00	25,000.00	25,000.00	0.00		
	Community Bathroom 504 Upgrades	1470	1 building	0.00	20,000.00	20,000.00	0.00		
CT30-6	Community Kitchen 504 Upgrades	1470	1 building	0.00	10,000.00	10,000.00	0.00		
	Community Bathroom 504 Upgrades	1470	1 building	0.00	13,000.00	13,000.00	0.00		
	Roof Replacement	1460	1 building	185,000.00	270,488.00	79,734.00	0.00		
PHA-Wide	Contingency	1502	100%	5,000.00	0.00	0.00	0.00		
	GRANT TOTAL			440,754.00	440,754.00	250,000.00	70,137.88		

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

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

Part I: Summary		Grant Type and Number		Replacement Housing Factor Grant No:		FFY of Grant:	
PHA Name:		Capital Fund Program Grant No: CT26P03050107		Date of CFFP:		2007	
Milford Redevelopment & Housing Partnership						FFY of Grant Approval: 2007	
Type of Grant		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:3)			
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/09							
Summary by Development Account		Total Estimated Cost		Revised ²		Total Actual Cost ¹	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Expended	
1	Total non-CFP Funds	0.00	0.00	0.00	0.00	0.00	
2	1406 Operations (may not exceed 20% of line 21) ³	0.00	0.00	0.00	0.00	0.00	
3	1408 Management Improvements	15,000.00	32,040.80	32,040.80	32,040.80	32,040.80	
4	1410 Administration (may not exceed 10% of line 21)	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	
5	1411 Audit	0.00	0.00	0.00	0.00	0.00	
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00	0.00	
7	1430 Fees and Costs	67,624.00	65,849.15	65,849.15	65,849.15	65,849.15	
8	1440 Site Acquisition	0.00	0.00	0.00	0.00	0.00	
9	1450 Site Improvement	0.00	0.00	0.00	0.00	0.00	
10	1460 Dwelling Structures	142,550.00	170,330.63	170,330.63	170,330.63	147,752.04	
11	1465 1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00	0.00	
12	1470 Non-dwelling Structures	155,000.00	111,953.42	111,953.42	111,953.42	0.00	
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00	0.00	
14	1485 Demolition	0.00	0.00	0.00	0.00	0.00	
15	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00	0.00	
16	1495.1 Relocation Costs	0.00	0.00	0.00	0.00	0.00	
17	1499 Development Activities ⁴	0.00	0.00	0.00	0.00	0.00	
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00	0.00	
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00	0.00	
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00	0.00	
20	Amount of Annual Grant: (sum of lines 2 – 19)	400,174.00	400,174.00	400,174.00	400,174.00	265,641.99	
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00	0.00	
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00	0.00	
23	Amount of line 20 Related to Security – Soft Costs	0.00	0.00	0.00	0.00	0.00	
24	Amount of line 20 Related to Security – Hard Costs	0.00	0.00	0.00	0.00	0.00	
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00	0.00	

¹ To be completed for the Performance and Evaluation Report.

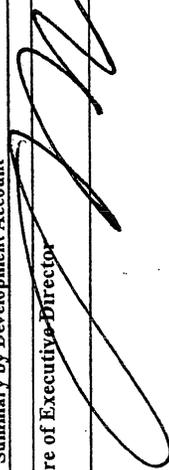
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary		Grant Type and Number Capital Fund Program Grant No: CT26P03050107 Replacement Housing Factor Grant No:		FFY of Grant: 2007
PHA Name: Milford Redevelopment & Housing Partnership		Date of CFFP:		FFY of Grant Approval:
Type of Grant	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/08	<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Total Actual Cost ¹
Signature of Executive Director		Original		Expended
		Date 01-12-10		
Signature of Public Housing Director		Obligated		Date

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

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

Part II: Supporting Pages									
PHA Name: MRHP		Grant Type and Number Capital Fund Program Grant No: CT26P03050107			CFPP (Yes/No):		Federal FFY of Grant: 2007		
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		
PHA-Wide	Management Improvements	1408	100%	15,000.00	32,040.80	32,040.80	32,040.80		
PHA-Wide	Administration	1410	100%	20,000.00	20,000.00	20,000.00	20,000.00		
PHA-Wide	Fees & Costs	1430	100%	67,624.00	65,849.15	65,849.15	65,849.15		
CT30-2	Community Kitchen 504 Upgrades	1470	1 building	30,000.00	30,000.00	30,000.00	0.00		
CT30-4	Repair In-Slab Sanitary Piping	1460	43 units	123,200.00	145,902.10	145,902.10	123,323.51		
	Community Bath 504 Upgrades	1470	1 building	30,000.00	30,000.00	30,000.00	0.00		
	Community Kitchen 504 Upgrades	1470	1 building	30,000.00	30,000.00	30,000.00	0.00		
CT30-5	Community Kitchen 504 Upgrades	1470	1 building	25,000.00	21,953.42	21,953.42	0.00		
	Community Bath Upgrades	1470	1 building	10,000.00	0.00	0.00	0.00		
Scattered Sites	504 Upgrades @ Platt Street	1460	1 building	0.00	1,969.73	1,969.73	1,969.73		

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.

PET OWNERSHIP POLICY

A. PET RULES

The following rules shall apply for the keeping of pets by Residents living in the units operated by the Milford Redevelopment and Housing Partnership (MRHP/Partnership). **These rules do not apply to service animals verified to be needed by a person with a documented disability.** A service animal is one that has special training and performs specific tasks based on that training. For Companion Animals, rules regarding size and breed may be waived for animals owned by applicants at the time of final application processing, but all other rules pertain. New companion animals for existing residents must fully comply with this pet policy in terms of breed and size. Service animals require documentation of special training. Companion animals require a medical letter confirming their medical necessity and must otherwise meet all requirements in this policy.

Visiting pets that are staying overnight for one or more days must be registered with the MRHP Office. Extended overnights that result from pet sitting arrangements cannot extend more than two weeks in any twelve (12) month period. ALL requirements of this pet policy pertain to pets staying overnight with the exception of the pet deposit. However, the resident remains responsible for damages to MRHP property and will be charged for repairs or staff time involved in cleanup of pet accidents.

Any pet visiting a MRHP development, but not staying overnight, is required to be kept on lead or kenneled when not in a resident's unit AND must be in the company of its owner for the duration of the visit. No visiting pet may be left unattended at any time.

1. Common household pets as authorized by this policy means domesticated animals, such as cats, dogs, fish, birds and turtles, that are traditionally kept in the home for pleasure rather than for commercial purposes.
2. Residents will register their pet with the Partnership BEFORE it is brought onto the Partnership premises, and will update the registration with inoculation documentation at the appropriate inoculation interval(s). The registration will include:
 - Information sufficient to identify the pet and to demonstrate that it is a common household pet (*Appendix 1*)
 - A certificate signed by a licensed veterinarian or a State or Local Authority empowered to inoculate animals, stating that the pet has received all inoculations required by applicable State and Local Law;
 - The name, address, and telephone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet. (*Appendix 1*)
 - The registration will be updated annually at the annual reexamination of the residents' income.
 - A statement indicating that the pet owner has read the pet rules and agrees to comply with them; (*Appendix 2*)
 - The Partnership may refuse to register a pet if:

- i.) The pet is not a common household pet;
 - ii.) The keeping of the pet would violate any applicable house pet rule;
 - iii.) The pet owner fails to provide complete pet registration information;
 - iv.) The pet owner fails annually to update the pet registration;
 - v.) The Partnership reasonably determines, based on the pet owners' habits and practices and the pet's temperament, that the pet owner will be unable to keep the pet in compliance with the pet rules and other legal obligations;
 - vi.) Financial ability to care for the pet will not be a reason for the Partnership to refuse to register a pet.
- The Partnership will notify the pet owner if the Partnership refuses to register a pet. The notice will:
 - State the reasons for refusing to register the pet;
 - Be served on the pet owner in accordance with procedure outlined in paragraph B1 of this policy; and
 - Be combined with a notice of a pet rule violation if appropriate (Appendix 3).
3. The pet may not exceed fifteen (15) inches in height at the shoulder and thirty-five (35) pounds in adult weight. The size limitations do not apply to service animals.
 4. No Chow, Pit Bull (American Staffordshire Terriers), German Shepherd, Doberman, Rottweiler, or any other known fighter breed will be allowed on the premises.
 5. All cat and dog pets shall be neutered or spayed, and verified by veterinarian, cost to be paid by the owner. Pet owners will be required to present a certificate of health from their veterinarian verifying all required annual vaccines, initially and at reexamination.
 6. A refundable pet fee of \$250.00 shall be made to the MRHP. Such fee will be a one-time fee (per pet) and shall be used to help cover cost of damages to the unit caused by the pet. The pet fee will be refunded (after any deduction for damages) when the resident moves out or no longer has a pet on the premises, whichever occurs first. At least \$150 of the \$250 must be paid with the executed Pet Agreement with the remainder paid the following month or upon move-in.
 7. Pets shall be quartered in the Residents' unit.
 8. Dogs and cats shall be kept on a leash and controlled by a responsible individual when taken outside.
 9. No dog houses will be allowed on the premises, nor may animals be kept outdoors overnight or tethered outside of the Residents' unit/building for any reason in any season.

10. Pets shall be walked only on lawns or areas as designated by MRHP. Owners shall clean up after pet after each time the animal eliminates. Failure to do so will result in a pet waste removal charge. Litter box waste shall be disposed of in a sealed plastic trash bag and placed in a trash bin.
11. The City Ordinance concerning pets will be complied with.
12. Pets shall be removed from the premises when their conduct or condition is duly determined to constitute a nuisance or a threat to the health and safety of the pet owner or other occupants of the Partnership in accordance with paragraph B below.
13. Birds must be kept in regular bird cages and not allowed to fly throughout the unit.
14. Each resident family will be allowed to house only one (1) animal at any time. Visiting guests with pets will only be allowed in accordance with the procedures and limitations outlined in paragraph A - Pet Rules.
15. Dishes or containers for food and water will be located within the owner's apartment. Food and/or table scraps will not be deposited on the owners porches or yards.
16. Residents will not feed or water stray animals or wild animals.
17. Pets will not be allowed on specified common areas (under clotheslines, social rooms, office, maintenance space, etc.).
18. Each resident family will be responsible for the noise or odor caused by their pet. Obnoxious odors can cause health problems and will not be tolerated.

B. PET VIOLATION PROCEDURE

NOTICE OF PET RULE VIOLATION (*Appendix 3*): When the Partnership determines on the basis of objective facts supported by written statements, that a pet owner has violated one or more of these rules governing the owning or keeping of pets, the Partnership will:

- Serve a notice of the pet rule violation on the owner by sending a letter by first class mail, properly stamped and addressed to the Resident at the leased dwelling unit, with a proper return address, or
 - serve a copy of the notice on any adult answering the door at the Residents' leased dwelling unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door;
1. The notice of pet rule violation must contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated;
 2. The notice must state that the pet owner has ten (10) calendar days from the effective date of service of notice to correct the violation (including, in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation, (the effective date of service is that day that the notice is delivered or mailed, or in the case of service by posting, on the day that the notice was initially posted);

3. The notice must state that the pet owner is entitled to be accompanied by another person on his or her choice at the meeting;

4. The notice must state that the pet owners' failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the pet owners' lease.

5. **PET RULE VIOLATION MEETING:** If the pet owner makes a timely request for a meeting to discuss an alleged pet rule violation, the Partnership shall establish a mutually agreeable time and place for the meeting to be held within fifteen (15) days from the effective date of service of the notice of pet rule violation (unless the Partnership agrees to a later date).

- The Partnership and the pet owner shall discuss any alleged pet rule violation and attempt to correct it and reach an agreeable understanding.
- The Partnership may, as a result of the meeting, give the pet owner additional time to correct the violation.
- Whatever decision or agreements, if any, are made will be reduced to writing, signed by both parties, with one copy for the pet owner and one copy placed in the Partnership's Resident file.

6. **NOTICE OF PET REMOVAL:** If the pet owner and the Partnership are unable to resolve the pet rule violation at the pet rule violation meeting, or if the Partnership determines that the pet owner has failed to correct the pet rule violation within the time set forth in the Notice of Pet Rule Violation or within any additional time provided for this purpose the Partnership shall issue a Notice requiring the pet owner to remove the pet. This notice must:

- Contain a brief statement of the factual basis for the determination and the pet rule or rules that have been violated;
- State that the pet owner must remove the pet within ten (10) days of the effective date of service of notice of pet removal (or within ten (10) days of the meeting, if the notice is served at the meeting);
- State the failure to remove the pet may result in initiation of procedures to terminate the pet owners' residency.

7. **INITIATION OF PROCEDURE TO TERMINATE PET OWNERS RESIDENCY:** The Partnership will not initiate procedure to terminate a pet owners' residency based on a pet rule violation unless:

- The pet owner has failed to remove the pet or correct the pet rule violation within the applicable time period specified above;
- The pet rule violation is sufficient to begin procedures to terminate the pet owners' residency under the terms of the lease and application regulations,
- Provisions of Resident's Lease, Section XIV: Termination of Lease will apply in all cases.

C. PROTECTION OF THE PET

1. No pet shall be left unattended for a period in excess of 24 hours. If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the Partnership may:
 - Contact the responsible party or parties listed in the registration form and ask that they assume responsibility for the pet;
 - If the responsible party or parties are unwilling or unable to care for the pet, the Partnership may contact the appropriate State or Local Authority (or designated agent of such Authority) and request the removal of the pet;
 - If the Partnership is unable to contact the responsible parties despite reasonable efforts, action as outlined above will be followed; and
 - If none of the above actions reap results, the Partnership may enter the pet owners' unit, remove the pet, and place the pet in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner.

D. NUISANCE OR THREAT TO HEALTH OR SAFETY

Nothing in this policy prohibits the Partnership or the Appropriate City Authority from requiring the removal of any pet from the Partnership property. If the pet's conduct or condition is duly determined to constitute, under the provisions of State or Local Law, a nuisance or a threat to the health or safety or other occupants of the Partnership property or of other persons in the community where the project is located.

E. APPLICATION OF RULES

1. Pet owners will be responsible and liable for any and all bodily harm to other residents or individuals. Destruction of personal property belonging to others caused by owner's pet will be the moral and financial obligation of the pet owner.
2. All pet rules apply to resident and/or resident's guests.

**Appendix I
Pet Agreement**

1. Management considers the keeping of pets a serious responsibility and a risk to each resident in the apartment. If you do not properly control and care for a pet, you will be held liable if it causes any damages or disturbs other residents.
2. Conditional Authorization for Pet. You may keep the pet that is described below in the apartment until Dwelling Lease is terminated. Management may terminate this authorization sooner if your right of occupancy is lawfully terminated or if you or your pet, your guests or any member of your household violates any of the rules contained in the Partnership's pet Policy or this Agreement.
3. Pet Fee. The Pet Fee for your current pet will be \$250.00; paid as follows: \$150.00 down payment with the Pet Agreement and the final amount paid the following month or upon move-in such that the full amount is paid within two months for residents in place or upon move-in for new residents. The Pet Fee is a one-time, refundable charge.
 - If, at any time in the future, this pet is replaced by another animal, then the current pet fee will be applied to the replacement animal, but only if the current pet fee does not have to be used for repairs, in which case another one-time fee will be charged for the replacement animal.
 - This fee will be used to pay reasonable expenses directly attributable to the presence of the pet in the complex, including but not limited to, the cost of repairs and replacement to, and fumigation of, the apartment.
4. Liability Not Limited. The fee under this Pet Agreement does not limit resident's liability for property damages, cleaning, deodorization, de-fleaing, replacements or personal injuries.
5. Description of Pet. You may keep only one pet as described below. The pet may not exceed fifteen (15) inches in height at the shoulder and thirty-five (35) pounds in adult weight. You may not substitute other pets for this one without amending this agreement.

Pet's Name _____ Type _____

Breed _____ Color _____ Weight _____ Age _____

Housebroken? _____ City of License _____ City License # _____

Date of last Rabies shot _____

Name, address and phone number of person able to care for pet in case of resident's permanent or temporary inability to care for animals

Name _____

Address _____ Phone _____

**Appendix 2
Pet Policy Certification**

I have read, fully understand and will abide by the rules and regulations contained in the Housing Authority Pet Policy and in this Pet Agreement.

Resident _____ **Date** _____

Resident _____ **Date** _____

Resident _____ **Date** _____

Witness _____ **Date** _____

**Appendix 3
Pet Policy Rules Violation Notice**

DATE: _____

TIME: (IF DELIVERED) _____ A.M. / P.M. _____

TO:
NAME OF RESIDENT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PET NAME OR TYPE: _____

This notice hereby informs you of the following pet rule violation:

Factual Basis for Determination of Violation:

As pet owner you have ten (10) calendar days from the date shown on this notice (date notice delivered or mailed) in which to correct the violation or make a written request for a meeting to discuss the violation.

As pet owner you are entitled to be accompanied by another person of your choice at the meeting.

Failure to correct the violation, to request a meeting, or to appear at the requested meeting may result in initiation of procedures to terminate your tenancy.

Public Housing Manager

Date

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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 4/1/2010, 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.

Milford Redevelopment and Housing Partnership
 PHA Name

CT030
 PHA Number/HA Code

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

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 Hilary Haig Holowink	Title Chairperson
Signature 	Date 1/12/10

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

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

(See reverse for public burden disclosure.)

1. Type of Federal Action: <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	2. Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Milford Redevelopment and Housing Partnership 75 DeMaio Drive Milford CT 06460 Congressional District, if known:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:	
6. Federal Department/Agency: U.S. Department of Housing and Urban Development	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> NAHRO 630 Eye Street NW Washington, DC 20001	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> Akinola Popoola	
<small>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 available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$1 0,000 and not more than \$100,000 for each such failure.</small>	Signature: _____ Print Name: Anthony J. Vasilou Title: Executive Director Telephone No.: (203) 877-3223 Date: 01-12-2010	
Federal Use Only:	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Milford Redevelopment and Housing Partnership

Program/Activity Receiving Federal Grant Funding

PHA Agency Plan

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.)

Foran Towers - 264 High Street, Milford, CT 06460

Island View Park - 100 Viscount Drive, Milford, CT 06460

DeMaio Gardens - 75 DeMaio Gardens, Milford, CT 06460

Catherine McKeen Village - 95 Jepson Drive, Milford, CT 06460

Jepson Manor Avenue Development - Harrison Ave., Milford, CT 06460

Scattered Sites - Milford, CT 06460

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

Anthony J. Vasiliou

Title

Executive Director

Signature

Date

01-12-2010

X

form HUD-50070 (3/98)

ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Milford Redevelopment and Housing Partnership

Program/Activity Receiving Federal Grant Funding

PHA Agency Plan

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

Anthony J. Vasiliou

Title

Executive Director

Signature

Date (mm/dd/yyyy)

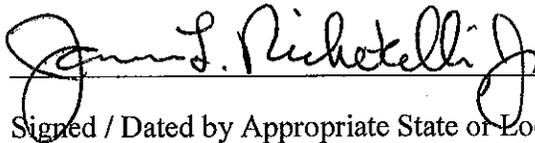
01-12-2010

Previous edition is obsolete

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

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

I, James L. Richetelli, Jr. the Mayor certify that the Five Year and
Annual PHA Plan of the Milford Redevelopment & Housing Partnership is consistent with the Consolidated Plan of
City of Milford prepared pursuant to 24 CFR Part 91.

 1/8/10
Signed / Dated by Appropriate State or Local Official