

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: DELAND HOUSING AUTHORITY PHA Code: FL29 P072 PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 07/01/2010				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: NONE Number of HCV units: 749				
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update. <i>SEE ATTACHMENT.</i>				
<b>5.1</b>	<b>Mission.</b> 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.  <i>MISSION STATEMENT OF THE DELAND HOUSING AUTHORITY: The mission of the DeLand Housing Authority is to be a leader in providing affordable housing for low, very low, and extremely low as well as moderate-income persons through effective management and wise stewardship of public funds and partnerships with our residents and others to enhance the quality of life in our community. Our second Mission is to serve all the citizens especially those of lower income, very-low income and extremely low-income of West Volusia County to the best of our ability with the funding we receive from HUD and any other sources. We are planning on the construction of additional units with mixed financing which will include Public Housing and possibly some project based market rate units. We are hoping Congress and the President will see the plight of our clients and free up money to support additional HVC so we can assist additional families.</i>				
<b>5.2</b>	<b>Goals and Objectives.</b> 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.  <i>We have received HUD approval to allow us to use our ARRA funding and other DHA funds to construct approximately 26 units of Public Housing units, and we have received Florida Tax Credit funding so we can expand this undertaking to construct approximately 120 multifamily units this year. Next year we will apply again to the State of Florida for Tax Credits to construct approximately 100 units of elderly housing. All the above units are planned for construction on the old Oakland Terrace Site. We will be using block construction not stick build due to the hurricanes in are the area. With the construction time involved all phases should be completed during the next five years. We will also apply for any Section 8 HVC if and when they are available.</i>				
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  <i>We have received and will apply again to the State of Florida for Tax Credit funding to build mixed financed units. We also have HUD approval for 26 units of Public Housing to be funded through our ARRA Grant, Capital Fund money and non-federal funds.</i>  (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.  <ul style="list-style-type: none"> <li>• Main administrative office of the DHA</li> <li>• Administrative office, City of Deland Housing Authority</li> <li>• Main administrative office of Volusia County</li> </ul>				

7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p><i>We have received approval from HUD of our Public Housing Application and we will be able to construct 26 units of Public Housing for the low, very low and extremely low income residents of our area. Also, our application to the State of Florida for Tax Credits was approved and we will be able to increase our development to approximately 120 total units. The development will then become a Mixed Finance development. We have also been approved for \$150,000 of Volusia County SHIP Program funds. We plan on using some project based units in this development but at this time are not sure how many until we have all of the funding approved. This construction will be done on our old public housing site which was demolished and the residents were relocated.</i></p>																																																
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>																																																
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>SEE ATTACHMENTS.</b></p>																																																
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>SEE ATTACHMENT.</b></p>																																																
8.3	<p><b>Capital Fund Financing Program (CFFP).</b> <i>N/A</i></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. See attached approved Replacement Housing Factor Plan.</p>																																																
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. This is Section 8 only.</p> <p><i>We have no Public Housing units. We have received partial funding and are in the process of beginning construction of about 120 family units.</i></p> <table border="1" data-bbox="240 877 1416 1270"> <thead> <tr> <th></th> <th># of families</th> <th>% of total families</th> <th>Annual Turnover</th> </tr> </thead> <tbody> <tr> <td>Waiting list total</td> <td>580</td> <td></td> <td>78</td> </tr> <tr> <td>Extremely low income &lt;=30% AMI</td> <td>151</td> <td>26%</td> <td></td> </tr> <tr> <td>Very low income (&gt;30% but &lt;=50% AMI)</td> <td>422</td> <td>72%</td> <td></td> </tr> <tr> <td>Low income (&gt;50% but &lt;80% AMI)</td> <td>7</td> <td>2%</td> <td></td> </tr> <tr> <td>Families with children</td> <td>533</td> <td>92%</td> <td></td> </tr> <tr> <td>Elderly families</td> <td>22</td> <td>4%</td> <td></td> </tr> <tr> <td>Families with Disabilities</td> <td>25</td> <td>4%</td> <td></td> </tr> <tr> <td>Race/ethnicity</td> <td>172</td> <td>23%</td> <td></td> </tr> <tr> <td>Race/ethnicity</td> <td>281</td> <td>37%</td> <td></td> </tr> <tr> <td>Race/ethnicity</td> <td>298</td> <td>40%</td> <td></td> </tr> <tr> <td>Race/ethnicity</td> <td>1</td> <td>0%</td> <td></td> </tr> </tbody> </table>		# of families	% of total families	Annual Turnover	Waiting list total	580		78	Extremely low income <=30% AMI	151	26%		Very low income (>30% but <=50% AMI)	422	72%		Low income (>50% but <80% AMI)	7	2%		Families with children	533	92%		Elderly families	22	4%		Families with Disabilities	25	4%		Race/ethnicity	172	23%		Race/ethnicity	281	37%		Race/ethnicity	298	40%		Race/ethnicity	1	0%	
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9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p><i>We do not have a Public Housing waiting list at this time as we felt it would be giving our clients false hope because we have no firm date for construction. However, we have a Section 8 waiting list of over 580 and when we opened the Section 8 waiting list for TWO DAYS two years ago and we received 964 applications. I am sure we will have the same result when we announce the opening of our waiting list for our mixed finance project. We are nearly daily receiving emails, phone calls, walk-in from people asking how they can apply for any type of housing - they are desperate. As part of the tax credit program we will be doing a very intense marketing study.</i></p>																																																

<p><b>10.0</b></p>	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. We consistently meet our goals each and every year and have always been a high performer and this is not possible if you are not meeting your Goals.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification".</p> <p><b><u>DHA'S DEFINITION OF SUBSTANTIAL DEVIATION, SIGNIFICANT AMENDMENTS, OR MODIFICATIONS, ARE AS FOLLOWS:</u></b></p> <ul style="list-style-type: none"> <li>• <i>Changes to rent or admissions policies or organization of the waiting list.</i></li> <li>• <i>Additions of non-emergency work items in excess of \$100,000.00 (items not included in the current Annual Statement or Five-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund.</i></li> <li>• <i>Any change with regard to homeownership programs.</i></li> <li>• <i>Any substantial deviation from the Mission Statement and/or Goals and Objectives presented in the Five-Year Plan that cause changes in the services provided to residents or significant changes to the Agency's financial situation will be documented in subsequent Agency Plans.</i></li> <li>• <i>An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.</i></li> </ul>
<p><b>11.0</b></p>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) – <b><i>SENT SEPARATELY.</i></b></p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) – <b><i>SENT SEPARATELY.</i></b></p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) – <b><i>SENT SEPARATELY.</i></b></p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) – <b><i>SENT SEPARATELY.</i></b></p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) – <b><i>SENT SEPARATELY.</i></b></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. <b><i>N/A – no Public Housing units.</i></b></p> <p>(g) Challenged Elements – <b><i>None.</i></b></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)  <b><i>SEE ATTACHED – FL29R072501-10</i></b>  <b><i>SEE ATTACHED – FL29S072501-10</i></b>  <b><i>SEE ATTACHED – FL29R072501-09</i></b>  <b><i>SEE ATTACHED – FL29S072501-09</i></b>  <b><i>SEE ATTACHED – FL29R072501-08</i></b></p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)  <b><i>SEE ATTACHED</i></b></p> <p>(j) DHA VAWA Policy attached at the end of the 2010 Annual Agency Plan.</p>

**ATTACHMENT – FL29R072501-08**

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

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> <b>DELAND HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>FL29R072501-08</b> Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 1 dated 1/2/09 )  
 Performance and Evaluation Report for Period Ending: 12-31-09       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	36,773.00		36,773.00	4,170.36
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	367,737.00		330,964.00	41,705.36

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

**ATTACHMENT – FL29R072501-08**

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>DELAND HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>FL29R072501-08</b> Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>			
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 1 dated 1/2/09)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-09		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	367,737.00		367,737.00	45,875.72
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director /C.E.O.</b>			<b>Signature of Public Housing Director</b>		
<i>Linda A. McDonnell</i>					
<b>Linda A. McDonnell, PHM</b>			<b>Date</b>		
<b>Date 3/19/10</b>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: <b>DELAND HOUSING AUTHORITY</b>			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): No Replacement Housing Factor Grant No: <b>FL29R072501-08</b>			Federal FFY of Grant: <b>2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL072 – PHA-Wide	Administration	1410		36,773.00		36,773.00	4,170.36	In Progress
	<b>SUBTOTAL – 1410 ACCOUNT</b>			<b>36,773.00</b>		<b>36,773.00</b>	<b>4,170.36</b>	
FL072 - PHA-Wide	Development Activities	1499		360,964.00		330,964.00	41,705.36	In progress
	<b>SUBTOTAL – 1499 ACCOUNT</b>			<b>367,737.00</b>		<b>330,964.00</b>	<b>41,705.36</b>	
	<b>GRAND TOTAL</b>			<b>367,737.00</b>		<b>367,737.00</b>	<b>45,875.72</b>	

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

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



**ATTACHMENT – FL29R072501-09**

Annual Statement/Performance and Evaluation Report  
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U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		
<b>PHA Name:</b> <b>DELAND HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>FL29R072501-09</b> Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: 1 )  
 Performance and Evaluation Report for Period Ending: 12-31-09       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	0.00	36,655.00	36,655.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
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12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	367,737.00	329,900.00	63,345.00	0.00

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

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<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input checked="" type="checkbox"/> <b>Revised Annual Statement (revision no: 1 )</b>		
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25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director /C.E.O.</b>			<b>Date 3/19/10</b>		<b>Signature of Public Housing Director</b>	
 <b>Linda A. McDonnell, PHM</b>					<b>Date</b>	

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**ATTACHMENT – FL29R072501-09**

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				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL072 PHA-Wide	Administration	1410		36,773.00	36,655.00	36,655.00	0.00	In Progress
	<b>SUBTOTAL – 1410 ACCOUNT</b>			<b>36,773.00</b>	<b>36,655.00</b>	<b>36,655.00</b>	<b>0.00</b>	
FL072 PHA-Wide	Development Activities	1499		330,964.00	329,900.00	36,345.00	0.00	Pending
	<b>SUBTOTAL – 1499 ACCOUNT</b>			<b>330,964.00</b>	<b>329,900.00</b>	<b>63,345.00</b>	<b>0.00</b>	
	<b>GRAND TOTAL</b>			<b>367,737.00</b>	<b>366,555.00</b>	<b>100,000.00</b>	<b>0.00</b>	

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

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



**ATTACHMENT – FL29S072501-09**

Annual Statement/Performance and Evaluation Report  
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 Capital Fund Financing Program

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> <b>DELAND HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: (ARRA Capital Funds) FL29S072501-09 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>

<b>Type of Grant</b>		
<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: )
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-09	<input type="checkbox"/> Final Performance and Evaluation Report	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	46,548.00		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	418,934.00		0.00	0.00

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

**ATTACHMENT B – FL29PS072501-09**

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> <b>DELAND HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: (ARRA Capital Funds) FL29S072501-09 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12-31-09		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	<b>465,482.00</b>		<b>0.00</b>	<b>0.00</b>	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director /C.E.O.</b>			<b>Signature of Public Housing Director</b>			
Date 3/19/10			Date			
 <b>Linda A. McDonnell, PHM</b>						

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

**ATTACHMENT B – FL29PS072501-09**

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

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

<b>Part II: Supporting Pages</b>								
PHA Name: <b>DELAND HOUSING AUTHORITY</b>			Grant Type and Number Capital Fund Program Grant No: <b>FL29S072501-09</b> CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
FL072 PHA-Wide	Administration	1410		46,548.00		0.00	0.00	Pending
	<b>SUBTOTAL 1410 ACCOUNT</b>			<b>46,548.00</b>		<b>0.00</b>	<b>0.00</b>	
FL072 PHA-Wide	Development Activities	1499		418,934.00		0.00	0.00	Pending
	<b>SUBTOTAL 1499 ACCOUNT</b>			<b>465,482.00</b>		<b>0.00</b>	<b>0.00</b>	
				<b>465,482.00</b>		<b>0.00</b>	<b>0.00</b>	
	<b>GRAND TOTAL</b>							

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

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



**ATTACHMENT – FL29R072501-10**

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

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> <b>DELAND HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>FL29R072501-10</b> Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	36,655.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>	329,900.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

**ATTACHMENT – FL29R072501-10**

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> <b>DELAND HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>FL29R072501-10</b> Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no:        )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1501 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	366,555.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director /C.E.O.</b>			<b>Date 3/19/10</b>	<b>Signature of Public Housing Director</b>	
 <b>Linda A. McDonnell, PHM</b>				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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**ATTACHMENT – 5-YEAR ACTION PLAN**

**Capital Fund Program—Five-Year Action Plan**

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

<b>Part I: Summary</b>						
PHA Name/Number <b>DELAND HOUSING AUTHORITY / FL072</b>		Locality (City/County & State) <b>DELAND / VOLUSIA COUNTY / FLORIDA</b>			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name <i>FL072 Laurel Court/Laurel Villas</i>	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		36,773.00	36,773.00	36,773.00	36,773.00
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development		330,964.00	330,964.00	330,964.00	330,964.00
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		367,737.00	367,737.00	367,737.00	367,737.00
L.	Total Non-CFP Funds					
M.	Grand Total		<b>367,737.00</b>	<b>367,737.00</b>	<b>367,737.00</b>	<b>367,737.00</b>









## ATTACHMENT F

### DELAND HOUSING AUTHORITY VAWA POLICY

**DELAND HOUSING AUTHORITY HAS ADOPTED THE BELOW POLICY IN ACCORDANCE WITH THE VIOLENCE AGAINST WOMEN AND DEPARTMENT OF JUSTICE REAUTHORIZATION ACT OF 2005:**

#### **3-III.G. PROHIBITION AGAINST DENIAL OF ASSISTANCE TO VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING [Pub.L. 109-162]**

The Violence Against Women Reauthorization Act of 2005 (VAWA) prohibits denial of admission to an otherwise qualified applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking. Specifically, Section 606(1) of VAWA adds the following provision to Section 8 of the U.S. Housing Act of 1937, which lists contract provisions and requirements for the housing choice voucher program:

- That an applicant or participant is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate reason for denial of program assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission.

#### **Definitions**

As used in VAWA:

- The term domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
- The term *dating violence* means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the following factors:
  - The length of the relationship
  - The type of relationship
  - The frequency of interaction between the persons involved in the relationship

- The term *stalking* means:
  - To follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or
  - To place under surveillance with the intent to kill, injure, harass, or intimidate another person; and
  - In the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (1) that person, (2) a member of the immediate family of that person, or (3) the spouse or intimate partner of that person.
- The term *immediate family member* means, with respect to a person:
  - A spouse, parent, brother or sister, or child of that person, or an individual to whom that person stands in the position or place of a parent; or
  - Any other person living in the household of that person and related to that person by blood and marriage.

## **Notification and Victim Documentation**

### PHA Policy

The PHA acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial under the PHA's policies. Therefore, if the PHA makes a determination to deny admission to an applicant family, the PHA will include in its notice of denial a statement of the protection against denial provided by VAWA and will offer the applicant the opportunity to provide documentation affirming that the cause of the unfavorable history is that a member of the applicant family is or has been a victim of domestic violence, dating violence, or stalking.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking, and

One of the following:

A police or court record documenting the actual or threatened abuse, or

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The applicant must submit the required documentation with her or his request for an informal review (see section 16-III.D) or must request an extension in writing at that time. If the applicant so requests, the PHA will grant an extension of 10 business days, and will postpone scheduling the applicant's informal review until after it has received the documentation or the extension period has elapsed. If after reviewing the documentation provided by the applicant the PHA determines the family is eligible for assistance, no informal review will be scheduled and the PHA will proceed with admission of the applicant family.

### **Perpetrator Removal or Documentation of Rehabilitation**

#### PHA Policy

In cases where an applicant family includes the perpetrator as well as the victim of domestic violence, dating violence, or stalking, the PHA will proceed as above but will require, in addition, either (a) that the perpetrator be removed from the applicant household and not reside in the assisted housing unit or (b) that the family provide documentation that the perpetrator has successfully completed, or is successfully undergoing, rehabilitation or treatment.

If the family elects the second option, the documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from whom the perpetrator has sought or is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation was successfully completed or is progressing successfully. The victim and perpetrator must also sign or attest to the documentation. This additional documentation must be submitted within the same time frame as the documentation required above from the victim.

### **PHA Confidentiality Requirements**

All information provided to the PHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared database nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.